

Tuesday 30 October 2018

The President, **Mr Wilkinson**, took the Chair at 11 a.m. and read Prayers.

MATTER OF PUBLIC IMPORTANCE

Shortfall in Funding for Our State Public Hospitals

Ms ARMITAGE (Launceston) (by leave) - Mr President, in accordance with the provisions of standing order 32(3)(e) I move -

That the Council does now adjourn for the purpose of discussing a matter of public importance, namely:

The apparent shortfall in funding for our state public hospitals and the ongoing difficulties within the emergency departments.

It is a tough world for those working in our public hospitals, particularly our emergency departments.

I state from the outset I am not attacking any political party, as there has always been an underinvestment in core health, irrespective of who is in government.

In moving this motion today I wish to bring to the attention particularly of staff in our public hospitals, whatever their roles, the extreme gratitude and respect we have for them, working under the difficult circumstances they do every day, day in, day out.

Our community can rest assured they will receive the best possible treatment when they attend our hospitals.

I have been involved with the Launceston General Hospital since the late 1970s when I worked at the hospital for its then superintendent, Tim Hogg. On 1 September 2007, I co-organised a rally that saw over 5000 people fill Civic Square in Launceston to support our hospital.

Liberal member, Sue Napier commented at that time -

The Launceston General Hospital has been struggling for some time with an unrealistic budget.

Labor premier Lara Giddings commented -

People should be assured the state government is well aware of the issues confronting the LGH, many of which face regional hospitals all over the country. There are some significant pressures on services at the LGH and we are doing our very best to manage that situation.

The point is that it does not matter who is in power, our public hospital system will struggle, but we need sufficient resources and budget. It will not be resolved by money alone. The people at the coalface must feel supported and work in an environment that is safe for them and for patients.

I believe it was unfortunate that the three Tasmanian health organisations were not given sufficient time to work before being changed to one Tasmanian health service, which, by all accounts, did not work well, by removing local decision-making. It has now changed again.

I note the public forums last week, which I was disappointed not to be able to attend. I only heard about them a few days before and I was already committed. I accept Mr Ferguson acknowledged problems and pressing issues in our health system. Leader, I would be interested to hear an answer about the \$1.6 billion in health-related GST receipts quoted by Martyn Goddard as not going to Health. I also question Mr Ferguson on Mr Goddard's assertion that Tasmania gets an extra \$260 million in health-related GST to fund the extra services that this state's oldest, poorest and sickest population needs, but that money has not been spent on Health. Could that be clarified? Has that money been diverted and, if so, to where?

Ongoing ambulance ramping where they can start ramping at 7 a.m. and are still ramping at 7 p.m. is becoming commonplace. The concern is that we may get used to it, see it as the norm and become blasé about it. It is not unusual for admitted patients to remain in an emergency department for days, and it is acknowledged that the longer a patient spends in the ED, the worse the outcome. I have personal experience with my mother, who spent six days in the Launceston General Hospital Emergency Department before being moved to a short-stay unit and then finally a ward. The staff were magnificent but these are emergency department staff trained for emergencies and not ward staff. Cleaning and feeding people is not emergency nursing.

I am hearing that some people do not want to be rostered on and that they burn out. The cost of overtime and double shifts is huge. Permanent staff are far more cost-effective. We need safe working hours. The loss of accreditation in both medicine and emergency at the Launceston General Hospital was a major blow to attracting medical staff as well as staff morale. It is gruelling for the staff because the Launceston General Hospital is now on the radar of the college.

One of the pointers in the ED was bed block. I believe there has not been any progress on access block. We do not just need a few beds open; we need a whole ward with permanently employed staff, not agency staff or people on double shifts. People need certainty of employment. Restoring accreditation needs to be the priority.

It is time for a more positive spin to be attached to the Launceston General Hospital for recruitments to be successful. While it is hoped accreditation can be regained in 2019, it has been said it will be at least a further year before we can attract junior doctors for training purposes.

I ask the Leader about advanced training in cardiology. I understand one of the two northern echo technicians is close to retirement and recruitment may be difficult. We cannot afford this service to fall over. Can the Leader please advise what is happening here?

The Launceston General Hospital and the Royal Hobart Hospital, in particular, were once sought after for intern positions but from speaking with medical students it now appears many are seeking positions on the mainland. Students are aware of the problems in the north and south as they select intern preferences. It is trickle-down effect from the lack of training programs and critical mass in some programs.

Many graduates want to do specialty training in a hospital with a good reputation with very solid people in training programs who are there to mentor the students. The Launceston General Hospital is fine for interns but what about residency and registrar training?

Even if they stay for intern training, they then may have to look elsewhere for future training depending on accreditation. While I accept it is often difficult to recruit doctors, locum staff coming through, particularly at registrar level, do not invest in training or mentoring because they are transient staff. We need people at the top who are ready to mentor and show pathways. This is a critical component of training.

Psychiatric patients will routinely spend in excess of 12 hours in the emergency departments and they require a lot of attention. I am told the Mental Health Act is difficult to negotiate and is adding to the problem. On a positive note, I am pleased to see the Government setting up a Hospital in the Home service for mental patients. While I note it is only in Hobart at this stage, I hope it will be set up in other areas in the near future if successful.

At the LGH, hospital admissions are going up substantially. Presentations are going up and the complexity and age of patients is going up. The length of stay blows out and the longer they stay in the emergency department, the longer they stay in hospital. The problem is widely known, just not really acknowledged. Everyone talks but there is no solution. There is no national emergency access target or four-hour rule.

People are not admitted to our public hospitals for trivial reasons, but admissions continue to go up by about 5 per cent every year, with one in four patients staying longer than 30 days. Exit block is hard to cure because many patients have nowhere to go and the hospital cannot push them out. They are waiting to go somewhere, with many waiting for aged care beds. Some subacute environments are needed. People who come to our emergency departments and stay are sick; they need to be seen to.

Some people believe our emergency departments are under stress because many people choose to go there rather than to a general practice, but we are told by those that know that is a small percentage which is dealt with very quickly. It is concerning that of the 287 public hospitals in Australia with emergency departments, bed block at the Launceston General Hospital is the worst, with the Royal Hobart Hospital coming in slightly better at number 278. It is generally accepted that the problem is not with the emergency departments themselves, but because they cannot move patients to the wards.

Leader, it would be appreciated if you could advise how many beds there are at the North West Regional Hospital, the Royal Hobart Hospital and the Launceston General Hospital. I can ask a question without notice if you prefer. Added difficulties for the LGH are that many people from the north-west choose to go to Launceston rather than a hospital in their region. This is particularly true for births and adds to the pressure. Retrieval patients also come to Launceston because it is logistically easier to send them to Launceston.

While I note the Government's statement of a \$757 million health package over six years, including 298 more beds and 1332 new staff, I would like a comparison of numbers from previous years and the percentage increases per hospital. While advertising for more nurses is pleasing, nurses point out they have trouble recruiting because of the process and time involved. They often get a job elsewhere in the meantime because they need money to live on.

I also note the arrival of a new neurologist, the Community Rapid Response Service and an advanced paramedic unit as well as the doubling of helicopters from one to two. That is good news as well.

Another major concern of mine is the waiting time for specialist clinics. I believe there is even a waiting time to get an appointment, as well as a wait time once you have an appointment. Sometimes general practitioners believe their patients have had treatment following referral, but on occasions find out their patients are still waiting for notification of an appointment. I have raised the waiting time for colonoscopies on a number of occasions in this House, this being part of preventive health. It is all good to complete your faecal blood occult screening for bowel cancer, but you may then have to wait many months for an appointment following a positive result. For example, as at 26 June 2018, the northern waiting time in days for an urgent appointment in the colorectal clinic was 63 days; semi-urgent was 480 days; and for what I assume would be a follow-up colonoscopy or similar non-urgent treatment, the waiting time was 1026 days.

The biggest issue is that the focus is wrong because the problem does not lie in the emergency department. It is also believed our acute services are diluted and we should have acute services seven days a week.

We need a better use of subacute facilities and we need to invest in a progressive extra number of beds every year, unless the Government comes up with some plan to alleviate these problems.

Unfortunately, the emergency departments at the Launceston General Hospital and the Royal Hobart Hospital are wilting under the pressure. However we can find - or so it is reported - \$140 million to remove an aesthetic blight on Macquarie Point.

Obviously, I am aware of the memorandum of understanding with TasWater and the \$20 million investment from the Government over 10 years. I ask the Leader: What will the Government's additional contribution be to removing these sewage tanks? Is this entirely state money? Is there a federal contribution and, if so, how much? Rather than spending \$140 million to remove some sewage tanks from Macquarie Point, is there a choice to spend it on public health?

I also note the Government Administration A Sub-Committee into Acute Health Services in Tasmania, chaired by the member for Hobart, and I look forward to its report and recommendations with regard to health.

Our public hospital systems are under extreme pressure and this does not look like easing any time soon. I ask the Health minister and his department to speak with the hospital staff and listen to their concerns and suggestions. The people on the ground working in the hospitals are best placed to know what is going on and likely to have some idea about what to do to improve the situation.

I also note the paper put out previously by the Australian Nursing and Midwifery Federation, with what appeared to be some good suggestions. Whoever is in power, we should all be working together for the good of our public hospitals and community health, and not simply disregard ideas because they come from what may be considered to be an opposing side.

[11.17 a.m.]

Ms LOVELL (Rumney) - Mr President, I thank the member for Launceston for bringing this issue before us and providing an opportunity for members to speak on what is becoming more and more apparent to be a crisis in our health system. I look forward to some contributions on this matter from other members.

We have seen the hospital system and the health system progressively deteriorate over a number of years, and particularly in the last six months. We hear reports almost every other day of

ambulance ramping. For the record, ramping is where ambulances present to an emergency department and are unable to hand patients over to emergency department staff because there are no beds for those patients. Ambulance staff need to wait, either in the corridor or in the ambulance, with the patient on a stretcher.

We have seen videos taken in secret and leaked to the media. We have seen instances more than once of ambulance ramping with ambulances parked on the street, not only on the ramp. I spent half a day on the road with an ambulance crew recently. Labor Leader Rebecca White and I went out with an ambulance crew and it was an eye-opening experience. They took us on a number of jobs over about six hours, and on two of those jobs we ended up ramped at the hospital. Rebecca and I were lucky enough to be able to go out with another crew, but the crews we had arrived with at the hospital were not able to leave. They told us how hard it is, standing in a corridor, crowded with stretchers all around you, hearing a call come over the radio, knowing somebody in the community needs an ambulance and knowing they cannot respond because they cannot leave their patient and knowing nobody else can respond either.

We have had instances of ambulances from Oatlands being sent to the other end of the state because nobody else can respond. Because nobody else can respond, ambulances from the Derwent Valley head down to the Huon Valley.

It cannot continue. We hear this day in and day out from ambulance crews who are working under incredible pressure and really holding the system together.

We have seen instances of mental health patients presenting to emergency departments. We know an emergency department is the worst possible place for these patients to be presenting because it means spending days on end in that environment, surrounded by other patients - unwell people; lights on all the time; there is always noise; and you cannot get any sleep, knowing that they cannot help either. We have had instances of patients speaking out to the media because they are so desperate.

Recently three people, in particular, have spoken out. I am sure members have seen reports of their stories.

'Seth' presented twice to the emergency department. He was sent home both times, very unwell. On the third occasion, when he knew he had to go to hospital, he was so desperate and so fearful he would again be sent home that he significantly harmed himself, knowing that if he presented with a physical injury, he would receive at least some treatment and would not be sent home.

'Brent' spoke to the media about his experience earlier in the year where he spent eight days in the emergency department after attempting suicide - eight days in a cubicle before being sent home.

We heard from 'Katie' whose brother was sent home after a suicide attempt. This was not his first attempt; this is after a number of attempts. He was sent home with a bus ticket because he could not get a bed in the hospital.

It is no secret that people are presenting to the emergency department because they are desperate. They are presenting because of a lack of investment and a lack of community-based services. Let us not forget that while we are talking about the hospital system today, and while the majority of the media and public attention is on the hospital system, this is a complex problem. A number of solutions need to be put into place; we cannot look at just one or the other.

We have heard from staff that this is the worst they have ever seen it. Staff who have worked in our hospital system for 10, 15 or 20 years are now saying it is like a war zone.

I personally have had nurses tell me they are at the point where they are now telling their own families to take extra care, to drive extra carefully and to look after themselves because they do not want their families needing to access treatment in the hospital they are working in.

Nurses are working overtime, double shifts or triple shifts, and are going home in tears - again, I hear from these nurses - from exhaustion and guilt because they have had to say no, they cannot do anymore because they know they are no longer safe.

We have staff speaking out in public via the media. Dr Frank O'Keeffe is a well-respected obstetrician. He spoke out at a media conference and asked a question of the minister. He said it is like putting petrol into a car up on blocks. You can put as much in as you like and it still will not go anywhere.

We have nurses speaking out to the media. A recent story was on ABC online on 28 September. I will read a couple of quotes from nurses who have spoken out. This is from the ABC article -

Kat Loader, a registered nurse with the Royal, said she gets a sinking feeling in her stomach when she arrives at work to see queues of ambulances and patients waiting, knowing they have a handful of staff. 'It's a feeling of, "Here we go again, we are about to get flogged"', she said.

Ms Loader said she worried about the quality of care they were providing patients who often got discharged earlier than they should. 'It gets very demoralising and we can see we are not helping those people', she said. 'Seeing how flat my colleagues are, the amount of sick leave they're on, the double shifts they're working, it breaks my heart.'

Another quote from the article -

Gracie Patten, a paediatric nurse at the Royal, described staff morale as being low and said many nurses were asking, 'When is this cycle going to end?' 'I don't know when the end is in sight. There's double shifts everywhere, staff are stretched out; sick leave is through the roof. There's a lot of mental exhaustion; people are burning out.' She said pressures on the hospital were undoubtedly getting worse, describing the four-level escalation model as a band-aid solution that fixed nothing. 'A year ago we didn't even have a level four and now nearly every week we are at level four', she said.

All the staff at the hospital - nurses, doctors, allied health professionals, orderlies and cleaners - are working under such enormous pressure. I want to recognise exactly what they are doing for Tasmanians right now. Without those staff, our system would be unspeakably worse than it is now. We cannot even describe how bad it would be without the enormous effort the staff are putting in.

Nurses at the Launceston General Hospital have been staging a vigil outside the hospital every day, for more than 100 days now. Every day at shift changeover they stand outside the hospital to highlight the pressure they are under and the solutions they are seeking. In that time, over 100 days, they have not had a single visit from the minister, in his own electorate.

They are not asking for anything extraordinary or over the top: only a safe workplace and a place where they can provide the best patient care. They are being ignored. The wage cut policy put in place by this Government demonstrates how little value this Government places on them.

With a 2 per cent increase by April next year, a very short time away, we will have the lowest paid nurses in Australia. There are significant pressures on our staff and there are a huge number of vacant positions and enormous workforce problems. How can the Government possibly expect to attract the staff we need when they value them so little?

The other issue that has been given much attention recently is the lack of access to pregnancy termination services in this state. This is an example where the Government has let down Tasmanians. For 10 months now Tasmanian women have been without access to safe, affordable terminations in Tasmania. Many women now have to travel to Melbourne, and leaving them with that as their only solution is not good enough.

I was pleased to see a motion, widely supported in this place, brought by the member for Murchison, which called on the Minister for Health to ensure all Tasmanian women have equitable access to termination of pregnancy services - a legal procedure - through the delivery of this health service in the public hospital system with appropriate protection for medical staff with conscientious objection to assisting with this medical treatment.

In response to that, the minister set his own deadline of providing a private service to replace the private low-cost provider who closed his doors at the beginning of the year. The deadline was October. It is now very close to the end of October and that service is not operating. Now we hear that the Health department is hopeful it will commence in coming weeks.

What we do know is that the new service is completely inadequate. It is based in one part of the state. We have heard it will operate once a fortnight and that the cost is capped for only the first 12 months. This is just not good enough and demonstrates the complete disregard for women and for women's health in Tasmania.

The member for Launceston spoke about elective surgery and we have seen this go downhill. The most recent dashboard figures show us that the elective surgery waiting list statewide, across all categories, is up by 846 patients.

The category 1 waiting list, for patients needing to have surgery within 30 days, is up by 48; category 2, patients requiring surgery within 90 days, is up by 350; and category 3 is up by 448.

In the south 3913 people are on the waiting list; in the north, 2759; and in the north-west, 1261. These figures are all up from previous quarters as well. The average number of days patients are waiting beyond the clinical recommended time is up by 15 days, and the percentage of people seen in time is down by 1 per cent.

We know that every time the hospital escalates to level 4 of its escalation plan, which it does after careful consideration and only when necessary, elective surgery is cancelled. We hear stories of people like the woman whose story was reported by the ABC last week who has waited for surgery for six months for gangrene on her foot. She was told six months ago that she required surgery. She had instances where her surgery was cancelled. The third time her surgery was cancelled, it was 7 o'clock at night and she was in a hospital gown on her way into the operating theatre. Over the six months her condition deteriorated so greatly she had to have one foot

amputated as well as part of her other foot. Her family expects that she will now have to rely on a wheelchair for the rest of her life. How is it at all acceptable that in Tasmania in 2018 we have women like this, waiting six months, deteriorating to the point where they need to have an amputation, and spending six months with gangrene eating away her feet?

Why is this happening? We know Health is complex. It is often called the poisoned chalice. We hear time and again that the minister inherited a broken system but, as the member for Launceston pointed out, recent reports have identified a \$100 million black hole in funding. We had reports in the media of the RDME report, which was an analysis of the KPMG report the minister has stubbornly refused to release. The RDME report broke down the KPMG report and identified this black hole. It clearly pointed out that if it is not addressed, this problem will continue to get worse. We heard those calls echoed by the Australian Medical Association - AMA - and other bodies.

What is the Government doing about this? What have we heard from the minister? All we have heard is this report is wrong - that these figures predate a big boost in health funding promised at the most recent election. It is important to know that the funding promised at the election and the funding in the Budget this year are all for new initiatives. This \$100 million black hole is a structural funding deficit. Funding for new initiatives will not help.

I urge the Government to take action on this and to re-examine the reports if they need to do that. For the health of all Tasmanians, fund the health system properly.

Labor is ready to work with the Government and with stakeholders. A motion was moved in the House of Assembly in the most recent parliamentary sitting calling on the Premier to convene roundtable discussions with health stakeholders and all sides of politics to work on a way forward, a long-term plan for health. I was pleased that motion was supported.

We are often accused of politicking and trying to score points on this issue, but some things we deal with are inextricably linked. Health and politics are an example of that. When you have government funding a system, there is no way you can separate the two. I make no apologies for holding the Government to account and for calling on the Government to work with us on a way forward.

Doctors, nurses, allied health professionals, training colleges, unions, peak bodies and political parties are all on the same page. It is time for the Government to be there too. I look forward to the Premier convening those roundtable discussions as soon as possible so we can get started.

I again thank the member for Launceston for bringing this issue before us and providing an opportunity for members to discuss it. I know this issue affects all our electorates. It affects Tasmanians more than any other issue. I look forward to hearing other members' contributions.

Recognition of Visitors HOPES Incorporated

Mr PRESIDENT - Honourable members, I welcome guests of the member for Elwick to the Chamber. They are from HOPES Incorporated, which is supported housing for those who have an

acquired brain injury. I also welcome the guests of the member for Pembroke. Welcome here to Parliament. We hope you enjoy your time here.

Members - Hear, hear.

[11.34 a.m.]

Ms RATTRAY (McIntyre) - Mr President, I support the member for Launceston's motion and share with members some information I read in last week's local paper. I was fortunate to be overseas last week, representing Tasmania at the CPA conference in the Cook Islands. It was a very interesting and rewarding opportunity.

When I came back on Sunday evening, I read the local paper. The front page said 'Fewer nurses at NESM hospital'. That is the hospital that looks after the north-east corner of our state.

When I received a call from the member for Launceston about her concerns with funding for health services and then, additionally, heard some of the comments made by the member for Rumney about her ongoing concern for health services in Tasmania, I thought this was an opportunity for me to share with the House that a staffing trial is currently being undertaken at the hospital.

This trial will look at implementing a new model of care with fewer registered nurses - RNs, as they are most frequently referred to - rostered on shifts. It tells me that 'the move will mean that a registered nurse' -

... will be replaced by a health care assistant ... during the morning shifts which therefore reduces the skill level available to best care for patients.

When I read that, I wondered why I had not been given the courtesy of an email to advise that something like that was happening in a local hospital. Also, I am very interested to know if this model of care is being rolled out across the state in other regional hospitals.

I am not sure whether the honourable Leader will have answers to those questions, but I am happy to put them on the Notice Paper to follow up my contribution today.

Mrs Hiscutt - I would appreciate it, thank you.

Ms RATTRAY - There is a deep concern, and has been for some time, that there is a move to downgrade the healthcare services of the regional hospitals in our state.

I share that concern because we know that part of the North East Soldiers Memorial Hospital has now been taken over. The part that used to be the James Scott Wing - the high-care aged care component - has now been taken over by May Shaw. The building is still connected, but the general part of the hospital and the emergency department are still run by the state Government, which you would expect.

We are concerned that this is a way of continually downgrading the hospital until you get to the stage where there is not enough care and people will be transferred to Launceston. Already the

numbers are down for hospital. I read from the article by Ms Young - I do not see her first name here - who commented to the paper -

While there has been a change in staffing profile, there has been no change to the number of staff rostered and there has been no change to evening or night shift staffing.

That is all well and good, but we still know we have gone from a registered nurse to a healthcare assistant. There is obviously a difference in the role that person can play in the hospital situation and I am interested to get some understanding of that.

The article goes on to say -

Health Care Assistants perform a valuable role in our health system and support our Registered and Enrolled Nurses to focus on nursing duties.

Ms Young goes on to say -

.... that a review of occupancy rates and presentations to the NESM Emergency Department informed the change. Over the past four years the average number of inpatient beds occupied at the hospital has been eight beds.

For a while now it has been the case that if you are under the age of 18 years, you are not able to be admitted to the hospital, so of course the numbers are going to decrease. If you cannot have anyone under the age of 18 admitted to the hospital in a rural area, of course the numbers will decrease again. It is a bit disingenuous to say we have gone through this trial because no-one is being admitted to the hospital or the average bed numbers are lower. We have an ageing population and, of course, many more people in low and high care. In Dorset, we have done a good job in maintaining the low care Aminya Hostel facility. Most people will recall we had quite some conversation on this 18 months or so ago, and it seems to be working okay.

The emergency department activity has been fairly steady since 2016 and showed a decrease in presentations for the last financial year. I note that because there is much mountain biking activity in the north-east over weekends, the presentations to the accident and emergency department in that period are significantly high. Some of these riders are not quite as good as they possibly thought they might be and if the track is wet and slippery, we have a lot of accidents. You can imagine many broken limbs, cuts and abrasions and those sorts of things. Possibly and hopefully not life-threatening, but still they need attention. Often the ambulance situation is quite dire around the north-east, because most of them are often fulfilling commitments at the Blue Derby bike track and are not available for anyone else in the area who perhaps needs attention. There has been quite a deal of tension between the local community and those coming into the region to use the track and then unfortunately having a crash and needing medical assistance.

That area needs to be addressed, but, again, obviously the numbers will be lower because you cannot admit anyone under 18 to the North East Soldiers Memorial Hospital. Sadly, Dr Paul McGinity still cannot admit his patients to the NESM Hospital. After years and years, and despite his case being dismissed and sorted, he is still not able to admit a patient to the NESM Hospital under the rules. Why not? Who knows why not? All Dr McGinity's patients are directly sent to Launceston or wherever they need to go, but not to the NESM Hospital, because he does not have the capacity to admit them. What an absolute nonsense of a situation we still have to deal with after

all these years. There certainly are some issues with the health system, but obviously the government of the day feels spending \$140 million on aesthetics for the Hobart waterfront is more important than having a registered nurse in a rural setting. I mean no disrespect to healthcare assistants. I have no idea what their role is and expect they have some training, but they are not registered nurses. They are not.

My question is to the Government: Is this a potential backdoor way of eventually shutting down rural hospitals? Is it? There will be uproar and upheaval if this is the case because we in the rural communities deserve adequate healthcare services. I know that you cannot have everything in every community - we cannot - but you can have a hospital. When you get to an appropriately staffed hospital, if there is an issue with your family, with yourself, with your health, once you get through that door, there is a sense of relief.

Fortunately I have only arrived on the doorstep to have a baby, nothing else at this time. When you get to that hospital door, the relief that you are in the care of people who have the facilities, the know-how and the wherewithal, certainly eases your mind. I do not want that ever to change for anybody in our communities.

Being ramped on a concrete driveway, waiting to get into the hospital to get a bed, to get that sense of relief that finally someone is going to be able to look at their situation, make an assessment and go from there must be a very distressing situation. We need to look very seriously at what we do. I know we have limited funds in this state - I have no issue with that - but we have to decide very carefully where we put those resources.

If there is \$140 million for a waterfront aesthetics removal, to take something away because it might suit the ambience of the area a bit better, should we not put some of that money into health care instead?

Ms Armitage - Plus \$20 million a year for 10 years, remember. That is not part of the \$20 million a year for 10 years that has gone to TasWater; that is additional.

Ms RATTRAY - It is certainly a lot of money. When we see a headline like this in a local newspaper, and if that is replicated throughout the state in other smaller rural hospitals, people outside - and I expect even many people in - Hobart would think that is not a good use of taxpayers' money.

Ms Armitage - Mr President, it is money from all around the state, not just from the south.

Ms RATTRAY - Last time I looked at it, everyone pays their rates and taxes; it is not just a city-based requirement.

I have raised more than a couple of issues there. I am concerned and will seek a meeting with the minister in regard to the points I have raised. I will also take the opportunity to put some questions into *Hansard* because the Leader will not have the answers to the questions I have raised here today about resourcing and the type of resourcing being undertaken at the North East Soldiers Memorial Hospital - and any other regional hospital, whether it be Campbell Town, St Helens, St Marys or Deloraine. We want to know whether the same approach is being taken around the state. How hard is it to send the local member an email? There are not that many of us: six in each electorate. It is not that hard - with five House of Assembly members and one Legislative Council member - to just let the local member know and not have to read it on the front page of the local

paper that possibly our hospital, in this case the NESM Hospital, is being downgraded with the type of services it is receiving.

Ms Forrest - Are you talking about the nursing assistants?

Ms RATTRAY - Yes, I am. I don't know what the healthcare assistant does but it must be a lower type of role, because why would they not leave the registered nurse there? I am trying to understand what is behind this.

You do not need to have a nursing degree to be able to work in the aged care system. Is this the next step in trying to make hospitals like the NESM Hospital, Campbell Town Hospital or St Helens Hospital into low care-types of facilities, to move them into the aged care space?

I do not understand it. I have not had a conversation with anyone about it. I am disappointed with that, too - no courtesy was given to me, the local member, so I could have some understanding of what was going on before I read about it in the local paper.

I add my voice to the concerns raised by the member for Launceston and the member for Rumney about the healthcare services, one of the most important aspects of our community. You have health, education and policing, the three biggies. Health is the most important. If you haven't got your health, none of the others matter as much.

One of the three pillars of society is having an appropriately funded health system and having those services not only in the city areas. City hospitals have the expertise for some conditions that cannot be treated at local hospitals, but we need to have local hospitals so an assessment can be made about whether patients go to Launceston or what the next course of action is to be. That is all we want. We want the comfort to know it is there.

If there is some thought that this Government or a future government might be looking to downgrade or remove those facilities from our communities, there will be an absolute pushback by the communities. I am certain of that. If we need to have a protest rally, I will organise the member for Launceston to come along. If she can organise 5000 people to turn up, I will be impressed with that.

Ms Armitage - It was about 8000, but the media reported fewer.

Ms RATTRAY - We will be looking to do that so a strong message is sent to this Government and any future government about protecting healthcare services. I will be at the front of those protests or gatherings. This is a really important issue. I thank the member for Launceston for the opportunity provided by this matter of public importance.

[11.53 a.m.]

Ms FORREST (Murchison) - Mr President, I am happy to speak on this issue. I am not going to reflect on what the Government Administration A subcommittee is looking at in its inquiry. It will report in due course. A few things being talked about in the public arena do need comment, particularly with my background in the health field as a nurse and midwife. This is not reflecting on the work of the committee; this is reflecting on public comments I have made in other places and information already in the public arena.

I will touch briefly on a number of points already raised by members today - and not on some others raised.

Wherever I go, I constantly hear from health, legal and finance professionals and from everyday mums and dads who are users of the health service that we are a small state and that we need to work together to achieve the best health outcomes we can for the state.

We know Tasmania has some of the worst waiting times in the country. As a result of having prolonged waiting times, you have worse outcomes. We need to continue to focus our attention on the patient experience of accessing our health services and the health outcomes for the people using the service. The money is important to this, but if we start talking about money and money only, we lose complete sight and vision of the patient experience.

We know people in this state are waiting extraordinarily and totally unacceptably long times to access necessary surgery. They are also waiting extraordinarily long times to see specialists in outpatient clinics. Some of these waiting times are hidden because they are not counted. There are several points of waiting. There is waiting to see your GP sometimes, which is not a state problem but a primary health - funded by the Commonwealth - problem, a problem I could talk for several hours on. There is also waiting to get to see your specialist, and it can take many months just to receive your appointment. When you have your appointment, there is another wait and you may need to visit the outpatient clinic to have pre-work done if you need surgery, and there is the wait for the surgery. Maybe you are put off when you finally reach the point of surgery being imminent, sometimes by your own issues - perhaps because you forgot to fast or have a bad chest infection, which is a very good reason you should not proceed with the surgery - or a hospital issue like the surgeon is sick and cannot be replaced as it may be a specialist field or neurosurgery.

Mr Valentine - Or emergency surgery.

Ms FORREST - Yes, or it is a major case or you have comorbid conditions, common in Tasmania, or there is no bed in ICU - and bed block comes into this. Everything is ready to go, the surgeon and the anaesthetist are available, the patient is fit and ready for surgery and the ICU is full, bad luck, cannot do it and you do not want to do it either because you need ICU after surgery.

There are lots of pressure points here and it is totally unacceptable patients are waiting so long. As many people who look at the health economic and inpatient experience side say, we need to do much more and not just talk.

Another thing raised consistently - and I raised this in budget Estimates with the minister, who seems to be in some form of denial - is that we know the Health budget is a very money-hungry beast. If you let it run out of control, it will take over the whole budget. We have heard this for years. Since I came into parliament, I have heard the same thing. It takes 30 per cent of our budget and could consume 90 per cent if we let it, and we know we cannot have that. Other states manage without doing that.

The minister keeps coming out with this completely stupid comment of record spending in health again. If you do not spend more than you spent the last year, you are going more than backwards, because of CPI alone, and health inflation rises much more rapidly and is higher than normal inflation. We all know this. To say you spent more in health - if you had not, you would be rightly criticised. The point is you should be criticised when your base funding is wrong.

Today the Tasmanian Health Service and DHHS annual reports were tabled. They have been on the website for a week or two, although difficult to find initially. I spoke to the minister's office and this was remedied because primarily it was not there when it was released. It was tabled in another place a couple of weeks ago when they were here. It is there now.

I will read some figures to illustrate why the minister is not being truthful about this. In the annual report, the expense by Output 1.1, Admitted Services - that is, services provided in hospital once you are admitted, which is surgery and so on - in the 2018 budget was \$819 545 000. That was last year's budget. The actual spend - the actual expenses - for 2018 were \$902 335 000. Remember that figure. We go to this year's budget for admitted services. For this year, it is \$879 435 000. I haven't done the sums, but I think it is about \$150 million to \$160 million less than the actual expenditure last year.

It is not just this year this has happened - it happened last year, and the year before and the year before that. We are not even budgeting for the amount we are spending. In 2017 we had a nasty flu outbreak. That was the reason and a legitimate explanation for some of the blowout of costs in the Health department. I accept that. This year we did not have a flu outbreak. You could say, 'Thank God we didn't because what the hell would have happened then?'

We had a massive supplementary appropriation bill last year to make up the shortfall. The minister says they always fund the shortfall. That is because they have no choice.

Surely the base funding should be in a position that can deal with extra demands, not just the flu or something like that? There are fundamental problems here.

For not admitted services, the budget in 2018 was \$197 398 000. The actual spend was \$215 076 000. The budget for this coming year is \$189 880 000, less than the actual spend again.

For emergency departments, where there are enormous pressures right across the state, the budget for 2018 was \$119 583 000, with the actual \$150 817 000. About \$30 million extra was required to be spent. The budget for this year is \$120 214 000, \$30 million less than we spent.

How are we ever going to catch up? We are playing catch-up all the time. I have been explaining this to people in the community using much simpler figures. These are big numbers and it is a bit hard to comprehend. Essentially we are budgeting for a figure, then spending significantly more and it is topped up from other funds, requests for additional funds - RAFs - or supplementary appropriation. Then we budget less the next year, hoping it will be able to make do. Every year we cannot make do - or we are not making do; whether we can or we cannot is another matter.

Mr President, it is there in black and white. It is in the annual report; it is in the budget papers. They do not lie; they are the numbers. The minister is saying we are spending so much more. Yes, we are spending so much more because you are not budgeting enough for it. This is all on the public record in the annual report tabled today.

The other factor, which was looked at by a previous joint committee, is the area of preventive health. We cannot consider this picture in isolation. Preventive health is such an important aspect but it is underfunded and under-resourced, and that is more for the federal government than from the state. You see national partnership payments being withdrawn or not continued. The burden continues, with people accessing preventative health to keep them out of hospitals. I strongly believe much of this is because of the cost shifting of Commonwealth funds to primary health. If

they end up in hospital, the state has to pay. The state does not want them in there because then it costs the state. They would rather them back out in the community, but we do not fund that, the Commonwealth does. Surely we can work on this together? We are not going to get anywhere if we do not.

We keep saying this. I do not know if you listen to Dr Bastian Seidel, a general practitioner who was the president of the Royal Australian College of General Practitioners. He is very intelligent and smart man, whose term as president recently ended.

Dr Seidel has presented to committees and spoken publicly to the media, and I am sure he has also been in communication with the minister.

We really should listen to people like him who are at the coalface and know. He makes so many really sensible suggestions about dealing with this and the need to have a collaborative approach.

On the rural hospitals the member for McIntyre referred to, while their occupancy rates are low at times, they provide a really important part of the whole health system and there is a real need to better utilise them.

Ms Rattray - Do you mean by utilising them more, when people are let go from hospitals and are not ready to go home and that type of thing?

Ms FORREST - Yes and utilising them better like a step-down facility. Many reasons and excuses are sometimes given on why we do not do this - sometimes patients do not want to. If they are holding up a bed in an acute facility and the care can be provided in a regional facility, perhaps we need to make some tough decisions sometimes.

Of course, it should be considered if they need support and care from their families who are not near the regional facility, but often they come from a nearby community.

There are many more opportunities to better utilise those. I understand there are some barriers. Let us look at overcoming the barriers and look at solutions, rather than saying it does not work.

Ms Rattray - A barrier may well be if you are reducing the staffing -

Ms FORREST - I will talk about that. I have not actually seen the article you are referring to, but a bit of a 'turf war' goes on around this. Assistants in nursing - that is what the term used to be; obviously it has changed to healthcare assistants - are people trained to undertake basic nursing duties.

As a nurse myself, there is always this fear they will impinge on the turf of the nurses and then move up the scale with nurse practitioners taking on a more expert role. They have to undertake a master's degree and a range of other training in their field; they can prescribe medications within the field they are a nurse practitioner in. They can order X-rays, blood tests and a range of other treatments. They can suture and do a whole range of things.

This then became a turf war with the doctors because some doctors thought they were impinging on their area. Notionally they were, but now, when you look at the nurse practitioners who work in the departments of emergency medicine, by and large, doctors think they are wonderful

and fabulous because they deal with lower acuity patients - category 4 and 5 patients are seen and completely dealt with by the nurse practitioners. That frees up specialist doctors to deal with the patients who need that level of care. It is the same with the healthcare assistants or assistants in nursing, or whatever title they may be, so long as you have a good mix. The member for McIntyre mentioned they were taking the registered nurses out of the place and putting these in place. You cannot do that. There are still nursing bed per patient day models that require a certain number of registered nurses. Even if you have enrolled nurses, a patient ratio is determined. I do not know the full details of that, but the Leader may be able to provide some information.

Mrs Hiscutt - Neither do I.

Ms FORREST - I do not see there is a problem necessarily with having other people undertake some of the nursing care roles to free up registered nurses to provide the higher level care, so long as you are not eroding it to the point where that registered nurse is trying to be all things to all people.

Mrs Hiscutt - That is the point.

Ms FORREST - Yes.

Mr Gaffney - It is a bit like pharmacists being able to give injections and so on now.

Ms FORREST - That is right.

Mr Gaffney - That is a good thing.

Ms FORREST - Yes, they do vaccinations and flu shots.

Mr Gaffney - Some doctors initially were a bit wary of that.

Ms FORREST - Very against that, yes.

Mr Gaffney - That is improving.

Ms FORREST - Yes. I have been through some of the turf wars, but it is a small state and we need to work together to get the best patient outcomes and experience, and not have people waiting extraordinary times. So how do we move patients through the system in a timely but not overly timely manner?

I will touch briefly on the comment the member for Rumney made about access to termination of pregnancies in public hospitals. This is an ongoing disgrace from this Government. Now they say they have a low-cost provider to be based in the south, but they will not reveal who it is because they want to protect women's privacy. What a stupid excuse! If you want to protect women's privacy, make it available in the public system so they can access it close to their home when they need it, and remove this secrecy that perpetuates the stigma and shame attached to a medical procedure that is legal and should be available in all our public hospitals. It is an absolute disgrace. It is shameful of the Government to continue to perpetuate this stigma and shame on women who need to access a health service. It is just disgraceful. I was rung by a journalist yesterday who asked whether, if the Labor Party gets in, they would bring in legislation. I said, 'I don't care whether they get in or not. They don't need legislation. All that is required is for the minister to agree to

put aside his personal philosophical ethical views on a women's health matter, put them aside, and ask, "What is in the best interest of women and health outcomes in this state?" All that has to happen is that the secretary can include it in the service delivery plan or the service level agreement of each of our public hospitals and it is done. It is not fair, it is not equitable and it is not safe. Now having a fortnightly service, we know that surgical terminations in this sort of clinic can only be carried out up to - I am not sure whether it is 12 or 14 weeks - but it is around that time. You might miss one fortnight if you do not realise you are pregnant straightaway, which is quite likely if it is an unplanned and unwanted pregnancy, or if you do not realise you are pregnant and then realise that perhaps you are. You might do a home pregnancy test, you might go to your GP and you then have to be referred. The clinic for that day down here is full, so you have to wait a fortnight and then you are probably over the time limit and you will have to go to Melbourne anyway - 'If the clinic is on tomorrow, what am I going to do about the children?'

A member - Can't get time off work.

Ms FORREST - Yes, 'What am I going to do with work? Take a sick day perhaps but I have these other children I need to arrange care for.' It is not that easy.

Let us be reasonable here. The minister needs to drop his philosophical opposition to this. That is what it is. He is making a moral judgment, not a health minister's judgment in the best interest of women. I think it is unfortunate they require a termination because most of them do not want to have one, but they find themselves in a situation where that is the option they need to take and we should not be judging. I think I have said enough on that. I was not going to raise it but you did, so I thought I had to say something.

I will not keep going much longer because other members may want to speak and there is a time limit on this MPI motion. One of the other problems, in spite of the plan - and I commend the Government on some of its planning initiatives in trying to address some of these health challenges - is that the focus of the planning we are seeing is still way too short-term. If you look at the Emergency Department at the Royal, when it was redeveloped two years ago, it was redeveloped to meet slightly more than the current demand even though the demand was projected to be much greater. The actual demand has been even greater than what was projected.

We are playing catch-up all the time. We need to be more visionary in this. If the Government wants to pursue its policy of having 600 000 people by 2050 or whatever it is -

Mr Gaffney - It is 650 000 by 2050.

Ms FORREST - or 650 000 by 2050, we are going to have more people so of course there is going to be more demand. You have to plan for that. We will also get tourists using our public health system as well. It is a universal access system.

Ms Rattray - They are the ones who come off their bikes.

Ms FORREST - Well, yes, or they get gastro on the boat and then rock up at the DEM.

Mr Gaffney - The member for Launceston raised the One Health System model compared to the three and the process we went through. I would be interested to hear your comments.

Ms FORREST - I strongly believe we need the One Health System for our state, but we need to work together and maximise the potential of all of those centres.

Mr Gaffney - Yes.

Ms FORREST - If you divide, it becomes fighting with each other.

Mr Gaffney - Infighting.

Ms FORREST - Yes. If you have one overall structure, we can, I hope, in my utopian world, all agree on what should be provided everywhere. Not everything needs to be provided everywhere, such as particular surgeries, because a surgical intervention, ideally, is a one-off intervention. If you need your hip replaced or you need cardiac surgery or an amputation - as the lady with the gangrene did, unfortunately - hopefully, once you have had the surgery, that is the end of that episode of care.

You do not necessarily need to provide particularly more complex surgery everywhere. I think most Tasmanians would accept the need to travel for those sorts of things. If they are going to be seen in a timely manner, it is going to be done, and then if they go home with support, that is fine.

For things like pain management - the member for Launceston has raised this a number of times and I have, many times - the lack of pain specialists in our regions is appalling. If you expect a patient with severe chronic pain to get in the car in Smithton, Marrawah, Queenstown, Strahan or parts of the east coast, and drive to Hobart to see a pain specialist, they will need to see more than a pain specialist by the time they get there. Then they have to get in the car and come back. These sorts of things should be provided around the state.

I support the One Health System model. There needs to be capacity for local decision-making on with local issues because each area has different issues, but you have to have a united approach to what services would be delivered where and how they are delivered. Otherwise, you get this competition.

The members for McIntyre and Launceston raised the issue of spending money on Macquarie Point. It is a separate issue. We need to focus on health and getting the funding for health right. Wherever it comes from, to me, is not the point.

I saw a letter to the editor a couple of days ago saying it was time to close the Mersey. How many times do we hear this from people who live in Hobart?

The federal government gave us \$735 million just over a year ago - or maybe two years ago now - for the purposes of running the Mersey for 10 years. That money was then, except for the first \$70-odd million, sent to TASCORP so it did not all appear on the Government's balance sheet in one hit because that would have made the outyears look really bad. It was put in TASCORP so they could look after it and try to boost it a bit. Allegedly we are getting 10 per cent returns on it, but I am not sure how they are going to do that. That money is there for that purpose. It cannot be used for anything else as I understand it. We passed legislation to make sure it was not. Perhaps the person who wrote that letter to the editor does not understand that.

The Mersey Hospital, if you look at the figures in the annual report, has an enormous throughput of patients - though not as enormous as that of the Royal or LGH.

Mr Gaffney - I went to the forum the other week. It was close to 30 000 presentations for a 12-month period.

Ms FORREST - Where were they going to go?

Mr Gaffney - I do not know, exactly right.

Ms FORREST - This is the point of having one health system that works together to maximise each of our facilities in the best way possible.

In an ideal world you would not have two major hospitals on the north-west coast but we have. It is historical and somewhat hysterical. When John Howard interfered and Tony Abbott was the federal health minister, it became difficult for the Labor government at the time. The problem continues. We have funding from the Commonwealth for at least the next nine years. After that, I do not know if I will still be here to worry about it, but someone will be. We need to address those comments in the media. The minister should explain this to members of the public, particularly those in the north-west who see people suggesting the Mersey should be shut down and we would have \$730 million to spend somewhere else.

Mr Gaffney - To the minister's credit, when incorrect statements were made at the forum, he did address them. I was pleased. He said, 'No, that's not correct.'

Ms FORREST - That is good. They are the people in the region who need to hear that. I was not there, so I do not know what he said. We were in Hobart at a health committee.

Much more will be said when the acute health services committee reports at a later time. It is an important issue. It will always be important. There are no easy solutions but we need to work together. We need to acknowledge there is a problem, which I think the Government has done.

[12.22 p.m.]

Mr VALENTINE (Hobart) - Mr President, I acknowledge the matter of public importance the member for Launceston has brought forward. Clearly it is a significant issue. It is being talked about in the community and in the papers. You would be struggling to find a subject of greater concern than our health system if you look at the total coverage it gets in the media.

The Government Administration A Sub-Committee into Acute Health Services in Tasmania is currently being undertaken. I remind the House of its terms of reference -

It has resulted that a subcommittee be established to inquire into and report upon the resourcing of Tasmania's major hospitals to deliver acute health services, including mental health services, to the people of Tasmania with particular reference to -

- (1) Current and projected state demand for acute health services;
- (2) Factors impacting on the capacity of each hospital to meet the current and projected demand in the provision of acute health services;
- (3) The adequacy and efficacy of current state and commonwealth funding arrangements;

- (4) The level of engagement with the private sector in the delivery of acute health services;
- (5) The impact, extent of and factors contributing to adverse patient outcomes in the delivery of acute health services; and
- (6) Any other matters incidental thereto.

The inquiry began last year and delivered an interim report on 20 December 2017 because parliament was likely to be prorogued and we thought we had better get that information out for public consumption. The inquiry was re-established this year. Overall, through both sittings, last year and this year, we received more than 50 submissions. Some were updates to previous submissions. They were submissions from very significant organisations that are the grassroots of health services in this state.

I want to remind members of the particular inquiry mentioned by the member for Launceston, and I thank her for that.

I draw members' attention to the interim report to make them aware what was actually in the report in terms of recommendations and findings.

The first recommendation, and still a very significant recommendation, was -

The Sub-Committee recommends all parties fully consider the key findings contained in this Interim Report and work collaboratively to propose, refine and implement solutions to the challenges and problems identified within the Tasmanian Health Service and the State's major hospitals.

There has to be a willingness to do this. Whichever government bites the bullet on this, people in the community will applaud them. Everybody knows the health services are in a state that needs significant attention. Any government should be willing to say to their colleagues across the Chambers, 'We want to work with you on this, get this right and reduce the political fighting. We want to increase the achievement of outcomes that are going to be for the benefit of Tasmanians and it needs to be a long-term strategic framework. By all means, argue about the small components of the strategies within the framework and which particular line any party gaining government chases down, but do not move outside the framework otherwise we will never get to the end point.'

I reiterate: this was in our interim report and such an important recommendation.

We have to echo what is being said in the community and understand the importance of the highlighted issues. I do not think anyone would suggest that should not be done, and it is being done daily by politicians and people impacted by the current system in our state. We have to make sure that we pay attention to these things. I am not going to deal with the content we will produce in possibly another interim report, and you might say, 'What?' Well, yes, because we want to get the fullest information available and there are reports we do not have access to at the moment, and we are in the process of dealing with -

Mr Dean - The problem is you have information coming in all of the time.

Mr VALENTINE - You do, but where do you stop? We have had over 50 submissions; we can only report on those things we receive and it is important we have all the information.

Mr Dean - It has been going for a couple of years now.

Mr VALENTINE - It came to this House in June last year; we delivered an interim report in December and then parliament was prorogued, so a lot of the time we could not do anything.

While I would like to be able to tell you we will deliver a final report this session, we have to go with what we have. There is not much point in producing a report that does not reflect the full situation, if we do not have the base information.

Mr Dean - You will never be on top of it all.

Mr VALENTINE - I understand, but this is a call we have to make at some time. I appreciate the member's point because it is one of those evolving things.

Mr PRESIDENT - I remind members that the actual motion before us is the apparent shortfall in funding for our state public hospitals and the ongoing difficulties within emergency departments. Standing Order 32(3)(c) says, 'and the Debate will be strictly confined to the matter stated.'

Mr VALENTINE - Thank you, Mr President, I appreciate that. The report we want to gain from the Government obviously deals with funding in particular. We do not know to what extent because we do not have the report at this point, but I believe it is significant. Therefore we will continue to make sure in our inquiry that we are dealing with the fullest information possible.

I appreciate what is being said in the community. I appreciate that we have the worst waiting times and outcomes. There will be about a 5 per cent increase in presentations going forward. The number of presentations in mental health is actually worse than that. It is increasing over and above 5 per cent. We have to be aware of that. To be able to attend to those sorts of things, the Government needs to put financing in the right places at the right time.

To acknowledge what the President has just said, we are pursuing the inquiry and hopefully we will be in a position to deliver a final report, if not at the end of this year, then certainly in the first session of next year.

To round off the key findings on that subcommittee interim report -

A number of key stakeholders raised concerns regarding the leadership structure and communication within the Tasmanian Health Service (THS).

Key stakeholders identified the loss of local administrative and clinical leadership and a lack of local decision making capacity as negatively impacting on patient care, staff morale and efficient service delivery.

The Government is moving on that. It is public knowledge that the Government has gone to the One Health System. I utterly agree with that. The only possible issue is that it ends up becoming a silo situation again. We do not want that to happen. When it comes to the funding arrangements we want to make sure it is being looked at as a whole state; that there is local decision-making to ensure the best outcomes for patients; that it is being governed in an equitable, insightful way; and

that we get better outcomes through that One Health System. The last time it went into three, a fair degree of siloing happened. The bureaucracy was also not as in touch with the hospitals in each of the regions. It has to be done holistically.

Other findings were -

Access block and overcrowded emergency departments is increasing the risk of adverse patient outcomes.

Significant costs associated with staff overtime and the engagement of locums continues to put pressure on the state health budget.

Another issue with regard to the funding side of it is where there could be savings.

The delivery of maternity services in the northwest of Tasmania is fragmented.

The member for Murchison covered other issues associated with the clinics providing terminations, but the basic maternity service is an issue we considered in this interim report -

The redevelopment of the Royal Hobart Hospital created additional operational challenges, including decanting of inpatients, dealing with the impact of the 2017 flu season and adequacy of the current and future in-patient mental health facilities.

Another finding was -

Access to timely, acute and community mental health care is inconsistent, lacking functionality and resulting in inadequate care of patients with mental illness.

These are very vulnerable people and attention really needs to be paid to this issue. We know the Government has announced a number of initiatives. No doubt our final report will look at some of them -

Child and adolescent inpatient mental health services are lacking in Tasmania, resulting in sub-optimal care for young people experiencing significant mental illness.

The last finding -

Tasmania does not have a statewide perinatal and infant mental health service, resulting in sub-optimal care for vulnerable children and women experiencing postnatal depression and postpartum psychosis.

All the people dealt with in these findings are very vulnerable people. They need the best support we can provide to them as a community. That is all I am going to say, Mr President. I thank the member for bringing this matter forward. It gives the committee an opportunity to be able to reiterate some of what we have found so far but not to pre-empt what we will deliver in our final report.

[12.35 p.m.]

Mr FINCH (Rosevears) - Mr President, given most of the issues spoken about here today, under the present state Government the hospital crisis seems to be going from bad to worse. The minister keeps saying there is a plan. If there is a plan, it does not seem to be very effective at this time.

I have a question to the Government, through the Leader, and it may not come in question time today, about the prospect and ramifications of Tasmania losing some federal funding because of the \$600 million cut announced by the Commonwealth.

We are constantly hearing in our inquiry about the adverse effect the present situation is having on hospital patients and emergency departments. I feel for the morale of hospital staff; as mentioned by the shadow minister today, they are being treated appallingly.

Any member of parliament who has served as a health minister recognises it is a very difficult and, at times, unrewarding job. I sympathise, but it is a job that has to be done properly and as we have heard today, there are plenty of concerns.

[12.36 p.m.]

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr President, I have a couple of answers I will relay when I have finished the Government's contribution. Anything that I do not or cannot answer today, I ask members to put as questions without notice, which might be the appropriate way to go.

I am pleased to speak on the matter of public importance raised by the member for Launceston. As discussed, the Minister for Health, Michael Ferguson, has recently travelled around the state holding a series of public forums. This is an innovation started by Mr Ferguson, and one that was never undertaken with such regularity across Tasmania under previous governments. These forums provide an open and constructive way of connecting with local communities. Forums have been held each year for the past five years and there have been more than 20 public meetings and events during Mr Ferguson's time as minister.

The minister has asked that I acknowledge and thank the Secretary of the Department of Health and Human Services, Michael Pervan; Tasmania's Chief Psychiatrist, Dr Aaron Groves; Co-Director of nursing at the North West Regional Hospital, Hayley Elmer; and the acting General Manager of the Mersey Community Hospital, Anthony Hurst, for their insightful contributions and presentations at the various forums.

These forums are important; they provide opportunities for communities to participate in a broad discussion about the health system, to hear about the progress of important developments in health and to ask questions. The Government welcomes feedback from Tasmanians about what is working well with our health system and what we could be doing better.

I attended the Burnie forum, as I have in the past, and was able to see firsthand how the minister listened to complaints, compliments and suggestions made by those in attendance. I note in particular the calls at Burnie from Jo Shugg, wife of the deeply respected Dr Bert Shugg, paediatrician, for an end to the politicisation of health in Tasmania. She noted with concern the alarmist commentary by some, which was not based on the truth and came at the expense of the trust of the public in their health system. This was noted by a few other people. I am not talking

about the member; I am talking about other people who have a lack of understanding as to what is happening.

I am advised the member for Mersey attended in Devonport and raised issues regarding the sustainability of local GP practices, which led to a constructive discussion across the floor at the forum.

There is no doubt this is a very important area of the health system and, while primarily in the domain of the Commonwealth Government, the state Government acknowledges it as fundamentally important to Tasmanians and it will continue to do all it can to support the viability and sustainability of GP practices.

The Government commends these comments and all the feedback provided over the week. The Government will take heed of it all as we work to deliver the best possible health system for Tasmania. We will never stop listening as we go about our task of rebuilding our health system.

Our health system staff are doing a remarkable job dealing with periods of high demand, and it is important we continue to act to support staff and deliver the health system Tasmanians deserve.

In the member for Launceston's electorate a number of initiatives are underway, including the redevelopment of Ward 4K and the state's first-ever child and adolescent mental health facility.

As this MPI is based on finances, I have some of them to run through.

Major excavations of the women's and children's precinct site at the Launceston General Hospital are now complete and building work is progressing well.

The Ward 4K redevelopment will provide a new 36-bed contemporary facility that will include Tasmania's first dedicated adolescent mental health unit, along with a number of specialist clinics. Within the unit there will be six single bedrooms designed to meet contemporary adolescent mental health requirements. There will be a separate lounge, dining and outdoor area for patients. Refurbishing the ward will mean that facilities meet the latest in modern standards and ensure the highest quality of healthcare services are available to patients. Structural work has also begun on a 38-space undercover car park below the extension.

The relocation of the women's and children's antenatal and postnatal outpatients clinic, which currently operates in Ward 3D, will free up space in the hospital for up to 32 more inpatient beds.

The children's ward remains fully functional during the construction period. The first stage of the project, including the adolescent mental health facility, is on track for completion in 2019. Details of each of these were provided at the recent public forum in Launceston.

With significant regard to the advertising and notice given to the public for each forum, I am advised that the forums were first announced on 16 October, the week before they commenced, as part of a ministerial statement on health in the other place.

This was reported in the press, including in the *Examiner*, the following day along with contact details. There were full-page advertisements in the three regional newspapers on the Saturday before the forums, and there was radio coverage on ABC morning radio on the week of the forum as well as other media promoting the forums.

The forums around the state were well attended. I am advised in Launceston approximately 40 people attended. The Government will take on board feedback from the member for Launceston when organising the next round of public forums next year. The minister would like to express his gratitude to those who were able to attend and contribute to the forum. In Launceston there was a great variety of discussion and debate around a range of matters, at times robust but always respectful from all parties.

The feedback from these forums is important to help improve services and guide the Government's investments.

With regard to the proposed move of the wastewater treatment plant at Macquarie Point, it is important to note that this will clear the way for the site to reach its full potential, unlock massive investment in the state, create jobs and deliver a nationally unique site for the community.

The state Government has stated it is prepared to make additional funding available to assist TasWater to decommission and relocate the Macquarie Point wastewater treatment plant subject to a funding model being developed that is acceptable to TasWater, its local government owners, the state Government and potentially the federal government.

Furthermore, together with TasWater, we are of the view that subject to the funding plan being agreed, the plant would be removed within about four years, allowing the Macquarie Point site to be developed fully without the inhibiting factor, while also enabling an appropriate cashflow to be built into future budgets over several years.

Ms Armitage - Is it \$140 million or do they have any idea of how much additional funding it will be?

Mrs HISCUTT - I will have to put that on the Notice Paper.

The Government will always face competing interests for funding, as you would be aware, and will ensure it gets the balance right across portfolios to deliver essential services while at the same time growing the economy and increasing investment and generating jobs in Tasmania.

I finish with a note on the Government's investment in health. The Government's last budget included an additional \$465 million investment in health, compared to the previous budget. This includes the commencement of the \$757 million plan over the next six years, which will see the recruitment of an estimated 1300 additional staff. This includes almost 300 additional hospital beds to take pressure off our emergency departments, as well as an investment in Hospital in the Home programs to improve waiting times and access to care.

When the demand for health services continues to rise, governments need to make choices and this Government has chosen to hire more staff and treat more patients. The Government has demonstrated that it will respond and act when demand in the health system continues to grow.

The Government is investing more than 30 per cent of the state's total budget on health. That is putting Tasmania in the top two in the nation for health spending.

I have an answer for the member for McIntyre: I have confirmed with the minister that the Government will not close any rural or regional hospitals. That is our commitment. The minister recently stated this at each public forum.

Further, all eight northern rural hospitals - Deloraine, Scottsdale, Campbell Town, St Helens, St Marys, George Town, Flinders Island and Beaconsfield - were assessed against the National Safety and Quality Health Service Standards and were awarded accreditation. All northern community-based services were reviewed earlier this year by the Australian Aged Care Quality Agency and were assessed as meeting all the expected outcomes of the Home Care Standards. Feedback included that Primary Health North provides effective quality care and services with a strong focus on evidence-based and patient-centred care.

These latest accreditations show the public that they can have full confidence in the Tasmanian Health Service to deliver safe and professional services.

Regarding the member for Launceston's question about the echocardiographer at the Launceston General Hospital, I can advise that recruitment for that position will start very soon.

I thank members for their contributions. I know the minister is listening in and will be reading the *Hansard* to inform himself of exactly what has been said through this debate.

[12.48 p.m.]

Mr DEAN (Windermere) - Mr President, I thank the member for Launceston for bringing the motion forward. It is a very topical issue; it has been topical for the last 20 to 30 years that I am aware of and probably longer than that. The member for Rosevears is absolutely right: it is a tough gig for a minister for health. In my 15-and-a-half years in this place, I have not seen a minister yet who has been able to fix the problems or come anywhere near fixing the problems in our public health system. I have been here through a number of ministers in that area and I am not sure who the first minister was.

Ms Rattray - David Llewellyn?

Mr DEAN - It might have been David Llewellyn; it was Lara Giddings at one stage, and Michelle O'Byrne at another stage; Michael Ferguson with the current Government, and I think there might have been another one in the previous government. Not one of those ministers has been able to get anywhere near fixing the problem. There have been changes and some progress made, but many people are saying that progress is not quick enough because it is their health, but we are an ageing population and we are seeing more admissions.

I am not sure if the question has been asked here and I will put it on notice if it has not been answered - it is probably in the annual report and I will have a look at this - about the increase in patients now coming into our public hospital systems. What was the increase of those coming into the hospital system, particularly the emergency department, from 2012 through to now? The increase of those coming into the hospital system, those coming into the emergency department? I suspect it is fairly high. I do not have an answer and if I cannot get one from the annual report, I will put a question on notice to try to get some details on this. It is an ever-increasing problem.

Mr Finch - In Tasmania, they are using the public health system because we are poorer, sicker and older, and that is not getting any better.

Mr DEAN - Absolutely.

Ms Forrest - It is hard to get into a doctor at a private practice.

Mr DEAN - Absolutely. There was a good letter in the *Examiner* today, in letters to the editor. We have many suggestions and ideas coming from these letters and the one today identifies some of the issues and a couple I have previously raised. I have always said that one way of getting some control is that nobody is entitled to go into a public hospital without some payment. I gave an example here previously of where I went into the public hospital 18 months ago when I smashed my thumb and had all of that treatment in the hospital. I was there until late at night at no cost.

Ms Armitage - You could have made a donation.

Mr DEAN - I could have done. Nobody being entitled to get into the hospital system for nothing would stop a lot of people going in. I remember I was pushed out of the way by a person who came in with blood running out of their arm, and the nurses told me that was about the eighth or ninth time the same person had been into the hospital in the last few months with blood running out of her arms - that sort of thing.

Ms Forrest - They could possibly have had a mental illness and were self-harming. It is a really sad situation.

Mr DEAN - She clearly had a drug problem, and that is what I was told. Whether a drug problem escalates into a mental problem, I suppose it does at some stage.

Mr Valentine - That is why the emergency department is there.

Mr DEAN - Yes, you are right, but issues like that keep causing problems for them. I will read the letter in the paper today because it is on this point, and funding and what could happen. The writer of this letter is Steve Cripps from Westbury; some people might know Steve. I quote from his letter dealing with health suggestions -

You have the Opposition Party, the Greens and now Sue Hickey complaining about the job Michael Ferguson and the health system. Do they know how to fix it? Any suggestions?

I guess Labor is putting up all their reasons as to how they can fix it. They had 16 years to fix it so perhaps now they can.

Mr Willie - That argument is getting old. It is five years into a Liberal government.

Mr DEAN - The Greens had two or three years as well to get on top of it -

The politicians and the hospital hierarchy just need to talk to their staff. Talk to the people on the ground doing the long hours, the staff working in the emergency department, on the wards, the paramedics, I'm sure they have a multitude of suggestions they'd like to put forward but have no input to fix the problem.

One of the biggest problems is people presenting to the emergency department or ringing for an ambulance with non-urgent medical conditions.

This issue really needs addressing. I am not sure how you could do that, but people are coming into the systems who really ought not to be there. There are other ways of sorting out some of their issues and problems and so on.

Ms Armitage - If the member for Windermere listened, in my contribution, many of the staff -

Mr DEAN - You are not suggesting I was not listening?

Ms Armitage - No, I was saying if you had heard that part, many of the people in emergency departments say people coming in are urgent and requiring beds - that is the issue. They are sick enough to want a bed, and it is a very small number of people who should go to their GP and they are moved on very quickly.

Mr DEAN - Thank you for that, but it has not helped my listening at all. Anyway, I will continue. Sorry, member for Murchison?

Ms Forrest - The current Government has done something to work on this in that they are enabling paramedics to assess people at home and not necessarily transporting them in. So they have done this.

Mrs Hiscutt - I did not go through the examples I had, but I could.

Mr DEAN - That is great. That is good and those are some of the changes we are seeing and hearing about, and that is very good. Quote -

People are presenting to ED instead of going to a GP because they don't get charged.

Hence, the point that I make -

There needs to be an education program started to teach the public when to call an ambulance, when to go to ED.

Stop wasting these medical professionals' time with petty complaints. Maybe charging a fee for non-urgent medical calls to the ambulance service would help this problem.

Open a free 24/7 GP practice away from the hospital so people have an alternative. Sometimes there is a simple idea that can help.

People need to work together to fix the problems. Surely that's not hard.

That was signed by Steve Cripps from Westbury. He raises some issues and good points there. I know many of these points are being addressed and we have talked about them.

Mr President, I was listening to an ABC program the other day which was talking about issues in public hospitals. If I had not heard at the beginning it was about some of the problems in the public hospital system in South Australia, I could have been excused for thinking it was Tasmania they were talking about. The problems were almost identical. They were talking about the ED's problems, the hospital not having the required resources to look after the patients coming in and so on. It was interesting. Our problems are not unique, sadly. Most public hospitals in the country are experiencing similar difficulties and problems.

I agree with honourable members that we can do more, but my view is - and I have always said this - that it is not just money that will fix this problem. We need to start right at the beginning and look at what people are doing, what they are working and so on.

We heard the Opposition's health spokesperson comment about nurses working double shifts and overtime et cetera; and that was happening 14 years ago as well. It was happening 10 to 12 years ago, and I can remember raising a question in this place probably 12 years ago about why we had so many nurses doing double shifts and why did we not increase the numbers so that we could lessen that impact on the budget. This has gone on forever and a day.

The member for McIntyre might have raised this in her contribution as well: why have we not looked at that? I know we are increasing the numbers of people in these areas. I would think it is cheaper to employ somebody full time than to continue to bring these people back in to work double shifts and overtime.

Mrs Hiscutt - We are hoping to recruit another 1300 nurses.

Mr DEAN - Yes, that is wonderful. I hope that will go a long way to satisfying the issues and concerns that we are currently hearing about.

Mr President, this situation does need some changes and we are seeing changes. Let us hope they can relieve some of the problems we are currently working with. Sadly, there are many of them.

[12.58 p.m.]

Ms ARMITAGE (Launceston) - Mr President, I seek leave to withdraw the motion.

Leave granted.

Motion withdrawn.

Sitting suspended from 1 p.m. to 2.30 p.m.

LEAVE OF ABSENCE

Member for Prosser

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council - Motion) (by leave) - Mr President, I move -

That the honourable member for Prosser, Ms Howlett, be granted leave of absence from the service of the Council for this day's sitting.

Leave granted.

QUESTION

Bass Island Line - Roll-On Roll-Off Services

Ms FORREST question to LEADER of the GOVERNMENT in the LEGISLATIVE COUNCIL, Mrs HISCUTT

[2.40 p.m.]

Regarding the *John Duigan* roll-on roll-off shipping service operating from Geelong -

- (1) Is the service now operating fully?
- (2) If not, what are the reasons for delays?
- (3) When do you expect the service to operate as scheduled?

ANSWER

Mr President, I thank the member for Murchison for her question. The answers are as follows -

- (1) Bass Island Line - BIL - is providing a safe and reliable shipping service for the King Island community. I will call it BIL. Are you happy with that?

Ms Forrest - I am more interested in what the roll-on roll-off services are all about.

Mrs HISCUTT -

BIL operates a weekly service between Geelong in Victoria, Grassy on King Island and mainland Tasmania.

TasPorts continues to seek updates from GeelongPort around the development of a roll-on roll-off ramp at Geelong to service the needs of BIL and its customers. In the meantime, BIL will continue to make use of the port's lift-on lift-off - LOLO - wharf.

- (2) GeelongPort continues to seek the required approvals from the Victorian Department of Environment, Land Water and Planning for the construction of this facility. This is a matter to be resolved by GeelongPort as the owner and operator of the port. BIL is a customer of GeelongPort and is therefore not directly involved in the resolution of this Victorian planning matter. Nevertheless, BIL continues to press for a speedy resolution to this matter on behalf of its customers.

In addition to numerous phones and emails, TasPorts' general manager, operations also met with representatives from GeelongPort on 9 October 2018 to discuss this matter. BIL is a wholly owned subsidiary of TasPorts.

TasPorts sought a further update from GeelongPort on Monday 29 October and was advised by GeelongPort that it is now close to finalising all approvals. At that point, GeelongPort and BIL will work together to confirm the ongoing port user agreement.

- (3) Once approval is granted, GeelongPort expects the build to take up to three months. A draft site layout is with GeelongPort.

SPECIAL INTEREST MATTERS

Hospitals - Sugar and Junk Food - Dr Fettke

[2.43 p.m.]

Mr FINCH (Rosevears) - Mr President, I raise again the subject of sugar-sweetened drinks and junk food in hospitals and the issues around awareness of patient care and quality assurance.

I have previously brought to the attention of this House my experience of meeting Launceston orthopaedic surgeon Gary Fettke and his campaigning on the perils of sugar and junk food, particularly in the hospital environment. His argument has always been that hospitals are at the coalface and should provide leadership on preventive health.

As I said recently, to the delight of the member for Windermere, it is not long ago that hospital auxiliaries used to sell cigarettes directly to the patients on the wards. Once the perils of tobacco were identified, that practice ceased.

Dr Fettke and many others now argue we should apply the same practice to sugar and junk food in view of the obesity and diabetes epidemics challenging our society.

Mr President, you may recall that in 2013 we passed a motion in favour of reviewing the hospital food policy and, in particular, to adopt a reduction in junk food availability. Unfortunately, nothing has changed. Since we passed that motion in 2013, New Zealand hospitals have adopted a ban on sugar-sweetened beverages and have reduced the sale of junk food. It is not about creating a nanny state in Tasmania, but all Australian states bar Tasmania have followed suit. Even in Queensland - the home of sugar production - hospitals adopted that policy in August.

While on the subject of Dr Gary Fettke, I want to talk about the action against him by the Australian Health Practitioner Regulation Agency - AHPRA - for giving dietary advice. I point out that it is a nonsense to say doctors should not give advice on diet.

Any GP assessing a patient with a high blood pressure problem would be negligent not to give advice about excessive salt consumption. Doctors are meant to be advocates. No, member for Windermere, I was not looking at you when I said that, but if the cap fits, wear it. I can tell by your chuckling -

Mr Dean - But the member for Derwent was.

Mr FINCH - Everybody else was. Doctors are meant to be advocates of public health and it remains a concern. Dr Fettke's situation developed when his recommendations on reducing junk food in hospitals were supported by this House in 2013. He received precious little support from the Tasmanian Health Service on this issue.

He met with opposition from hospital dietitians - specifically, their parent body, the Dietitians Association of Australia. That body wrote repeatedly to the Launceston General Hospital, effectively demanding silencing him from giving nutritional advice.

In 2014, he was reported anonymously to the Tasmanian Medical Board for giving advice to his patients to cut back on sugar. The subsequent two-and-a-half year investigation by the Tasmanian Medical Board determined orthopaedic surgeons should not be giving dietary advice.

Ms Forrest - They have to only have six years in medical school and about 12 years in training!

Mr FINCH - The decision for Dr Fettke under national law was lifelong and non-appellable. Is that justice, even if his advice was shown to be best practice? Dr Fettke and many supporters in the wider community were outraged by the decision. His questioning of the decision was not addressed by AHPRA and he took his case to the National Health Practitioner Ombudsman.

Nearly two years of review by the Ombudsman found flaws in the judgment process and his case was reviewed by an independent medical board. In a six-week turnaround, all findings against Dr Fettke were retracted and a formal apology was given by AHPRA.

Dr Fettke has requested the same formal acknowledgement of actions and an apology from the Tasmanian Health Service on multiple occasions because he was trying to clear his name and to get on with his work. An outside federal body has now determined the whole issue was unfounded and unsubstantiated.

Dr Fettke is still looking for reform in our dietary guidelines and is looking at the Australian Health Practitioner Regulation Agency for a review process because he is concerned about the health of the wider community.

Unfortunately, he is doing this now from outside the Tasmanian public health service. Our Tasmanian public hospitals should come into line with practices of all other states with regard to the removal of sugar-sweetened beverages and junk food.

Tasmania has poor health outcomes. Preventative health should make us leaders in Australia, not followers.

Foundation 33inc.

[2.49 p.m.]

Ms ARMITAGE (Launceston) - Mr President, I speak today about Foundation 33inc. and in particular the work they are doing raising funds for, and awareness of, health issues in the Tasmanian community.

Since its inception in 2004 by St.LukesHealth, Foundation 33inc. - or F33 as it is also referred to - has raised more than \$200 000 for charity, including organisations that receive little to no support by government funding, sponsorships or other substantial financial assistance.

Some of the varied causes F33 has supported over the years include the Time Out House for young people at risk; Karinya Young Women's Service, which provides short-term crisis accommodation for women aged from 13 to 20 years; and the RADAR program for disengaged students.

In 2008, F33 partnered with a private donor in order to create Zone 33 at the Waverley Primary School, a learning support room and calm space where students can take a break and refocus for their school day. Over the years, F33 has supported the Holiday Hampers Program, providing Tasmanian families with basic food hampers over the school holidays. They have assisted schools with breakfast clubs, including funds for kitchen equipment and healthy breakfast foods. In 2014, the foundation agreed to support Variety: the Children's Charity Tasmania. With many people

requesting assistance and having a cap on how much Variety can donate to an individual, Foundation 33 agreed to provide top-up donations that cover as much of the remaining costs as possible. Between 2015 and 2016, they donated over \$6700 towards items for Variety.

The foundation supports other individuals directly. For example, funds were provided for an autism assistance dog for a local family via Righteous Pups, an organisation whose mission is to raise and train assistance dogs for people with disabilities.

The Long family has also been assisted. F33 recently hosted a fundraising cocktail party for young meningococcal survivor Arthur Long. The cocktail party aimed to raise \$10 000 for the three-year-old Launceston boy, but instead the foundation presented a cheque for \$12 000 to Arthur and his family for ongoing medical costs. The major auction item of the evening, a painting by Arthur, sold for \$1700. Arthur contracted meningococcal W disease in 2017 and was left fighting for his life in Melbourne's Royal Children's Hospital. While he has recovered from the illness and returned home, he had both feet amputated and part of his right hand and spleen removed.

Meningococcal W is the same strain that has been experienced in Tasmania over recent months, with a new case recorded in September, the fifth case of the W strain. Arthur's family was quoted in the *Examiner* in relation to this new case as saying that they hope no-one will have to experience what they have in recent years. It is good to note that more than 50 000 doses of meningococcal vaccine have been delivered to general practitioners, pharmacists and clinics across Tasmania as part of a mass immunisation program funded by the state Government after the July outbreak. The expanded immunisation program is believed to be the largest of this type in Tasmanian history.

In conclusion, I acknowledge the work of the foundation. Their aim is to be a leader in helping those in need and a recognised group within the Tasmanian community with a strong and engaged supporter base. The number '33' in its name represents the membership number of the longest serving member with St.LukesHealth, a demonstration of loyalty and respect to values they hold dear. I wish them well as they continue their good work within the community supporting our fellow Tasmanians.

Howrah Men's Shed

[2.53 p.m.]

Ms SIEJKA (Pembroke) - Mr President, the Men's Sheds serve an important function in our community. As the member for Pembroke I have had the opportunity to visit my local shed on a number of occasions. While I might be biased, it is an excellent example of what can be achieved through one of these admirable organisations. The Howrah Men's Shed is a voluntary, not-for-profit community organisation. The current president is John Bastick and the secretary is Greg Ryan, and they have a dedicated executive committee. Supported by almost 75 active and committed members, the Howrah Men's Shed continues to develop into a valuable community facility. It provides a place where men from the community can gather, have fun and engage in practical and community projects.

Ms Rattray - And have morning tea from 10 a.m. to 3 p.m.

Ms SIEJKA - Absolutely. Regardless of background, knowledge, education, experience or age, the Howrah Men's Shed is welcoming and inclusive to men from all walks of life. It is a place that brings men from all walks of life in the community together. It also provides an opportunity

for members to enjoy their time, talk with others, share their stories as well as build and share valuable skills and experiences. It is an avenue for men to spend time with others, even if it is just to have a cuppa. During my visits to the men's shed I have had the pleasure of meeting some of the many members.

The modern men's shed is an updated version of the backyard shed that has been a long part of our Australian culture. The shed comprises facilities for woodwork and metalwork, as well as a kitchen space for relaxing and socialising. In Howrah Men's Shed you will see men repairing furniture and lawnmowers, or building ramps for people to have easier access to their homes. You can also see men building bird houses, kid's cubbyhouses and picnic tables for local schools.

Members have the opportunity to identify and work on their own interests, developing new skills and sharing their knowledge with other members. One such project involves the men's shed assisting with the bicycle repairs for students at the nearby Southern Support School.

Howrah Men's Shed is a perfect place for men to explore and enjoy their creativity. Members can choose to work on their projects, such as making toys for their grandchildren or gifts for their loved ones. The men's shed has much more to offer than just assistance with repairs and construction. Their priorities of safety, relationships and projects best explain this. The shed provides an opportunity to build relationships and transfer knowledge between generations of men through mentoring and support.

One of their main objectives is to provide support to our local community by being a place of social inclusion. They promote a culture that is positive and participative by acknowledging the difference in skills and experiences of each member. This also provides benefits in furthering men's health.

While the shed has a focus on the advancement of men's health and wellbeing, by encouraging and assisting members to gain access to relevant services and information available within the community, its practices of inclusion and mateship also play a crucial role in promoting positive mental health.

One member who has made quite an impression is Jack, who has been a member of Howrah Men's Shed for some time. As a very well organised and efficient person, Jack arrives promptly each morning in time to ring the bell for morning tea. Upon my most recent visit, Jack ran an extremely slick system in the kitchen and all 30 of us were quickly served. It has provided him with companionship and renewed purpose in helping others.

Jack credits the Howrah Men's Shed with having saved his life. I asked Jack if he wanted to come in and volunteer in my office, even though he is 89 years old, because I was so impressed with his system -

Ms Forrest - To make you a cup of tea?

Ms SIEJKA - I liked his organisation. He declined. He was very impressive. People were having cups of tea, even if they didn't want them. You just could not say no.

As former Howrah Men's Shed president, Ray Phillips, said -

Typically men find it easier to stand shoulder to shoulder rather than face to face and shed activities provide that opportunity.

As for safety, this is taken very seriously at the Howrah Men's Shed. The member for Derwent will recall wearing a Virgin flight crew vest on his visit. My electorate officer Griffin is one of the most recently inducted members into the Howrah Men's Shed. This thorough process even involved carrying house bricks in front of everyone across the shed.

Depending upon your ability and experience, members are given stickers to indicate what equipment they can use in the shed. These stickers are coloured dots and stars members must wear on their name tags at all times. Work is planned to expand the shed, including adding a mezzanine. This will allow for more projects and the growing membership.

I encourage all members to visit their local men's shed if they have not done so already. I assure members that you will be warmly welcomed. As an example, on my first visit, I was welcomed by all members who were there to show me their shed and their projects. I am not sure if the level of welcome I received was because I came bearing morning tea or not.

I was also lucky enough to receive a gift from the members made by the men on their computerised router. Members thought it would be perfect for my line of work. It said, 'I'd agree with you but then we'd both be wrong'. I wish the Howrah Men's Shed all the best with their future endeavours and expect to hear many wonderful stories about their role in the community for many years to come.

Penguin - Australian Junior Motocross Championships

[2.59 p.m.]

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr President, during the first week in October, Penguin town was swamped with over 500 people wanting to enter and experience motocross. Those 500 extra people also needed the many services provided along the coast, including accommodation, food, lots of fuel and high-pressure cleaners.

Blackwood Park in the Dial Range at the back of Penguin has a world class motocross track and was selected to host the 2018 Australian Junior Motocross Championship. This is why there were all these extra people in town. The championships were hosted by the Coastal Motocross Club. The club's OH&S coordinator, Mr Peter DeHaan, said it had been a long 18 months in preparation. There were 350 competitors from across Australia, New Zealand and Thailand, who joined the 46 Tasmanian riders to compete for 13 national titles on offer. This included two categories especially for female riders: the 13- to 16-year-old minilights and the 13- to 16-year-old junior lights.

The age range of all the competitors was between 7 and 16 years. Of course they all had their brothers, sisters and parents to look after them.

Penguin town was just buzzing. The local IGAs were going gangbusters. All the accommodation in the area was booked out and there were youths everywhere you looked. Might I say, they were very well behaved and polite when I spoke to any of them.

When the championships started, the name on everybody's lips for the days and many weeks before was Mr Stuart Weller, the president of the club. He and Peter had a team of over 30 volunteers who gave up much time and many weekends to get the venue up to scratch. Stuart reckons he had only one weekend off since Christmas.

The preparations had been a mammoth effort. Stuart was also ably helped by four-time FIM EnduroGP champion Matt Phillips. Matt is now 25 and retired; he retired at just 23 years of age. Matt was the four-time world title winner and the reigning EnduroGP world champion. He lives on the coast with his family, in your electorate, I believe.

The team of volunteers reshaped the track and got it into tip-top condition by using diggers, tractors and bulldozers. There was a photo in the *Advocate* on 27 September of Matt leaning on one of the shovels. Personally, Mr President, I would rather use a tractor because I can never find the starter motor on a shovel.

The seven-day championship is not the first time Penguin has hosted a national event. The Australian junior motorcross nationals were held there in 2004, and the Australian four-day Enduro was co-hosted by the club in 2015.

As I mentioned, over 500 people inundated the area and the club conducted a survey upon the sign in. I was very pleased to hear some of the results. A large percentage of the mainlanders indicated they were staying for three weeks, 17 or 10 days. As it was school holidays, most of them came for the event and stayed on.

The president, Stuart Weller, noted that it was great for the club and great for the Tasmanian economy. Stuart also noted that the track was first-class for riding. He even ventured to say that it was the best in Australia.

The event was free to spectators. I take this opportunity to inform all members of my luck when the Premier was unable to attend and perform the opening - I was asked to do it and was thrilled to be able to perform that duty in my hometown. With the official bits over, the riders were briefed on protocol and then it was on. Like a screaming swarm of mosquitoes, they raced around the track, tackling corners, hills and jumps.

Mr President, my congratulations go to Mr Stuart Weller, Mr Peter DeHaan and the large crew of volunteers. Well done to you all on a successful competition.

Chris Symonds and Mike Darby - Tribute

[3.04 p.m.]

Ms FORREST (Murchison) - Mr President, my electorate certainly has some very good sportspeople and I am going to speak about another one now.

Honourable members might recall me speaking about the world-class and internationally recognised Wynyard Yacht Club in the past, noting the amazing achievements of the club and some of the individuals involved in the club. Today I particularly note the incredible achievements of Chris Symonds and his coach and sailing partner, Mike Darby. For those who do not know, Chris has serious mobility challenges due to advancing motor neurone disease and relies on a mobility scooter to get around.

Before I commend them for their most recent international success, I note some of their more recent achievements at international sailing regattas.

In 2016, Chris won the world Hansa 303 Single championships in the Netherlands and is the current champion. This competition is held every two years. He has since retained that title, and I will get to that.

In 2016 Chris and Mike were the world Hansa 303 Doubles runners-up. In 2017 Chris won silver in the Para World Sailing Championships in Kiel, Germany. Chris is a three-time Australian champion Hansa 303 singles, 2014, 2015 and 2016 and three-time runner-up in the Australian championships 303 doubles in 2014, 2015 and 2016.

During the summer months, Chris and Mike devote all their energy into sailing and powerboat training as well as their amazing Sailability program and their Marine Rescue Unit at Wynyard Yacht Club. Winter is their racing time, not a time that I would like to be on the water training for and competing in these competitions.

Chris and Mike are also heavily involved in the upcoming Australian National Laser Championships to be held at the Mersey Yacht Club over Christmas with up to 300 competitors. Mike is one of the three race officials and Chris is a race director.

Chris has again recently put Tasmania and Wynyard on the international map, winning gold. Chris and Mike travelled to Sheboygan, Wisconsin, USA, where Chris won the Hansa 303 male division of the 2018 Para World Sailing Championships. Chris said this was an amazing achievement against so many great sailors from around the world.

Chris is an amazing sailor who overcomes a major disability to achieve results we can only respect and admire. He spoke recently about the many different cultures who came together to compete in identical equipment with only the sailor's preparation, skill and nerve being the deciding factor. All new boats were provided for the event.

There were 43 countries represented at these championships, with 130 sailors competing. Australian Sailing supported five athletes and two coaches, Mike Darby being one of the coaches focusing on the Hansa 303 male and female sections.

Chris said conditions were good with the winds medium to light and a very bumpy sea state on Lake Michigan, a huge freshwater lake. Chris said his physical and mental preparation was key to winning the regatta, with four months of intense training over the Tasmanian winter in the waters off Wynyard. This is not somewhere I would choose to be over winter.

Chris and Mike were supported both on water and off water by Australian Sailing. The Australian team was the highest achieving nation, with two gold and a silver.

Less than two weeks ago Chris won the Open All Abilities World Championships sailing the same Hansa 303 male division class in Hiroshima, Japan where he won gold competing against 119 sailors from 24 countries attending over four Hansa classes.

Chris also competed in the Hansa 303 two-up division at the same event, sailing with his coach, friend and carer Mike Darby, a very special occasion for them both. They both get a bit emotional when they talk about it.

Chris and Mike competed in the 303 doubles division against 52 competitors and achieved a remarkable second place in doubles, beaten by only one point, to the Japan crew who were sailing in their home waters. Chris also competed in a 303 singles division against 43 competitors and was placed second, again beaten by only one point by Poland. Only a boat length separated them at the finish of the last race.

What an amazing effort from Chris Symons, an inspiring and humble Tasmanian who needs a mobility scooter to get around on land, and his wonderful coach, carer and good friend Mike Darby. For anyone who has not met Chris, he is much smaller than I. He is quite frail and has serious mobility challenges as his motor neurone disease advances. He is an incredible Tasmanian.

The Wynyard community has been very supportive of the Wynyard Yacht Club as well as Chris and Mike, with many offers of assistance. Their success really is all about hard work and dedication, mental strength and commitment of these two men, Chris and Mike. Two truly amazing, inspiring and humble Tasmanians - we should all be very proud of them.

I sincerely and humbly congratulate them both.

HOPES Incorporated

[3.09 p.m.]

Mr WILLIE (Elwick) - Mr President, today I hosted residents, volunteers and staff from the HOPES Inc. community. They had an excellent tour with parliamentary staff around parliament and we had an enjoyable morning tea.

I became familiar with the HOPES cooperative living concept when I first opened my electorate office in Moonah. I am practically neighbours with the residents because my electorate office is located around the corner from the HOPES complex at Laetare Court.

HOPES Inc. was established in 2010 and is a not-for-profit organisation promoting innovative, cooperative living options to people with an acquired brain injury or neurological conditions. HOPES advocates a cooperative living model embracing independence, social inclusion, personal empowerment and the building of an ordinary good life for a person with a disability. The HOPES housing model consists of 13 independent units, all of which are currently occupied, surrounding a community house. The layout encourages residents to interact, support each other and facilitate a cooperative community while still retaining their own personal space.

A well-functioning community relies on its tenants' cooperation and contributions. This is reflected through monthly meetings, when residents meet formally to organise rosters for tasks including gardening, distribution of produce, wheelie bin duty, resolving issues and planning events and outings. Residents are expected both to contribute to the cooperative and also participate in its activities with the Laetare Court community. The community house is the centre for the organisation of activities, which include gym, a swimming program, craft group, bushwalking and evening meals. The HOPES model has proved to be fundamentally sustainable and cost-effective, achieved through shared responsibilities and resources, often resulting in a reduction in support requirements for residents over time. With the Laetare Court community operating with such success, HOPES has undertaken research and held informal discussions with current residents, service providers and other stakeholders to determine the need and requirement for a second community.

Consultation has identified several key features for the development of a new community, with a strong focus on an environment that encourages community interaction, connectedness and a foundation that supports informal networks and the promotion of inclusiveness. HOPES has a brilliant board and staff base pursuing the expansion, including Alison Jacob, former education secretary; Sue Hodgson, a co-founder of Headway Tasmania; and Chris Oriel, CEO, who above everything oversees at HOPES - he truly cares and there is no question the welfare of the residents is his number one priority.

In concluding, when I dropped by HOPES a few weeks ago I was asked by a resident, Caroline, if I knew what HOPES stood for and I have to admit I did not, but I promised I would know for the next time. On the parliamentary record, HOPES stands for Housing Options Providing Extra Support. It sums up the HOPES model perfectly. I hope residents, staff and volunteers enjoy their Parliament House visit today and I look forward to catching up with them on a regular basis.

MOTION

Public Health (Infringement Notices) Amendment Regulations 2017 - Disallowance

[3.13 p.m.]

Mr DEAN (Windermere) - Mr President, I move -

That Statutory Rules 2017, No. 108, Public Health (Infringement Notices) Amendment Regulations dated 19 December 2017 made under the Public Health Act 1997 and laid upon the Table of the Council on 14 June 2018, be disallowed as provided by Section 47 of the Acts Interpretation Act 1931.

I briefly preface my remarks with the observation that Tasmania still has the worst smoking rates in Australia. According to the Australian Institute of Health and Welfare, our smoking rates have not declined since 2010. We are not doing well at all. It is common knowledge in this place and maybe other parts of the state and certainly among health organisations, that I have taken a fairly hard line on wanting to reduce smoking. Hence the reason I have recently moved a private member's bill in this place to increase the smoking age to 21 years and previously moved for a Tobacco Free Generation - TFG - in this place. There has been a lot of support for TFG, Mr President. Surveys done in this state show in excess of 70 per cent of people are for increasing the smoking age to 21 years.

I have a very strong position in relation to smoking. This is not the time to weaken our efforts to reduce smoking in Tasmania. On the contrary, it is time for us to strengthen our legislation to reduce smoking.

What are the purpose and outcome of this regulation? The regulation removes the ability of the Director of Public Health to impose infringement notices - on-the-spot fines - on retailers who are caught selling tobacco or smoking products to children. It also impacts on some other areas about which I have no real concerns. I am quite accepting of the other issues raised in the regulation.

Until November 2017 when this regulation came into force, the director had the power to decide whether to prosecute a retailer found to be selling tobacco or smoking products to children or to issue an infringement notice with a fine of about \$600 or thereabouts. Now the director has no choice. He must prosecute or provide a caution note or let the retailer go on selling to children unless he takes them to court.

This is a return to the past. Up until 2011, the director had to prosecute. There was no opportunity to issue infringement notices. Prior to 2011, the compliance rate of retailers was between 20 and 64 per cent - very low indeed - and could not be allowed to continue. I accept that.

Many retailers in the early 2000s were still selling tobacco to children even though some had been prosecuted. Magistrates seemed reluctant to impose maximum penalties on small retailers. The Government has since increased the penalties but that does not guarantee magistrates will award a large fine. Mr President, I think that is fairly common across most areas of legislation. We very seldom see maximum fines imposed by magistrates for anything and anywhere. It is only in those areas where mandatory penalties are required that we see these penalties being imposed.

A regulation permitting infringement notices was established in 2011 as a result of calls within the health agency and from non-government groups to improve the compliance rate of retailers and stop them selling to children.

Since 2011, the compliance rate has been 98 per cent or thereabouts. That is, only about 2 per cent of Tasmanian retailers were found to be selling tobacco to children. Between 17 April 2012 and 21 April 2015, 14 infringement notices were issued for sale to children offences and one written warning was issued, so 15 all told. All were first offenders and all were identified through controlled purchase operations.

They were tested on their capacities to comply with the legislation by deliberately sending underage people to purchase tobacco products. What is significant here is that none were second offenders - 996 controlled purchases were made during this time, a 98.5 per cent compliance rate.

Since 21 December 2015, no offences have been committed since the detail we have just been provided, or there have been no controlled buys made or we have not been given the figures. It fits in there somewhere.

Mr Valentine - What was the date again?

Mr DEAN - Since 21 December 2015, either no offences have been committed or no controlled buys have been made. I take that from the information provided to us by the department, which identified the last controlled buys and what date that ended. The compliance rate of 98.5 per cent does not indicate a burgeoning problem in this area that needs a court appearance in each case.

Launching a prosecution is a time-consuming and resource-intensive process for the Department of Health and Human Service - DHHS - Crown counsel and the courts. It involves many forms and people to prove and sign-off on the process. Being brought before a court can be a frightening experience for a small retailer, a sales assistant and other staff. The retailer would likely consult a lawyer and attend court. They may have to travel many miles from their town to attend court.

Many tobacco retailers are small family businesses. The Government brought in this regulation with no warning or explanation. After consulting with Imperial Tobacco, the Government said last year that it was going to raise penalties for noncompliance, which it did. The Imperial Tobacco submission emphasised increased and higher penalties. I could talk a lot more about Imperial Tobacco, but I will not here today, because you probably would not let me go on about their behaviour.

None of the non-government or health organisations recommended higher penalties for retailers because the system at that time was working well. My advice is none of the non-government organisations were consulted about removing infringement notices. None of the consultative committees within DHHS advising the minister were consulted about removing infringement notices, again, on my advice.

This regulation came out of the blue and it makes no sense. Retailers were mostly complying with the law due to a very effective DHHS enforcement regime of compliance, monitoring and the issuing of infringement notices. I commend them on that, albeit I have always said we still do not have enough inspectors in this state to do the job in the way it ought to be done, but they are doing a good job with what they have.

We do not know what type of retailer is less compliant than others. We can only assume perhaps supermarkets are more compliant than perhaps newsagents or mixed businesses, but we do not know. I do not want to show any disrespect to those people conducting those businesses. That is an assumption I am making.

It would be useful for the Government to supply us with information about noncompliant retailers, their location and type of business. Can the minister provide us with this information?

The information I referred to previously about the number of convictions was provided to us following a briefing. I thank the Government for that and appreciate the information provided. It was indicated they would provide the number of infringements on record. They originally indicated in the briefing there were nine offences, but it came back as 15.

The document provided to all of us says that none of the persons involved with infringements had previously been warned. They were all new offenders in these instances, indicating to me a lot of this testing would have involved in some cases previous retailers who might have offended. It seems they were all complying and the issuing of infringement notice had done its job well.

Now the prospect of issuing infringements notices and quickly dealing with offenders has gone. Now the torturous long process of prosecutions has to be implemented by the director, his staff, Crown Law and the courts. The Government might say this is part of its tough on crime strategy, but do we want to be so tough on small retailers that they feel intimidated and frightened by court processes when they will almost certainly have stopped selling tobacco to children after receiving a hefty fine? That statement supports what I just said a moment ago: there is no evidence of these retailers who previously offended being caught up for the second time.

What do we want? Do we want to punish and frighten a few wrongdoers, or do we want to have a system that ensures that retailers do not sell tobacco to children by targeting a much larger group? The prosecution process will draw enforcement staff away from conducting compliance checks. I do not want to see that happening and I do not think anybody else does either.

Until November last year, the director could issue infringement notices for a first offence, but after that he would prosecute. Now he can only prosecute, even for a first offence. He could issue a warning, of course, but that is not as effective a deterrent as a fine.

I suspect this will lead to far more cautions being provided. Cautions will take the place of infringement notices. That is the likely consequence of the regulation as it currently is.

It is the same with police officers when they are dealing with offences. Taking away their right to provide infringement notices on certain offences would simply lead to police officers issuing more cautions and more warnings. I can vouch for this. That is what it does.

On the plus side, it is possible the prosecution of retailers will lead to a continuation of the decline in the number of retailers who sell tobacco. That is a possibility, and I do not hide from that.

A 2016 study by Dr Shannon Melody for the Department of Health and Human Services found that the number of tobacco retailers in Tasmania is declining. Some researchers believe that reducing the availability of tobacco will lead to a reduction in smoking.

Dr Melody found that a major reason for ceasing to sell tobacco was an increase in regulatory obligations, including the requirement to hold a tobacco licence, regulations relating to tobacco product display and the policing of the minimum legal age of purchase.

Half the respondents described these regulatory restrictions as an annoyance, burden, hassle and headache; however, Dr Melody reported that retailers in small country towns did not report policing the minimum legal age of tobacco purchased as a contributing factor owing to their familiarity with the relatively small customer base.

On another note, the minister did not have to remove this provision for infringement notices completely. He could have simply told the director to prosecute all retailers who do not comply and left the provision in place if it was needed. He did not have to do it; he could already say to these people, 'You will prosecute in every instance'. For example, if a large concentration of retailers were found to be selling in one area, it might be sensible to nip it in the bud by issuing infringement notices to all of them.

Under section 7(3) of the Public Health Act 1997 -

The Minister may give the Director directions in respect of any power or function of the Director under this Act and the Director must comply with the directions.

The minister could simply tell the director to prosecute. The minister did not need to go to this length and entirely remove the regulation.

If the minister had simply issued a direction, at least the director would be in a position to inform the minister of any problems that emerged from the process. Now the director is stuck; he has no choice. This is a bit ironic coming from a government that believes people should have choices. What can we make of all of this?

First, we know that the system was working in Tasmania from 2011 through to 2018 with respect to sales to minors. Very few retailers were selling to children.

Second, we know that prior to infringement notices being available for enforcement officers from 1996 to 2011 prosecution was the only option and the compliance rate was under 64 per cent and in the early years as low as 20 per cent. That is when they had to go to court.

Third, we know that the number of retailers selling tobacco in Tasmania is falling but there are still high concentrations of retailers in areas where there are many smokers. That is a tragedy. The

lower socio-economic group areas, for instance, are among those who are least able to afford this poison. To me that is a tragedy.

Fourth, the minister has another option. He could simply direct the Director of Public Health to prosecute all noncompliant retailers without having to eliminate the infringement notice option altogether.

My argument is that it would be better to leave this infringement notice provision in place; disallow the regulation and let the minister and the department have more flexible options available to deal with retailers who sell to children.

It would be useful for the Government to monitor this process and report back to the parliament on its progress, including details about the number of retailers prosecuted, the type of business, the size of the fine and a number of retailers caught selling to children who were not prosecuted for technical or other reasons.

The retailer/manager/owner has an obligation to ensure all staff are familiar with the sale of tobacco products. They must do that. For minors it is the need for proof of age. Having satisfied that obligation, it is then left for the assistants to ensure lawful sale of tobacco products. If they offend, it will be they, the assistants, who will front the court and not necessarily the licence holder, provided they have imparted all their responsibilities to their assistants.

Where is the strong deterrence with this change? My view is that a licence holder who properly controls and supervises staff could almost ensure full compliance with sales. I am not about taking a sledgehammer to crack a walnut.

The findings from the Subordinate Legislation Committee report said this -

The Committee noted from the documentation provided by the Minister prior to the briefing and following questioning of Departmental Officers, that the decision did not appear to be based on identified difficulties with the existing infringement notices framework. Instead, it was noted to be a policy decision of the Government to reflect its position regarding the serious nature of the offences by moving the enforcement proceedings to a court process.

In conclusion, Mr President, what is a mandatory court appearance likely to do? Does it cause the inspectors in the case of first offenders in particular to issue written warnings? I think you will see an escalation of that. There will be many instances where a licence holder has done everything right but for whatever reason every now and again something can go wrong. We all know that. I doubt there is any one of you in this place who can go out every day and not commit some infringement, some traffic infringement, do some wrong -

Mr Finch - Don't look at me.

Mr DEAN - In my view not one of us can do that. You might be lucky enough to get away with it, but there but for the grace of God, go I with a number of offences. Occasionally, my car goes a bit faster than it should do -

Mr Finch - An admission has always been the best evidence.

Ms Rattray - You cannot say that in the House.

Mr DEAN - I can say that in the House, but I have a good car and it tells me when I am exceeding the speed limit, which is great.

Ms Armitage - I have been in it many times and it says you are over the speed limit, so I could be a witness.

Mr DEAN - I have got myself into trouble, so I will move on. Will that have the similar deterrent?

Mr Valentine - Inadvertently is really what you are saying.

Mr DEAN - Will it have the similar deterrent as an infringement notice, which for selling to an underage person is currently about \$652 and four penalties earned. I could be wrong there and somebody will correct me. The current position is sound. Why remove an option? It is not an obligation nor is it mandatory. It can always go to a court. I have not been given a convincing reason to make this change and therefore I ask members to support the motion before you today.

[3.36 p.m.]

Ms RATTRAY (McIntyre) - Mr President, we do not have a lot of disallowance motions in the House so it is always an interesting exercise to address one's mind to the process. Certainly being a member of the Subordinate Legislation Committee, I have addressed my mind to the issue the member has put up for a disallowance motion. That was why when the member put the disallowance motion on the Notice Paper, the committee resolved to put a report out for the parliament. This was so members would understand why the committee had passed the health amendment regulations as examined and had not disallowed them through the committee process. The committee does not have the jurisdiction to disallow on a policy matter, and this was a policy matter. I will let others members of the committee make their own comments. I was surprised at the Government's approach when there was such a high level of compliance around selling cigarettes and tobacco to minors. I understood it was 95 per cent but the member tells me it is 98 per cent, so even better compliance.

I am one of the members of this House who dislike smoking immensely. I would rather nobody smoked, but that is not what we have before us today. It is a legal product and there are quite stringent rules in place about the sale of those products and particularly the non-sale to minors. The Government went down this path and decided to override the infringement process. The process worked well in previous times, but if it is a significant deterrent, as the Government says it will be, to stopping anyone selling cigarettes and tobacco to minors, it is difficult to argue against it. That is where I sit - it is difficult to argue against. If it is going to give 100 per cent compliance, a significant deterrent to being prosecuted, again it is difficult to vote for this disallowance motion and not at least give some opportunity. Once the regulation had gone through the process of being assessed by the committee, we had a briefing where a representative spoke to us who was not in favour of the amendment to the regulations, and the government representative from the department provided information to the committee. Then the committee evaluated the information received and arrived at the decision that it was a policy decision of government, not within the framework of the committee, and so it was passed, examined.

As always, with the member for Windermere or any other member, the committee could have put up a disallowance motion. The member for Windermere was waiting and watching through the

process, and as soon as the decision of the committee was made, the member did what he has every right to do and put forward this disallowance motion.

I am offering a contribution to the disallowance motion about this matter, identifying to members that it is a difficult one. The committee grappled with the fact it could change what has already been in place and appears to have worked quite well, from all accounts, with 98 per cent compliance. If this is going to make it 100 per cent compliance, perhaps it is the next step forward. That is always the question.

Mr Dean - They cannot say that and nobody can say it is going to make it 100 per cent.

Ms RATTRAY - In getting to the stage we have in the area of compliance for selling tobacco and cigarettes, much work has been undertaken with those in the industry who supply these legal products.

There is that aspect to it - that this is something that has been worked through with those in the industry. It is difficult when you change what people have done in the past. It entails getting that message to the community. Educating and advising sellers in the community is another aspect of what the department will have to do.

These regulations are in place in now. That is the process with regulations. This is overturning something that is already in place. How many times has this House suggested we have these discussions before the regulations are put in place? At this time, we do not seem to have a colour of government able to support a change to the process so regulations are not put in place and into law until it has gone through the subordinate legislation process. But that is another issue.

I do not have any more to add. I am nervous I might add something I am not supposed to add. I acknowledge the process and I acknowledge the member for Windermere's strong passion and commitment to this issue. I will be listening to other contributions on this matter. I held similar concerns at the outset when this matter came forward to the Subordinate Legislation Committee. We had gone through that process. Am I in a position to say that the government policy is wrong? I am not entirely sure.

I will look forward to other contributions that may show a clearer pathway for Council consideration in this respect.

[3.48 p.m.]

Mr FINCH (Rosevears) - Mr President, I am going to workshop this because I have not turned my mind solidly to this situation. I have been working on the wombat mange motion. I am starting to get a bit itchy waiting to present it.

I was keen to listen to what the member for Windermere said. I have had some phone conversations about our smoking situation. I have said before in this place that I was a 60-a-day man. I gave up smoking, thank goodness. I know its impact on health. I know the impact of 60 cigarettes a day. I spent all day smoking. Being involved in sport too, I know how it debilitates sporting activity for people who are smokers. You have only to read the outcomes on cigarettes packets to know all the other things wrong with cigarettes.

I listened carefully to what the member for Windermere had to say because he is on a campaign. Some would say he is a zealot in respect to smoking, although I would not say that. However, best of luck with trying to get the smoking age up to 21. That is a debate for another day.

I heard the word 'mandatory' and that caught my attention straightaway. That is a circumstance that I arc up at and listen carefully to. The point the member for Windermere is making about the way retailers are conducting themselves is correct.

I had a call from Ben Kearney. I encouraged him to call the Leader to look for a briefing but I might have referred him to the wrong person; I think it should have been you, in respect of this.

Ben is - and I did not get the title because I was not progressing the argument for him -

Ms Lovell - Australian Lotteries and Newsagents Association.

Mr FINCH - Thank you very much.

Ben is the association's representative and, for all intents and purposes, an upright citizen looking to do the right thing. He expressed concern his colleagues in the organisation are doing the right thing. They are bending over backwards to comply and make sure they do things right. Even with the diligence they are showing, here they are being bashed about the head with a big stick. I am a little surprised the Government is taking a hard line in this respect. Are they not supporters of small business? That is who these people are. They are trying to comply with the law. They do not want their records besmirched by charges. For goodness sake, they do not want to appear before the court; they are going to be cautious.

This is not needed to make them more cautious. They are being cautious, as you mentioned, member for Windermere, when you gave those figures as to what is being flouted. It is miniscule, yet all the retailers involved in this organisation are tarred with this brush of needing to comply even more. It is draconian. I am going to - and I am surprising myself saying this - support the member for Windermere in his push, because the last person you would expect to be pushing something in respect of smoking and wanting to increase penalties and wave the big stick would be the member for Windermere. He is taking the attitude he adopted as a police commander. He expressed it here: everybody makes mistakes, and they are not making it on a regular basis. Highly irregular, so they do not really need this pervasion of, 'Oh, you make this mistake and we are going to take out our old police truncheon and bash you about the head with it'. It is not needed, so I will support the motion.

[3.53 p.m.]

Ms FORREST (Murchison) - Mr President, this motion again displays vividly the flawed system we operate under. I want to talk about that first, because it is really important to understand what this could do.

As we all know, in this place we deal with the principal act, amending acts or bills when they come through; supporting legislation or regulations are made after that, and it goes through a process where it is developed within the relative department. It is then agreed by the minister, sent to the Governor, made and gazetted. Usually at that point, it is operational unless there is another date in the regulations, which they may apply.

In this sort of circumstance, and even with Subordinate Legislation Committee, we always deal with it retrospectively, and therein lies one of the problems. The member for Windermere is concerned about particularly the change to section 64(2) - which removed the infringement offence when the infringement penalty was previously for four penalty units, for the offence of being the holder of a smoking product licence who permits the sale, supply, loan or gift of a smoking product to or for the use of a child - to a penalty dealt with by the court.

If we support this motion, there will be no penalty until the department goes through the process again of creating a new arrangement, whether it be by infringement notice or they think we will put this back in because this is government policy and this is what we are going to do, and the Subordinate Legislation Committee will not be able to knock it back because the Subordinate Legislation Committee has no power over policy. Not only that, if we support this motion, we will get rid of all the others as well, including the new offences -

Mr Dean - Not necessarily; I think an amendment will be put forward.

Ms FORREST - Until that happens there will be no penalty. I am describing the problem with the process here. Maybe if the member for Windermere had followed through more clearly with this, it could have just focused on section 64(1) in the regulations to deal with that. Then we would only be dealing with that, which would still be a problem in that if it were disallowed, it would mean there would be no penalty for selling to minors, which would not be a good outcome, but you do not lose all the others. This is the reason I tried twice to bring in legislation that made the process for assessing these regulations at the front end before they are operational so that people like Ms Barnsley have an opportunity to present to the committee before they are made and it can be properly assessed even when it is a matter of policy. Obviously that would require changes to the Subordinate Legislation Committee Act, but questions could be asked of the government of the day and recommendations made that maybe this is a bit heavy-handed or that compliance is 98 per cent or thereabouts with these, so why do we need the change?

I believe it puts us in an invidious position where, if we vote for it, it would get rid of all the penalties contained within this particular regulation or amending regulation. To come to the point about whether this is the right or the wrong thing - and I apologise for being out when the member for McIntyre was speaking; I was in another meeting regarding another bill that we are dealing with tomorrow - as I have said, and I am sure the member for McIntyre alluded to, the Subordinate Legislation Committee cannot knock something back based on a disagreement with the policy. Did you read out the section of the act?

Ms Rattray - No, I read out something else.

Ms FORREST - That is all right.

Ms Rattray - I think I have delayed shock.

Ms FORREST - I will just read out section 8 of the Subordinate Legislation Committee Act. It is quite narrow in many respects because it is after the event -

(1) The functions of the Committee are -

- (a) to examine the provisions of every regulation, with special reference to the question whether or not -

This is the question that the committee has to address -

- (i) the regulation appears to be within the regulation-making power conferred by, or in accord with the general objects of, the Act pursuant to which it is made;

Is that the case? Yes, in this particular case -

- (ii) the form or purport of the regulation calls for elucidation;

It is pretty clear what they were doing. I must commend the Department of Health and Human Services on its fact sheets on subordinate legislation. They are gold star. Many other departments could learn from them. The committee has made that recommendation, have we not, Madam Chair?

Ms Rattray - We have.

Ms FORREST - Well done to the Health department; it does a fantastic job. It did not require any further elucidation. It was pretty clear as to what they were trying to do -

- (iii) the regulation unduly trespasses on personal rights and liberties;

I would argue it does not. If sellers are not selling smoking products to minors, there is nothing to worry about. I will come back to that. The fourth paragraph reads -

- (iv) the regulation unduly makes rights dependent on administrative decisions and not on judicial decisions; or

I think it actually does the opposite in many respects -

- (v) the regulation contains matters that, in the opinion of the Committee, should be properly dealt with by an Act and not by regulation; and

That is not the case -

- (ab) to examine whether the requirements of the Subordinate Legislation Act 1992 have been complied with to the extent that they are applicable to a regulation; and
- (b) to make such reports and recommendations to the Legislative Council and the House of Assembly it thinks desirable as the result of any such examination.

There is a second part to that. That is what the functions of the committee are: it is pretty clear. When you go through those, there is no reason this subordinate legislation would recommend a disallowance.

Whether this is the right approach or not, we can comment on policy in this place, which is what we do when we deal with legislation. Sometimes we agree; sometimes we do not; and sometimes we think the policy is right, but the application is not quite.

Mr Valentine - Or the unintended consequences.

Ms FORREST - Yes. This is taking a much harder line on tobacco and smoking product sellers and yes, it does. When you think it through, if a person, whether it be the retailer or the licence holder, is caught breaching one of these regulations and fronts up to a court, that is a fairly intimidating thing and they probably will not do it again. The court could decide, if it is their first offence, that they had a reason, that maybe they did not realise the person was underage, and they could make that case to the court. The court might then decide not even to record a conviction. They might decide not to fine them. It could be enough to make them think, 'I do not want to go through that again.'

The important thing, as the member for McIntyre mentioned, is that the Government needs to keep a close eye on compliance. It is high under the current arrangement and if it falls away and we start seeing people fronting up and clogging up the courts, that will be a bad thing for lots of reasons.

If people are doing the right thing, there is nothing to fear. The fines are substantial if the court decides to impose them. The court may decide not to do so, and that is why we pay big money for judges and magistrates - because they make those decisions based on all the evidence in front of them, rather than give them a fine and say, 'You were a naughty person, off you go.'

The member for Rosevears might have said that we do not need to make the tobacco sellers more cautious. I am not sure we are making them more cautious. If they break the law, they break the law. If they are doing the right thing now, they are already being cautious. Look at the information provided about the offences that occurred - they are very few and that is over six years from 2012, unless some since 2015 have not been recorded. There is not a lot of them so by and large they are doing the right thing and are being cautious. They know it is a serious thing.

The Government is saying that it is serious, that it does not want them selling to kids or young people. I support that and whatever we can do to stop people starting smoking is what will have the best impact. This does not target the smokers themselves, rather the retailers. If you can prevent supply, it makes it harder for someone to take smoking up. The member for Windermere referred to something that is not necessarily related to this, but is on the same topic. It has some merit because we know people's brains do not mature enough to make some of those important decisions until they are at least 21 and, I suggest, 25 for males. Clear evidence and neuroscience support this.

We still have one of the highest rates of smoking, as the member for Windermere said. I am surprised he is the one who wants to send strong messages to criminals or people who break the law. The court could make a decision not to fine them or fine them a small amount. The infringement notice is 'Bang, there you go, this is it.' That was about \$680.00 and four penalty units. If a young retailer gets a fine like that, it is significant and there is no discretion. The court could think that maybe the young person behind the counter may have felt pressured by the business owner to sell to the young people coming into the store.

I understand from the briefings in the Subordinate Legislation Committee that it may make it easier for the business owners who may be putting pressure on their younger sales people to hold them to account. If that is the case, this is a good thing getting the people behind the scene who are pushing their employees to sell the tobacco products to young people.

For those reasons, I cannot support this disallowance motion. I understand the concerns raised by the member for Windermere because it does appear to be very heavy-handed. But, as the member for Rosevears said, if they are doing nothing wrong and are being compliant, which by and large they are, there is nothing to fear. If they are not, yes, it is a big deal fronting up to a court but the court then has the discretion to consider all the circumstances.

If a 14-and-three-quarter-year old - which is when you can get your first job - sells a packet of cigarettes to someone they genuinely thought was 18 and their boss had said, 'None of this checking everyone's ID' - who knows the pressure young people can be put under? They want to keep their job. It is their first job and they do not want to put on their resume that they were sacked for disobeying orders or expectations. Young people are under pressure if they want a job like that. It is something the court can take into consideration, whereas if that young person gets hit with an almost \$700 fine, that is probably a bit unfair if they made an innocent mistake.

An inspector could warn them. They could do that. The same thing could happen in court. The court could effectively warn someone so it does not take away that capacity but it would make them think.

Mr Finch - Let us say somebody is caught in one of those situations - as the member said, we all make mistakes - it concerns me that the process a small business owner has to go through, preparing to appear before court and finding somebody to look after his business while he is in court with the sword of Damocles hanging over his head, is not a good situation to put people in.

Ms FORREST - Neither is a \$700 fine straight-up with no chance to put your case effectively.

This is a matter of opinion. People are entitled to their own view. I have made my case for why I will not support it. Most of it relates to the fact that the process is completely wrong.

[4.07 p.m.]

Ms LOVELL (Rumney) - Mr President, most of the arguments have been put by members already but given conversations that I, too, have had with Dr Barnsley and Ben Kearney, I would like to provide our reasons for not supporting this motion.

It is important to acknowledge, as the member for Windermere has done, our terrible rates of smoking. We are all too aware of the devastating health impacts on our communities and the flow-on effects high rates of smoking have in terms of demands on our already strained health system. There is much more we need to do in this area to reduce smoking rates and invest in preventative health.

I thank the Health department for the briefing it provided on this matter. I am not convinced this disallowance motion will do that. I accept the Government's position that this change is consistent with the significant increase in penalty for noncompliance. I believe the laws and legalities around selling smoking products to people under the age of 18 are well known and have been for a long time.

We have excellent compliance rates. The member for Windermere said they were around 98 per cent and retailers should be commended on that. We have excellent rates, but there is an underlying residual noncompliance that has not changed significantly over a number of years and does not appear to have been addressed by the current system, with the issuing of infringement notices or cautions, as the case may be.

I would like some information from the Leader, hopefully when she makes her contribution, around the steps taken to communicate these changes to retailers. I believe that may be helpful for people in making their decision provided it has been communicated adequately to retailers and owners of businesses.

I am not inclined to support the motion because I am not convinced that our compliance rate will decline as a result of this. In fact, it may improve and that is ultimately what we are trying to achieve.

[4.10 p.m.]

Mr VALENTINE (Hobart) - Mr President, my concern, and I am sure other members have pricked up their ears, is that if this passed, all of the statutory rules -

Ms Forrest - In these regulations.

Mr VALENTINE - Yes, in those regulations, are not passed. I would like that clarified by the Leader, if she would, because clearly that is an issue.

If it were a matter of focusing on that one component that has been taken out, I might be in a different place. I could stand here for half an hour and espouse my views, but that will not change anything if the regulations are going to -

Mr Dean - That matter has been discussed with the Government. They have given me a certain position, which I would probably have amended if they were not going to -

Mr VALENTINE - Okay, I will wait to hear the Government's response because I need to know that.

[4.11 p.m.]

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr President, I will start by acknowledging the member for Windermere's work in connection with tobacco control laws. He has been a strong and driven advocate in this area. The Government has been grateful for his support in the past and for the support of other members as we work to strengthen legislation to reduce the harmful impacts of smoking on current and future generations of Tasmanians.

Last year the Government brought legislation before parliament which delivers some of the most important actions identified in Healthy Tasmania - the Government's strategic preventative health plan - to help Tasmanians become the healthiest population by 2025.

The actions we are taking are central to achieving our vision for Tasmanians to enjoy better health and live happier and longer lives. The Government considers the change to smoking infringements as a valuable action towards this goal. The amendments to the Public Health Act passed by both Houses of parliament last year delivered three specific smoking-related actions identified in the Healthy Tasmania: Five Year Strategic Plan released in 2016.

These actions were increased penalties for selling or supplying smoking products to a child, introducing laws to regulate electronic cigarettes and targeting education through Quit smoking information at the point of sale.

Today we are debating the Public Health (Infringement Notices) Amendment Regulations 2017, the regulatory amendments arising from the legislative amendments passed by the parliament last year. The regulations updated the smoking-related offences in the Public Health Act for which an infringement notice may be issued. These included new offences, such as compliance with smoking areas at public events; increased smoking penalties, such as selling smoking products without a licence; and the removal of some offences, such as selling to minors.

Disallowing the regulations will mean the department cannot issue infringement penalties for the new offences and will not be able to charge the increased penalties for relevant offences from the date of disallowance.

It will also mean a relatively low infringement penalty is restored for sales to minors offences, undermining the deterrent message of the highest statutory penalties endorsed by parliament last year.

Since the regulations were made, for example, the department has issued an infringement notice with an increased penalty of eight penalty units to a person selling a smoking product without a licence. It would have to revert to the lower penalty of two penalty units for future offences.

Acts set maximum penalties to give a sentencing range for courts to consider in view of the offender's circumstances and offending. An offence in an act typically only becomes subject to infringement penalties when the Government makes a regulation specifying the offence an infringeable offence. It then stops being an infringeable offence if the Government exercises its regulations-making power to change the regulation.

The public health infringement penalties are generally 2 to 10 per cent of the act's penalty, as infringement penalties are intended to encourage people to pay fines quickly for lower level offending. Infringement penalties are not commonly used for offences of greater gravity. The infringement penalty increase for selling a smoking product without a licence under section 74A increased from two penalty units to eight penalty units. This significant increase was considered necessary and appropriate so the penalty for selling without a licence is more than the cost of obtaining the license and is a general sales offence rather than a 'sales to minor' offence. It promotes regulatory compliance.

The infringement penalties also increase for failure to package and label smoking products correctly and selling a smoking product from premises not specified in the licence.

Under the amended regulations, a number of low-level offences can now be enforced by infringement penalty, including supplying cigarettes not in a package or in a package with less than 20 cigarettes, selling confectionary that resembles tobacco or fruit-flavoured tobacco, compliance with smoking areas at public events, providing false information about smoking product legislation, not providing approved information at point of sale, and providing a false statement when making an application such as for a smoking product licence.

I make it clear from outset, due to the extensive nature of the reforms made under these regulations and the strong message these penalties send to those who supply tobacco to minors, the Government, unsurprisingly, does not support the member's motion to disallow the Public Health (Infringement Notices) Amendment Regulations 2017.

In reply, I will address two key issues.

First, there is no evidence identified that removing infringement penalties for sale and supply to children will promote noncompliance for these offences. There is no evidence to suggest this.

Second, reinstating infringement penalties for these offences would undermine the strong message to retailers in recent amendments to the Public Health Act that substantially increased the maximum penalties for these serious offences.

Members will be aware the regulations were recently examined by the Joint Standing Committee on Subordinate Legislation.

A briefing to the committee was attended by the Director of Public Health and other staff from the Department of Health and Human Services. The committee also obtained information from other stakeholders.

The committee Chair, the member for McIntyre, wrote to the Minister for Health noting the committee held concerns about moving the infringement notices to prosecutions for offences relating to the sale or supply of smoking products to a child. The committee recommended monitoring compliance closely with a view to reverting to infringement notices, if compliance declines.

If I understand correctly, the member for Windermere's primary concern relates to the same matters. It is important to remember, however, that the regulations did more than remove infringement notices from the offences relating to sales and supply to children. The regulations also added and increased penalties for certain smoking-related offences.

One particularly important change is the increase in the infringement penalties for selling smoking products without a licence or not in the courses of employment with a licence holder. These regulations increase this from two to eight penalty units. This removes the compliance disincentive by ensuring it is not cheaper to pay the fine than to pay the license.

To disallow these regulations would remove the entire set of amendments and signal a change to the Chamber's long-held support for the Government's approach to the infringement framework for smoking offences. However, on behalf of the Minister for Health, I thank the committee for its letter and concerns about the aspects of sale and supply to children.

Continuing to monitor compliance with smoking laws, in particular for the supply and sale to children offences, is strongly supported.

It is too early, however, to commit to reintroducing infringements if compliance declines. For the same reasons, we cannot commit to support the motion before the Council today. To support the motion assumes a causal connection between the availability of infringement notices and improving compliance rates that has not been established. It is true that in the years following the introduction of infringement notices, compliance activists found fewer retailers selling smoking products to a child. However, a number of other tobacco control initiatives were happening at the same time.

Without a rigorous investigation, evaluation process or study, it cannot be said that the availability of infringement notices causes compliance by retailers to improve or that removing them will cause retailers to increase offending. That is why the Government supports the amendments and will continue to monitor compliance.

There may have been a number of contributing factors that saw a decrease in the number of retailers found offending by the department through its controlled purchase operations. For example, in 2012 when the infringement option was introduced, significant changes to the smoking-related laws in the Public Health Act were being implemented. Many of these changes affected retailers and implementation activities included additional contact with retailers by enforcement officers. This was intended to increase the visibility of enforcement officers and retailers' perceptions of being caught offending. Other influencing factors may have included social marketing campaigns, increased social media and revised notices for retailers to display amongst other initiatives. That would answer part of the member's question.

There may have been a number of factors unrelated to infringement notices that influenced a number of retailers found offending before the notices were introduced. One of those factors may have been that penalties applied by the courts, before the introduction of infringement notices, were not a significant deterrent for retailers who were found offending.

However, last year parliament passed significant increases to the maximum penalty that a court could apply for selling or supplying smoking products to a child. A new three-tiered approach was introduced, which more than doubled the maximum penalty for a first offence and more than tripled it for a third or subsequent offence. In dollar terms, the maximum fine for a first offence increased from around \$8000 to around \$19 000. This indicates the severity of the activity. These penalties are among the highest in Australia and can be imposed on an individual by a court.

In this way we strengthened the framework in the Public Health Act and sent a strong message on the magnitude of the offence, which aims to restrict access to smoking products and thus prevent uptake of smoking by young people.

The courts now have a much broader spectrum on which to determine the appropriate penalty. The Government has also been absolutely clear that providing such a harmful, addictive and dangerous product to a young person is simply unacceptable. Leaving the infringement notice option in place, with its fine of four penalty units, risks undermining the goal. Increasing the amount of the infringement penalty in line with the increase to the act penalty was considered; however, this would have placed enforcement officers in a position of imposing fixed and quite significant fines. It is more appropriate given parliament's endorsement of substantially higher maximum penalties for these offences that offenders have their cases considered by a court, which can consider aggravating or mitigating circumstances. I think the member for Murchison went through that quite clearly.

Removing infringements as an option was and still is considered the most appropriate way forward. Enforcing through the courts is consistent with the approach for similar offences in other jurisdictions across Australia, including Queensland, New South Wales, the Australian Capital Territory and the Northern Territory.

As I mentioned, compliance with the act, in particular the sale and supply offences, will continue to be closely monitored by the department. If monitoring of retail activities in the coming years detects an increase in offending for selling to minors, the department will consider the best way to address this.

Reintroducing infringements may be an option, but it might be appropriate to examine the retail environment, retail behaviours and the broader regulatory environment to investigate factors that may contribute to offending and the extent to which infringements might play a role in compliance.

At this stage we do not want to pre-empt what the best way forward will be. That is better decided at the time, if in fact retailer compliance decreases. That way all the related circumstances can be considered and the scope of any project can be properly determined. For now, the department's enforcement officers will continue their valuable work in this area including communicating with, visiting and educating retailers.

These efforts help equip retailers with the knowledge and tools to meet their obligations under the act. The Government believes it is appropriate these changes in the regulations continue to operate. This is a worthwhile debate to have and we all agree we need to do everything we can on this important issue.

Only with the involvement of all of us - government, business, community and individuals - can we continue to improve and protect the health of all Tasmanians. Needless to say the Government does not support the motion of disallowance and I implore other members to do the same.

Generally, we communicated the changes to infringements to retailers by newsletter in November, before the changes commenced. The *Smoking Products Retailer Guide* and the department's website were also updated.

The director has issued letters to all smoking product licence holders in the state. These include six key points -

- (a) reiterate the requirement that they remind staff to ask for proof of age from young people who want to buy a smoking product
- (b) ask them to consider the age and maturity of their staff and their understanding of this requirement when giving them this responsibility
- (c) ask them to consider if the language skills and cultural backgrounds of staff may create difficulties for them in encounters with young people who want to buy a smoking product
- (d) ask them to support their staff to not sell smoking products to young persons without proof of age and to ensure they can seek help if they are uncertain what to do
- (e) remind licence holders the Act provides for smoking product licences to be cancelled or not renewed for breaches of the Act or Guidelines
- (f) remind licence holders that the Act provides for prosecution of a smoking product licence holder who permits the sale of any smoking product to a child.

The letters also -

- 2. emphasise licence holders accountability for the actions of their employees, and attach a letter for licence holders to provide to **all retail assistants** to ensure they are aware of their responsibilities.

Easy-read materials aimed at linguistically and culturally diverse licence holders and retail assistants are being explored as a way to promote the need to see photographic identification when selling smoking products to a young person.

The enforcement policy for retailer offences in the act, including for selling to a child, is being finalised after the changes to the act and infringement regulations. Advice will be sought on section 64(2) of the act, which creates an offence for licence holders who permit others to sell smoking products to a child.

The scope of the term 'permit' will be explored, which will help clarify the circumstances in which the licence holder may be prosecuted when a retail assistant has sold to a child. Once known, this will be incorporated into the enforcement policy.

These steps to improve the robustness of the CPO process will be completed by late 2018 and followed by a series of CPOs with a view to proceeding to prosecutions of sellers and/or licence holders based on robust evidence of a knowing breach of the act.

The Government is keen to not proceed with this disallowance. I urge members to think seriously about the ramifications if they go through. The Subordinate Legislation Committee has looked at it and is of a mind to let it work through a process.

Honourable members, I ask you not to agree with this motion and to let the current regulations take their course.

[4.30 p.m.]

Mr DEAN (Windermere) - Mr President, the disallowance motion is going to be lost. I accept that. It is commendable of the Government to want to do something about smoking. I say to the Government: my private members bill will test their mettle to see how serious they are in wanting to move ahead with decreasing smoking in this state. I look forward to that. It is commendable retailers have been spoken to and reminded of their obligations under the act and what will happen if there are transgressions. That is good and should have been happening well and truly before this, and probably has. It should not have arisen recently with the changes to these regulations. That should be an ongoing position of the Government with the retailers to remind them of their obligations.

The member for McIntyre raised the fact it is a rare occasion for a disallowance motion and I think it is first time I have been engaged in one.

Ms Rattray - I remember a fisheries one.

Ms Forrest - We did get that up.

Mr DEAN - Yes, there was.

Ms Rattray - They are rare.

Mr DEAN - The notion this regulation will create and cause 100 per cent compliance is, with the greatest respect, absolute nonsense. There is nothing that can ensure 100 per cent compliance with anything. We have penalties for serious crime and it does not deter people. People will offend from time to time for whatever reason - some people not deliberately - and will do it in a way that is carelessness or for some other reason and an offence might be committed.

What the regulation does is destroy an option. That is all it does, because they can take any offender to court at this time. They could have written to the retailers in this situation and said, you will not be issued an infringement notice if you do not comply, you will go directly to court.

Ms Forrest - That is what they have done.

Mr DEAN - No. What they have done is removed an option to give an infringement notice, nothing more.

Mr Finch - Put that into the court to do.

Mr DEAN - That is right and they have given this to the court to do. The penalties will be severe: about \$19 560 for a first offence; a second offence is about \$39 120; and a third offence about \$58 680.

Mr Finch - Bang goes the business.

Mr DEAN - You are right.

Mrs Hiscutt - It shows the severity of the act.

Mr DEAN - You are now requiring a mandatory action and anybody who breaches this will go to court. That is still not right either, because it is mandatory. It will be interesting to see what obligation inspectors are under: if, when they find a breach, they will be required to take them immediately to court - 'Do not pass go, do not collect your \$200' - or if they will have similar discretion to police officers in relation to just about any matter. That is, 'We realise and accept you did not deliberately go out and commit this offence, we realise whatever the situation is and therefore you have been cautioned not to offend again.' I am not sure whether that will also be removed. I suspect it might not be. That will be interesting, because in the documentation given to us, we can see where a caution was given and they did not get an infringement notice. That must have been a unique situation.

Mr Valentine - Is there an opportunity for us to find out whether that is the case or not?

Mr DEAN - What is that?

Mr Valentine - Whether an inspector has the opportunity to demonstrate discretion.

Mr DEAN - I cannot answer that.

Mr Valentine - Can we confirm that somehow?

Mr DEAN - It would be for the Leader and the Government to give that indication. To answer the member for Hobart's position in relation to the other certain offences that this will impact, I make it clear that there was a lot of discussion about that. There was discussion between me and the Leader on this. I make it clear that I accept responsibility for not having done something about it as I should have done. If it looked like this disallowance motion was going to get up, the Government was then going to seek an amendment to it to simply have it apply only to the sale of cigarettes to minors.

Ms Forrest - Can you amend a disallowable motion like that though? I am not sure you can amend a motion like this.

Mr DEAN - I do not know. That was the position that the Government took with me. I did not go any further in relation to that, so I am not sure if they could have done an amendment. That was the position that we stood on, and I accept that maybe I should have moved down that path and taken some further action on that.

Ms Rattray - We do not do these types of things very often, and all that information is not always available.

Mr DEAN - I am always of the position that we ought not to make criminals of people where there is no need for that.

Mr Valentine - Hallelujah.

Mr DEAN - That is a sad situation. It will cause the shop assistant - 16- or 17-year-olds - who can sell in certain circumstances, to go to a court where they could get a conviction. They may not be convicted. The court might not convict. They do not necessarily have to convict or record a conviction. They can convict but with the same hand not record the conviction or the court could dismiss it under the Probation of Offenders Act, or dismiss it in some other form. There are other courses of action a court could take.

Mr Valentine - What this means is that it is mandatorily sent to a court, but there is not mandatory sentencing.

Mr DEAN - That is right. It is mandatory to go to court, not mandatory sentencing. The court has a large number of options of the penalties it can then impose on an offender. That is the position we have.

I do not go easy on these offences at all. I am probably one of the stronger advocates in this state for tobacco control and the protection of our young people in particular. I do not withdraw from that position at all. That is not what this is all about.

To answer your question, that is the position we have reached. If it looks like getting up, that amendment would be moved - if it could be moved. I suspect the Government took some direction on that and looked at it closely.

Mr Valentine - Would there be amendments made to these regulations that you would prefer not see go through, apart from the one that is being excluded?

Mr DEAN - No. The only one I had concerns with was about the retailer. I had no strong position on the other matters other than to simply say I do not think it is a good option to remove infringement notices from anything, to be quite frank. I think it is good to have that option there. I do not see anything wrong with that.

I think the member for Murchison said something to the effect of, 'They won't do it again if they go to court'. I answered that in my second reading contribution when I said that there is no evidence that I am aware of anywhere to show that a person who has been issued an infringement notice has gone back to court a second time. There are probably some offences way back in the past where that might have happened, but of all of those 14 infringement notices and the caution

issued during that time that I mentioned - 2012 to 2015, one caution was issued - they were all first-time offenders, not convicted previously. To say that is to stretch it a bit in my view because the infringement notice has had the desired effect. That is great. The message is already there even without the \$600 fine. It is a pretty serious matter. There are many infringement notices. For speeding I think it is only about \$300 for the first offence.

Ms Rattray - What do you mean 'only'? That is a lot of money.

Mr DEAN - There are certain limits on the speed you are exceeding, so it is seen as much higher than that. The message is already there. As I said noncompliance has not changed over the years. Noncompliance has been about 1.9 per cent or 1.8 per cent or whatever it has been for a long time. I do not see that will change. In another few years, hopefully, someone will be asking questions in this place about whether there has been noncompliance since the regulation changed.

Ms Rattray - The minister indicated that they will be watching compliance closely following the letter the committee sent to the minister.

Mr DEAN - That is good.

Having said that, I suppose I could make an application to withdraw the disallowance motion. That might be the better option in the circumstances.

Mr PRESIDENT - You wish to seek leave to withdraw?

Mr DEAN - I seek leave to withdraw the disallowance motion before the Chamber, Mr President.

[4.42 p.m.]

Ms FORREST (Murchison) - Mr President, on the question of seeking leave, as I understand it, if the member succeeds in this motion and leave is granted, the statutory time frame has expired for him to bring forward another disallowance motion. He will have no opportunity, nor will any of us, to change it. The time has expired under the Acts Interpretation Act. In my view, the end result will be the same.

The member put the wrong regulation on the Notice Paper. I pointed that out straightaway because I knew he only had another two days at that point to put it on the Notice Paper. The 15-day statutory requirement in the Acts Interpretation Act means that if you miss that time, you have missed the boat. I am happy about granting leave, but I think the member needs to understand he cannot bring another one forward.

Mr Dean - I have not indicated I will bring it back.

Ms FORREST - You cannot.

Mr Dean - I have not indicated I am going to.

Ms FORREST - No.

Mr Dean - That is why I am withdrawing it.

Motion (by leave) withdrawn.

MOTION
Sarcoptic Mange - Coordinated Statewide Treatment Strategy

[4.43 p.m.]

Mr FINCH (Rosevears) - Mr President, I move -

That the Legislative Council:

- (1) Calls upon the Government to acknowledge and recognise that:
 - (a) sarcoptic mange is having an adverse effect on wombat populations around the state; and
 - (b) that the disease is not just an issue confined to Narawntapu National Park and the West Tamar region.
- (2) Urges the Government to become more involved in the fight to save the wombat population and strongly encourages the implementation of a statewide strategy for controlling the mange epidemic through a coordinated treatment plan, thus reducing reliance on the efforts of community groups; and
- (3) In recognition of the seriousness of species extinction in Australia calls upon the Government to give urgent consideration to the creation of a separate Wildlife Environment Department or something similar so that extinction issues are not submerged below competing interests of primary industries.

We recent Tasmanians - I mean those of us who settled here in the early 1800s - bear a burden of shame. We have destroyed thousands of hectares of ancient forest; we eliminated the giant wombat; and we are responsible for the demise of the wonderful Tasmanian tiger. Has anybody seen the Tasmanian emu recently? Or the giant black fish in a north-western river? I hear they were delicious. There are countless other acts of destruction that did not happen under Tasmania's original human inhabitants. We even came close to destroying those early human inhabitants who had been guardians of a unique range of growing and living things.

It is time to try to make amends. We brought to Tasmania the scabies, the sarcoptic mange that is now spreading through our wombat population, causing many of them to die a horrible death. I have talked about it here before, about how the mange appears first on the face, then works its way up the body; the wombat, scratching, opens the scab, then flies lay doover lungies - maggots - in the wound, and the wombat goes blind and cannot hear.

Mr PRESIDENT - That will test Hansard.

Mr FINCH - What was that, the doover lungies?

Mr Valentine - Do they know exactly how it first came here?

Mr FINCH - It came from Europe. It could come in on dogs, cattle et cetera. It is not specific to wombats. The incursion is throughout the mainland. So far we have done a pretty good job of saving the Tasmanian devils. Some of the lessons learned from the devil campaign could be applied to other threatened species. It is in our own interests. Imagine what a tourism drawcard tigers would be had we managed to leave them alive.

Among other things, my motion calls on the state Government to recognise the effect sarcoptic mange is having on Tasmania's wombat population, not just in my electorate, which includes the Narawntapu National Park. I have spoken here before about the fact Dr Scott Carver watched and recorded the mange taking its toll on wombats there. Last time I reported here they were down to a 96 per cent loss; I suspect that now they have probably all gone, with a 100 per cent loss.

I have mentioned too, that years ago when Harry Butler had the program *In the Wild* and came to Narawntapu National Park, he said, 'I have never seen so much wildlife anywhere in Australia'. Much of that would have been wombats.

This is recognised as a national issue. To that end I want to go to a report I read at 3 o'clock this morning. It came through to me late, but I was so impressed with the report by Jude O'Sullivan, I wanted to refer to it here. It is called *National Report: Australia's Response to Sarcoptic Mange in Wombats*, subheaded Current Picture, Concerns and Needs, Proposed Plan of Action. I appreciate the fact that Jude O'Sullivan has presented this in a form that is easy to read, easy to interpret and easy understand what he is driving at. I will give members his credentials a little bit later -

Ms Rattray - It must be if you read it at 3 o'clock in the morning.

Mr FINCH - That is right. Here, I have found it -

I am independent, self-funded and have no affiliations or motives beyond hoping to help the people who help the wombats. My professional sphere is IT and project management with postgraduate study in environmental and geospatial science. I have extensive non-profit experience in everything from domestic animal welfare to aged care, including two years' volunteer involvement with mange.

Those are his credentials. I will first read the overview, which is written primarily for the mange community. I suppose he means the volunteers and the scientists, researchers, the people who are concerned, DPIPW and other government bodies, both nationally and here in Tasmania -

... this report provides a plain-language snapshot of the status of Australia's response to sarcoptic mange in wombats and proposes a plan for future work.

There are three parts.

Part 1. The current picture - a summary of policy, treatment practices, research and innovation.

Part 2. Review of stakeholder concerns, needs and ideas.

Part 3. Proposed plan of action.

Background

The genesis of this report was an encounter with a mange-afflicted wombat named Winston on Boxing Day 2015. Further impetus came from several observations over the following year:

- A lack of verifiable data to support claims of mange prevalence, but no apparent moves to establish monitoring on a national scale.
- No obvious avenue for unifying the diverse responses to mange and no point of contact to initiate action on gaps and persistent hurdles.
- No clarity about safe and effective Cydectin dosage in spite of repeated calls over many years from researchers and wildlife carers for a clinical trial.
- Wide-spread exhaustion and frustration among many people who want to do their best for sick wombats but have little confidence in whether their efforts are helping or harming.

That is the background. The objectives of the report are -

- To be a catalyst for establishing national coordination of the response to mange in wombats
- To give all stakeholders a common understanding of the status of mange work in Australia as a starting point for defining future work
- To propose a plan that will lead directly to action on the most important issues and help move past some stubborn sticking points
- To provide a hopeful and realistic vision to everyone, particularly the many people who feel disheartened.

I am experiencing that with some people I am dealing with -

Audience

This report was originally written for the mange community - anyone involved in treatment, research, policy, education and advocacy relating to mange in wombats. It may also be of interest to people and organisations with a broader interest in Australian wildlife welfare and conservation.

Scope

This report focusses solely on Australia's response to mange in the two species of wombat known to succumb to it - ... (bare-nosed wombat) and ... (southern hairy-nosed wombat) - and their combined home ranges covering ACT, NSW, SA, TAS and VIC.

...

Method

Data collection from 78 contributors ... Contributors include government environment departments, researchers, academics, veterinarians, wildlife groups/carers, peak bodies and landowners; ... This consultation process

collected extensive input and gave people in all sectors the opportunity to be heard.

...

The Current Picture

Sarcoptic mange in wombats is a voracious infestation by the mite *Sarcoptes scabiei* that, unless treated, progresses until the animal is so severely compromised that it dies with immense suffering. Mange can spread rapidly through populations, particularly those of high density.

It affects all three sub-species of *Vombatus ursinus* ... and ... (southern hairy-nosed wombat) -

I mentioned those combined ranges -

Mange is addressed by a range of committed volunteers and professionals but with no leadership or coordination of their efforts. Mange-affected wild wombats are treated by volunteer wildlife groups/carers with the support of veterinarians and landowners. Research is conducted by several academics who take a particular interest in the subject.

Witness Scott Carver here in Tasmania -

Key Findings

Analysis of stakeholder inputs to this report found a number of key needs and concerns:

- The need for a coordinated approach to managing mange across all regions
- The need for credible data about wombat populations and mange prevalence
- The need for a greater understanding of mange and better treatment options
- Concern about the efficacy of the current treatment regimen and difficulties executing it
- Concern about a lack of clear information and a strong sense of 'I just don't know what to do'.

These needs and concerns represent fundamental hurdles to responding to mange effectively, but there is currently no framework to address them. In short, sarcoptic mange appears to fall between the cracks of Australia's wildlife management system.

Priority Actions

- Establish national coordination of the response to mange and prepare a plan of action.

- Determine whether any management strategy should focus solely on wombats or address mange on a multi-species basis.
- Establish national surveillance of wombat populations and the prevalence of mange.
- Draft a comprehensive research agenda - a prioritised list of the most pressing research needs - and actively promote that agenda in the scientific and philanthropic communities.
- Assess mange treatments and application methods in current use and, as appropriate, initiate further study to determine their safety, efficacy and optimal dose range. Start with topically applied Cydectin, as this is the only APVMA-approved treatment.
- Determine whether any other threats to wombats require greater focus than they currently receive - for example, road deaths, toxoplasmosis, habitat loss, climate change.

Next Steps

Given the overwhelmingly positive response to the discussion draft of this report - and in the absence of any specific body to assess and implement the report's recommendations - the author will liaise with a range of stakeholders in November 2018 to determine the best way forward.

Mr Valentine - Is that on a statewide basis?

Mrs Hiscutt - It is a national report.

Mr FINCH - It is completely applicable to Tasmania, but the thrust of this was Australia's response to sarcoptic mange in wombats. He is looking at it on a national basis.

Mr Valentine - I wanted to be sure the south of the state would be looked at.

Mr FINCH - Yes. In Tasmania, we are perfectly positioned to be leaders in this field because of our island status. Reports say this sarcoptic mange is throughout the state. There are some areas where it is not - for example, in the south-west.

The reports on WomSAT and reports from observers and volunteers who report to Wombat Warriors show it is prevalent throughout the state. When I say 'throughout the state', I am using the term loosely.

Member interjecting.

Mr FINCH - I am not fearmongering. I am not saying 'Every wombat is under threat and getting it.'

Ms Rattray - It obviously does not affect their growth because they are still growing significantly. They are a large animal.

Mr FINCH - Yes, and heavy.

Mr Gaffney - It does impact if it is a young one.

Mr FINCH - This is back to the report by Jude -

Mange: Why Does it Matter?

Why should Australia take notice of sarcoptic mange in wombats and direct resources to it? Why does it matter?

It's a matter of welfare - mange inflicts a slow and painful death

The latest research suggests that the sarcoptic mange mite was introduced to the wombats' habitat by humans who brought mite-carrying species to Australia - and by that measure alone, if not for reasons of compassion, we may consider that humans bear some responsibility for putting right what humans have put wrong.

It may be a matter of wombat conservation - but nobody knows for sure

- There is no data on wombat populations in many regions.
- The spread and long-term impact of mange is not well understood.
- The resilience of affected populations is variable and not well understood.
- The capacity of other pathogens to do harm could be greater in mange-weakened populations.
- The only wombat species unaffected to date, the northern hairy-nose, is critically endangered and could be further threatened if it were to succumb to mange.

Without the warning that evidential data can provide, might Australia discover too late that mange is a bigger problem than anyone thought possible?

It is a matter for others too, not just wombats.

Mange affects many domestic and wild animals globally. In Australia, mange has been reported in domestic dogs and foxes -

I thought I would get your attention, member for Windermere.

Mr Dean - We have a problem; a big problem.

Mr FINCH - The foxes might have scratched themselves to death -

... and in several native species - but nobody can predict how mange will impact them in future or how many more native species may be affected. Knowledge

gained through researching and treating mange in wombats has the potential to help in the broader context.

On all of these counts, some combination of human compassion, human responsibility and the precautionary principle points to the importance of this work - and, in particular, to adequate surveillance to ensure that Australia becomes and remains aware of the impact of sarcoptic mange.

How is Australia Responding to Mange?

Australia's response to mange in wombats is largely led by volunteer wildlife groups/carers who advocate on behalf of wombats and run treatment programs, often supported by veterinarians and land owners, and by individual university researchers who pursue their interest in the issue. Some of these parties communicate with each other, but none of them holds responsibility for setting the course and coordinating the wide range of activities that comprise a full response.

While commendable work is being done in many pockets, the combined lack of coordination, paucity of data on wombat populations and mange prevalence, and divergent approaches in different jurisdictions result in a piece-meal response.

I have spoken here about the group at Kelso in my electorate who are doing a wonderful job in supporting others around the state who need help with the treatment program they have promoted -

Governments

The federal government plays no role in coordinating mange efforts.

Tasmania is the only jurisdictional government with a specific focus on mange. In response to the effect of mange in Narawntapu National Park (NP) and the ensuing public outcry, the government established the Wombat Mange Working Group in 2016 to assess the status of the State's wombat populations, assess the distribution and severity of mange across the State, and provide advice to the community about treating wombats. This working group includes biologists, veterinarians and other members from government and the University of Tasmania.

Government Perspectives

There is unanimous agreement among jurisdictional government environment departments - and among all participants in this report - that mange is an animal welfare issue.

Whether it's also a conservation issue is less clear. There are isolated incidents of local population declines and anecdotal reports of areas that once teemed with wombats but no longer do. However, little is known about the resilience of affected populations, and any long-term impact is unknown in the absence of population and prevalence data.

There are reports from each of the states but I will only read the one from Tasmania, from the Department of Primary Industries, Parks, Water and Environment -

Mange is viewed as a localised conservation issue in region/s of decline; more broadly as an animal welfare issue for affected individuals.

As in any State, Tasmania has a range of pressing wildlife issues, including a range of threatened and endangered species and wildlife disease issues (including Devil Facial Tumour Disease, beak and feather disease, sarcoptic mange). Even though common wombats are not listed as a threatened species in Tasmania (except the Flinders Island subspecies listed on EPBC due to limited distribution), they are clearly a priority for the Government, amongst other priorities.

The current data on wombat population trends and mange prevalence does not support the view that mange is a threat to the long term survival of wombats in Tasmania. DPIPWE however recognises that mange has been attributed to be the cause of a significant decline at Narawntapu National Park and acknowledges that the disease can cause localised declines.

That is right, if they get mange, there is no stopping it unless they are treated or they are shot, and that is what is done. They are euthanised, so do we keep doing that?

Under Government Activity - and I might point out here the former attorney-general Vanessa Goodwin, then as leader, came with me to Kelso and talked to our volunteers there. Being a great lover of animals, she was very taken with the issue we are experiencing with wombats and the work being done by our volunteers. I am sure she had some input into what occurred from a government perspective -

- In 2017, DPIPWE provided \$100K of government funding for UTAS research into new treatments, for new mange-prevalence surveys and for small grants to treatment groups.
- DPIPWE also collaborates on publishing scientific peer-reviewed papers on wombats and is currently drafting a discussion paper on the state-wide approach to managing mange in wombats in Tasmania.

I mention from the report that -

Public awareness of mange in wombats varies markedly between regions. In Tasmania, awareness is very high due to the high-profile decline of the wombat population in Narawntapu National Park in 2015.

Narawntapu is on the northern end of my electorate near Bass Strait.

Mr Gaffney - Not all of it.

Mr FINCH - Not all of it, no. It is probably your bit where the mange has come from.

Mr Dean - You have the good part.

Mr FINCH - To continue -

In other jurisdictions, mange in wombats remains unknown to much of the wider community, particularly in urban areas.

Members of the public sometimes get involved in hands-on treatment of mange, particularly on their own property, and usually in conjunction with a wildlife group or carer.

Population and Prevalence

Data on wombat populations and the prevalence of mange is essential to understanding its impacts. There is currently no national surveillance program specific to sarcoptic mange in wombats or any other species. This represents a significant knowledge gap. The lack of data means that Australia is unaware of wombat population numbers, population trends, and the proportion of wombats affected by mange nationally.

Earlier I mentioned WomSAT -

WomSAT was developed at the Western Sydney University (WSU) to map mange and other wombat threats across Australia. It stores wombat sightings, burrow locations, mange status and road deaths. Data can be entered by anyone via the WomSAT app or computer interface. Of the 16 contributors who provided input about WomSAT to this report, only two people report entering data regularly into WomSAT; four use it on an ad hoc basis and ten never use it. Further work is required to understand WomSAT's potential role in monitoring populations.

...

State- and Territory-based Monitoring

While Tasmania is the only jurisdiction that regularly monitors wombat populations and mange prevalence, all jurisdictions have some form of wildlife monitoring and/or sources of related data ...

For that data for Tasmania, we have a 30-year history of annual mammal surveys, including counts of wombats along more than 132, 10-kilometre transects in eastern, northern and central Tasmania where mange occurs. Since 2017, twice-yearly surveys in summer and winter, of mange prevalence have been conducted at key locations across the state using observational counts and cameras. Results are available on DPIPWE's website. I am digressing. I have had a lot of criticism of the situation because it is done at night with a torch from a vehicle driving through these various areas and trying to spot wombats. That is how it is done and how numbers are kept. I think the driver is holding the torch and then relaying the sightings to somebody else.

The Natural Values Atlas contains more than 1500 wombat records from Tasmania. DPIPWE's Tasmania roadkill app was launched in 2018 and collects data on a range of species, including mammals and birds. Wombats are frequently reported. I have something from Bruce Englefield on that in a moment.

Treatment - there is the development of new, longer lasting treatment for mange in wombats funded by DPIPWE grant. The researcher is Scott Carver at UTAS and trials will continue on through 2019. Under Recent Findings - which might all be from Tasmania -

The animals can't cope with the energetic pressure of disease. Food supplementation may be a mitigating factor, and is a possible research direction.

That was from Alynn Martin -

Mange causes substantial behavioural and thermal changes in wombats.

from the work of Scott Carver and Kellie Lovell -

A mange outbreak can cause substantial declines in numbers.

Transmission is consistent with burrow sharing.

From Scott Carver -

The presence of mange does not drive declines in all populations. Mange is widespread in Tasmania, generally at low prevalence and overall the State-wide population is increasing.

There would probably be a big question mark around that final statement; that work is by Rosemary Gales. I might get some response to that from the Leader in her response -

Real-World Application of Recent Findings

Tasmanian Wombat Working Group established with DPIPWE. (2016)

Increased public awareness and community engagement including extensive information on wombats and mange available on the DPIPWE website.

Substantial conservation changes at government level in Tasmania including assessing state-wide population levels of wombats.

That work was by the Wombat Working Group.

I have details here of the work being done and the treatments being used. I will mention the one on the Kelso sanctuary proposal. There is a proposal to purchase land in Kelso and preserve it as conservation land, a place for wild wombats to live freely and be treated. An educational display is also planned. That is at the fundraising stage and is being conducted by Wombat Rescue Tasmania.

To the concluding remarks from Jude O'Sullivan -

People describe the issue of sarcoptic mange in wombats differently depending on their vantage point and lens. To some, it's a wicked problem that's rapidly driving the species towards extinction. To others, it's a non-event or a sad-but-true part of the natural cycle of life.

It's not surprising that the problem is perceived differently across such a wide range of terrain, weather patterns, habitat modification and human interaction -

so these divergent views are probably fair descriptions of what people actually see in front of them.

To accurately understand how mange is impacting wombats across their entire range, we need to apply clear thinking and scientific rigour - and that means obtaining credible data for indicators such as population distribution, mange prevalence, resilience and treatment outcomes. (On a personal note, I believe it's also helpful to stay genuinely curious, at least initially, about why other people have different views. They may not be wrong; they may be facing a different view of the situation or have novel ideas worth a second look).

The plan proposed in this report suggests an approach for working together across jurisdictional boundaries to systematically identify and acquire the data and knowledge needed to better understand the problem and respond appropriately.

Although Australia currently has no national framework for responding to the threat that mange poses to the welfare and conservation of wombats, the overwhelmingly positive response to the discussion draft of this report suggests that the mange community is more than ready to take the initiative and establish a new model for getting this work done.

Let's get organised and stop the guesswork.

That is a selective choice from this report by Jude O'Sullivan. What I have presented to this House covers the issue we are dealing with from a national perspective, but I have also extracted the Tasmanian references. For all intents and purposes, it looks pretty good that Tasmania is doing something.

At this stage I will go to the recent report by a leading Swiss banking group that says that Australia is the richest society in the world. That is interesting, and yet our government seems too mean to properly conserve our threatened species. That might be what it is coming down to, particularly that Australian national basis.

My motion calls on the Government to give urgent consideration to the creation of a separate wildlife environment department or something similar so extinction issues are not submerged below competing interests of primary industries, because they need to be also considered with the damage wombats can do.

This is strongly supported by a leading light in the fight to save the Tasmanian devil, someone we have had here before as my guest and with whom I work as chairman of the Save the Devil situation.

Ms Rattray - The Devil Island Project.

Mr FINCH - Yes, thank you. I am trying to forget those 10 years. We put a lot of energy and effort in and we raised \$2.6 million, so we did well.

Ms Rattray - You reminded us about the program and encouraged us to attend events so often, to your credit.

Mr FINCH - Our patron and board member, Shane Gould, won *Survivor*, so she can tell us a thing or two about surviving species. I will quote from an email Bruce Englefield sent me. He says in regards to terms of reference -

My observations are that your motions are right on the mark, particularly the idea of a separate ministry for wildlife. ... I see the crux of the wombat mange issue one of getting unbiased, scientifically based research conducted to quantify how bad the problem is in Tasmania, how widespread it is and to access and capitalize on the experience of other States. We need a professional, properly funded, dedicated czar for wombats to head up a team.

He gave an example but I will not name the person -

Ms Forrest - A job for you when you retire.

Mr FINCH - The chap he mentioned was on the board at one stage and would be perfect, but is probably enjoying other things at this stage. To continue with Bruce -

The way to monitor wombats in the wild is not to go looking for wombats per se, and flashing lights from cars!! Look for their scats or burrows. To do this one would use dogs, specially trained to use their heightened olfactory acuity to locate these. This is a highly skilled training process but is not original.

Indeed, two months ago, [two Tasmanians, I will not mention their names] went to Western Australia with dogs trained in Tasmania to locate feral cat scats. Dogs on the mainland detect koala scats, quolls, cane toads etc. This could be done with wombats, particularly as they are nocturnal, so dogs working during daytime would not disturb them. Once located and mapped, cameras can be set up to monitor the wombats for mange and Cydectin flaps set up for every wombat.

Evidence of wombat decline.

A paper, Distribution and abundance of roadkill on Tasmanian highways by Dr Alistair Hobday and Melinda Minstrell written in 2008 gave numbers of roadkill over a four year period. The ratio of pademelons and Bennet's wallabies killed on the road (roadkill) compared with wombats was 11:1 and 6:1 respectively. Compared with Tasmanian devils 8.5:1 and 4.75:1. On my recent research on roadkill in Tasmania, I found a total of 81 pademelons and 83 Bennet's wallabies as roadkill in the 18 weeks of monitoring every day. I should, therefore, using these ratios, have expected to find approximately 10 Tasmanian Devils roadkilled and 8 wombats roadkilled. I found two Devils, but no wombats. The devil number would be lower because of the decline in devil numbers since 2004-2007, due to DFTD, when the surveying for the paper was carried out. The fact that I recorded no wombats could indicate a decline due to a factor such as mange.

...

So to summarize I believe we need verifiable data and then need to act on it. What we don't need is to follow the path of the fox task force ...

Mr Dean - Right.

Mr FINCH - Are you still listening?

Mr Dean - I am.

Mr FINCH -

... which didn't get verification of the presence of foxes BEFORE acting, but spent millions of dollars putting down Sodium fluoroacetate -

Mr Dean - Never at any other time did they get verification of the fact that foxes exist, not only at the beginning, never at any stage.

Mr FINCH - They put 1080 poison everywhere -

Or like the Save the Tasmanian devil programme that gathered verifiable evidence on the way the DFTD was spreading but DIDN'T act on it.

The fox task force could have brought in all the packs of foxhounds sitting doing nothing in the UK after fox hunting was banned. These hounds would have found foxes if they were here in Tasmania. Scenting dogs could also have been used.

The STTD program could have built fences at Dunalley and at Woolnorth as well as some huge Devil Islands before the DFTD got there.

...

Eventually, after much public backlash, they finally stopped putting Devils back into the wild to face almost certain death, as in the Narawntapu and Forestier peninsula releases. They threw resources at the Mount William release and were highly successful with no deaths, providing a blue print that Tassie can be proud of for future rewilding programs. However, 20 eastern quolls reared in Tasmania were recently sent to a rewilding program on the mainland. None of the blue print protocols were used and sixteen of the twenty were dead within a very short time. The Tasmanian minister must have signed for them to be allowed to leave Tasmania, where was a duty of care exercised? This is just the kind of matter that a ministry for wildlife would have had the resources to fully investigate. Another 30 eastern quolls are due to be sent over next year. There is scientific evidence that the eastern quoll is in serious decline in Tasmania, we should be using the eastern quolls to be rewilding here.

Those observations are from Bruce Englefield of the Devil Island Project.

There are some reasons for optimism. I mentioned Dr Scott Carver of the University of Tasmania previously. He is working on inoculation. I made contact with him some time ago and said I would call him again. I tried on Friday to let him know to leave a message for me; to contact me over the weekend. I phoned him again yesterday. I just got his voicemail but I tried to have a discussion with Dr Carver.

Even if a cure for wombat mange is found, we still need to locate the remaining wombats to treat them.

Scott is a lecturer in wildlife ecology. Scott surveyed the Narawntapu National Park from 2009 assisted by two PhD students, Alynn Martin and Tamieka Fraser. The results, as I have mentioned, were alarming; 94 per cent of the wombat population in the national park had died. That is in Narawntapu alone. Scott says that it would be hard to provide scientific answers on whether Tasmanian wombats overall are in population decline without a statewide survey.

Madam Deputy President, it is absolutely urgent. We cannot wait for a survey; we have to act immediately.

This cannot be done by volunteers alone. We need government intervention perhaps through, as suggested, a wildlife ministry.

As my motion says, the Government must become more involved in the fight to save the wombat population and needs to implement a statewide strategy for controlling the mange epidemic through a coordinated treatment plan, thus reducing reliance on the efforts of community groups. Self-interest alone dictates this. I do not know if there are any figures showing the importance of the wombats near Ronny Creek near Cradle Mountain in attracting visitors. Many tourists get off the Dove Lake bus towards evening to see them. How attractive are they to our tourists? What if there were none left? How good are they? Imagine our Asian tourists coming and seeing those wombats in the wild - it is just a fantastic sight to see. As I mentioned before, it is a pity we destroyed the Tasmanian tiger. People would have come from around the world to see one of those. But apart from self-interest, is it not time we corrected the harm that European settlers have done to Tasmania's flora and fauna in little more than 200 years? I will leave it to others to make a comment.

[5.26 p.m.]

Mr VALENTINE (Hobart) - Madam Deputy President, I have quite a small offering on this. I want to commend the member for continually bringing this to our attention. It is obviously a great concern to him as an individual. The fact that he is out there championing it in the community and urging the parliament to get involved in this is really important. Congratulations on bringing it forward.

Mr Finch - And to salute the volunteers.

Mr VALENTINE - There would be very little being done if it were not for the volunteers; we can appreciate that and you are right - they certainly need commending. Sadly, I have to say that in an area where I spend a fair bit of time - I have a shack down Dunalley way - I have seen two wombats with mange, one of which I know died and possibly the other did as well over the last probably six or seven years. It is a terrible circumstance. In fact I think it is three that I have seen. They must suffer terribly with that. It is something that definitely needs to have attention paid to.

I was looking at the structure of the Department of Primary Industries, Parks, Water and Environment, and I noticed that it has a biosecurity section, which everybody is aware of, and within that there is the Invasive Species Branch. I know that invasive species are generally thought about as fruit fly and those sorts of things, but in a sense this mange is an invasive species. It is an invasive bug that causes significant damage to our wildlife.

The member mentioned in the closing components of his speech that people come here to see our wildlife. They come here to experience it. To think that wombats could eventually disappear the way the Tasmanian tiger did and indeed the way the devil has been impacted by that terrible facial tumour disease - we cannot let that happen. We really cannot, as a community. I appreciate the statements in your motion:

- (3) In recognition of the seriousness of species extinction in Australia calls upon the Government to give urgent consideration to the creation of a separate Wildlife Environment Department or something similar so that extinction issues are not submerged below competing interests of primary industries.

No-one denies primary industries attention when it comes to things that impact on them, but we have to understand that this has the potential to impact in a very big way on our various native species that people see as an attraction to our island. When it comes to our various natural species that exist here on this island, there is a fascinating set of animals. You only have to read some of the historic accounts of when Europeans first came here and looked at things like the platypus. What is this creature? It has a bill like a duck and spurs on its feet. We really do have some fascinating animals. Wombats probably are not quite as curious an object, but they are important to our environment.

I see 'invasive species' under Biosecurity. I look down further and see 'animal biosecurity' and 'animal welfare'. This is an area that could become involved. There is also another area, 'wildlife management' under 'natural and cultural heritage' so various parts of the department pay attention to animal welfare and to threatened species and the like. It would be good to see that come together in a more well-rounded section of the department that really concentrates on trying to protect our species. I do not only mean threatened species like the wombat could become.

As a small island we have quite a significant opportunity to be able to put effort in and see some good results. You can imagine on the mainland tackling the problem like the sarcoptic mange is a far greater issue over time. We can have some good gains by putting some effort in, and I congratulate the member for bringing it forward.

This motion calls upon the Government to acknowledge and recognise sarcoptic mange is having an adverse effect on wombat populations around the state. Fact - that is a fact.

Mr Finch - As I did highlight, they have taken action.

Mr VALENTINE - Yes, you are not saying they are not doing anything.

Mr Finch - No.

Mr VALENTINE - You are highlighting it here, but the fact is the disease is not only an issue confined to Narawntapu National Park in the West Tamar region. I have seen what is happening in the south. I have noticed only two or three, but the fact is if it exists down in the south, it can spread. If it has spread in Narawntapu, there is nothing stopping it spreading in the south of the state to the same extent if we do not deal with this more effectively -

... urges the Government to become more involved in the fight to save the wombat population and strongly encourages the implementation of a statewide strategy ...

There is no point in being piecemeal about these sorts of things. Obviously, there is a big benefit in having a coordinated approach and you brought that out during your offering.

I support this motion. I really do support this motion. I have a wombat burrow on my property down south, currently uninhabited.

Ms Rattray - How do you know it is uninhabited?

Mr VALENTINE - You can see it is not disturbed. The last time I looked it might have been disturbed. There might have been another one moved in there. The fact is they are around. It is sandy soil near where our shack is and burrows are easier to dig, so the wombats would be attracted.

Mr Finch - I will check around to see if there is a wombat that needs a home.

Mr VALENTINE - You could do that and then you can dig up all my plants. That is a side issue on how to live with these animals, rather than move them on.

I have noticed over six years that the mange is moving further south. It certainly needs to be considered seriously, otherwise we will end up with wombats in the same situation as the Tasmanian devil. Congratulations.

[5.35 p.m.]

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Madam Deputy President, I notice the shift change in the member for Murchison's seat.

I thank the member for Rosevears for bringing forward this very important matter for debate and I also thank the other members for their contributions today.

The Government acknowledges the significant interest regarding the issue in the wider community and the value of the wombat population to the state. They are indeed an iconic native animal. That is why last year the Government announced a \$100 000 program of activities to address the wombat mange, including monitoring, researching new mange treatment options and providing financial support for community groups and individuals to treat mange-affected wombats.

Sarcoptic mange, a condition caused by a parasitic bite, has been present in wombat populations across Tasmania and south-eastern Australia for over a hundred years; it is known to occur throughout most of the range of common wombats.

It is acknowledged sarcoptic mange is having an adverse effect on the localised wombat population in the West Tamar area, including the Narawntapu National Park. However, long-term monitoring data from DPIWE's annual spotlight survey has shown notwithstanding the localised decline of wombat numbers in the West Tamar area, wombat populations are not declining on a statewide level. In fact, Tasmania-wide wombat population trends have generally increased between 1985, when annual spotlight surveys commenced, and the present day.

Numbers in Tasmania have been stable or increasing over the past eight years in particular, with the exception of the West Tamar region. This data demonstrates Tasmania's statewide wombat population is not endangered and is not at risk of extinction. Of course wombat population trends across the state will continue to be a focus of ongoing monitoring.

Mange prevalence monitoring data has also recently been collected by DPIPWE and other stakeholders, including Conservation Volunteers Australia and the Tasmanian Land Conservancy. This work detected a generally low prevalence of mange. Based on night-time surveys of various locations across the state, overall the prevalence of mange in wombats is in the order of only 1 per cent. This data is consistent with results from mainland Australia, where mange has generally no rates of prevalence, and demonstrates sarcoptic mange is not an epidemic driving population declines across the state. This is the key point in relation to your motion, member for Rosevears.

The Government appreciates and acknowledges the very genuine intent of this motion; however, the Government is not in a position to support the motion as it is currently worded because summary evidence shows sarcoptic mange is not having an adverse effect on statewide wombat populations.

Numbers are generally increasing statewide and the Tasmanian wombat population is not endangered or at risk of extinction. As we have currently talked today, it is increasing.

Mr Valentine - I am saying today it is not, it might be later.

Mrs HISCUTT - It has been increasing in the last few years.

With reference to the second part of today's motion, the Government recognises mange is an animal welfare issue for affected wombats.

We are committed to supporting further monitoring and research to address this, combined with a coordinated approach to monitoring populations and the prevalence of mange across the state.

I can advise that the Government is indeed implementing a statewide approach to wombats recognising ongoing collaboration between government, researchers and community groups will continue to maintain a healthy and viable statewide population well into the future.

Tasmania is in fact the only jurisdictional government with a specific focus on wombat mange and is the only jurisdiction that regularly monitors the statewide wombat population and mange prevalence. This is noted in the *National report: Australia's response to sarcoptic mange in wombats*, which you quoted from.

This report was released earlier this month by Jude O'Sullivan following consultation with contributors, including government agencies, university researchers, veterinarians and wildlife groups.

Last year a wombat mange working group was established comprising officers from DPIPWE and the University of Tasmania to work collaboratively in the areas of -

- (1) Development of information resources.
- (2) Collection and analysis of information.
- (3) Provision of advice.
- (4) Consideration of management options and responses.

DPIPWE is currently drafting a wombat monitoring program document to guide ongoing monitoring of wombats and mange in Tasmania. In addition, with funding support from the

Government, the University of Tasmania is currently investigating new mange treatment options for wombats.

The goal of this important research is to develop a single-dose treatment for mange in wombats, eliminating the need for multiple treatments, which is a challenge when treating affected wombats in the wild.

Further, I note the concerns in some areas about crop protection permits for those wombats that on occasions cause demonstrable problems for landholders. The process of assessing crop protection permits involving wombats has been significantly tightened, with fewer wombats allowed to be taken per permit, property inspections held prior to the issuing of a permit and, importantly, the consideration of alternative options such as wombat gates in the first instance.

In the West Tamar area, where the local wombat population has declined, crop protection permits for wombats are no longer issued.

Based on the evidence from long-term monitoring of wombat populations that demonstrates the statewide population is not declining, together with advice from the Chief Veterinarian Officer that there is no justification to impose a blanket moratorium on crop protection permits for wombats in other areas with stable or increasing wombat populations, I reiterate that the permit process has been significantly tightened.

I note that between 2010 and 2016, DPIPWE issued an average of 34 crop protection permits for wombats per year, whereas to date only five new permits have been issued in 2018.

DPIPWE also maintains an up-to-date portal on its website where detailed information regarding the trends of the wombat population in Tasmania, the prevalence of mange and the management initiatives implemented by the Government are publicly available.

With reference to the third part of today's motion, it is important to note that the Government takes the responsibility and conservation of threatened species seriously and accordingly provides DPIPWE with significant resourcing for wildlife and threatened species matters. This includes a specific threatened species section, wildlife operations, marine conservation program and conservation assessment section, for example, within the Natural and Cultural Heritage Division of the department.

The Parks and Wildlife Service and Inland Fisheries Service also address threatened species matters. Staff in all areas are highly qualified and skilled professionals. The Threatened Species Protection Act 1995 falls under the responsibility of the Environment minister.

In short, the Tasmanian Government's commitment to threatened species and other wildlife protection is significant, ongoing and integrated, and the creation of a separate wildlife environmental department is not warranted.

The Government will continue to take an evidence-based and collaborative approach to the issue of wombat mange and the management of wildlife populations generally.

I thank the member for Rosevears for his continued and genuine interest in this important issue.

For the reasons I have outlined, the Government appreciates and acknowledges the intent of the motion, but is not able to support the motion as it is currently worded.

Finally, I note that the Government, through the minister's office, has offered to arrange a departmental briefing for the member for Rosevears on the information provided and the issues raised, and is also happy to extend this invitation to other Council members if they desire.

[5.45 p.m.]

Mr DEAN (Windermere) - Mr President, I am not sure where to go with this motion right now. I was convinced at the end of the contribution by the member for Rosevears that I would be supporting it. The Government's position significantly contrasts with his position.

I too have had approaches about the mange and what is perceived as the devastation being caused to the wombat. Those people have had some fairly constant conversations with me. In fact, I was considering going down a similar path to that of the member for Rosevears.

I am not sure how the member for Rosevears would see this, but I would like some opportunity to look at the information provided by the Government and that provided by the member for Rosevears. I am not sure whether other members want to speak on this motion but I was going to test the Floor by seeking that the matter be deferred and seek leave that the debate be further adjourned for me to look at some of that further information and evidence.

The Leader has made it clear to the member for Rosevears that the Government cannot support the motion as it is currently written. I think that means that they may well be able to support it if it is put forward in another form. That would allow the member for Rosevears to consider this matter as well. I would not like to see it lost. It is an important matter in my view and that of many Tasmanians.

If it does not offend anybody, Mr President, I seek leave to request that this matter be further adjourned.

[5.47 p.m.]

Mr FINCH (Rosevears) - Mr President, having listened to what the Government has said, I am satisfied with making my contribution to the House and making people aware of the way this is developing in the Tasmanian community - the arguments being put forward, the way people are feeling and expressing what the Government has said. I am not trying to cover up what the Government is doing, what Scott Carver is doing, what is happening here and the \$100 000 grant that came from the Government. What the Leader said in her response is probably what I would expect from the Government at this stage. I feel this is a bit like a Chinese water torture, but this is a process we are going through. I have made two special interest speeches on mange.

Ms Forrest - We remember.

Mr FINCH - Now I have put forward a motion.

Member for Windermere, I am not concerned about losing the motion at this stage because it has been presented. You have heard the evidence I put forward. You have heard the Government's response. One of the Government's advisors offered me a briefing beforehand, but I did not take up that offer because I wanted to see what happened on the Floor and then see where this needs to go.

I am happy to let the Government know I have a watching brief on this circumstance. I am interested to hear what people say to me now. There are people who are very passionate and involved in this discussion and in what is happening here today. They are watching and they will read *Hansard*. I am sure they will let me know how they feel. I am happy to bring that back to parliament, if the member for Murchison can stand it, in another special interest speech -

Ms Forrest - Will it be five minutes?

Mr FINCH - Maybe not.

Or in questions without notice, and I am happy to pursue that over time. I am not looking for a quick fix. I am not looking for success with these motions. I am looking for the debate to occur and then the signal to the Government I am happy to play the long game on this.

Thanks very much to the member for Windermere for offering that proposition but, personally, I am happy to let the boat go. I have made my point and on behalf of the volunteers and people who are involved, in a negative way, with what is occurring in Tasmania, let us see the information that comes through to me and how I might progress the debate and the argument into the future.

[5.51 p.m.]

Ms FORREST (Murchison) - Mr Speaker, I do not intend to support the motion. If the Government wanted to amend this motion, they could have proposed it when the Leader spoke and they did not do that. Being the only government member here at the moment, there is no other opportunity to do that. As the member for Rosevears said, he has put his case and there may be other members who wish to speak on this now. I do not know that the member for Rosevears ever wanted or expected full support for all of it. We heard what the Leader said, but if the mover of the motion is happy for us to continue, that is an indication in itself.

Other members, when we were preparing for the debate today, knew this was on. It was not a surprise. We could have sought advice and information from the department, and had we asked for a briefing, it would have been forthcoming.

Mrs Hiscutt - A briefing was offered to the member for Rosevears.

Ms FORREST - Yes, other members could have sought one if they wished, and it would have been provided.

Mrs Hiscutt - Yes, if they wanted to.

Ms FORREST - I am happy to proceed and complete the debate.

[5.52 p.m.]

Mr GAFFNEY (Mersey) - Mr President, I thank the member for Rosevears for bringing this on. To correct the record, Narawntapu National Park is in the Latrobe municipality on the West Tamar, so it borders both electorates, for the member's benefit.

We should put this motion to the vote. There is nothing in this motion that says we cannot vote for or against it. Parts (1), (2) and (3) urge the Government to do more work statewide and consider the idea of a statewide strategy. They can consider it and they will not agree with it, but at least they have considered it. There is no reason for us not to continue with the discussion and vote the

way we have. If we vote in favour of the notice of motion, the Government has an indication that we think there is some validity, and they may reassess and may consider it again. Even though the Government has stated it does not agree with parts of the motion, it is no reason for us to stop the debate.

The member has done exactly what he wanted to do - raise this as a position. We have discussed the motion and we can vote on it. It either passes or it does not.

[5.35 p.m.]

Mr VALENTINE (Hobart) - Mr President, I am of the same mind. It is always possible for us to receive briefings and find out more information. It does not stop this motion being voted on. It is the way the devil facial tumour disease was looked at - in the first instance, it was taken a bit lightly and then it became a big issue. That circumstance we are faced with today with the wombat. We have a certain amount of information available to us. It is not going to stop me from voting for the motion. With what has been presented, I am going to vote for the motion and I will support the member's motion and we will find out more information as we go forward. I do not have a problem. We do not need to stop now and get further briefings as to whether we do or do not support this. We need to show the Government it is an important issue.

[5.54 p.m.]

Mr DEAN (Windermere) - Mr President, I would have voted against my own motion, having heard what the member for Rosevears said because I was only trying to help him out. It was not my position. The position of the member for Rosevears and the position of the Government are so contrasting. I think we were hearing from the member for Rosevears that the population was decreasing, but the Government says it is not decreasing at all. I am trying to help out - nothing more than that.

It would seem then, and I think I have this right, that the member is fairly accepting of the Government's position and that they are working on this and doing what they can at this stage; that they are conscious of the need to work in this area and they are doing that. Having listened to that and the position now, I am not sure I can support the motion as it is currently written. That was another reason I took the previous course. I am not sure I can support the motion, particularly the last part of it.

While it only says 'consider', it goes a bit further than that: it says 'the seriousness of species extinction'. If we support that point, we are virtually supporting what it says, in my view, in recognition of the seriousness of the species extinction in Australia -

Mr Valentine - It does not say 'the species', it says 'species', in general.

Mr DEAN - That is right - 'calls upon the Government to give urgent consideration to the creation of a separate Wildlife Environment Department'.

The member for Mersey is right. Considering it? Is that urgent consideration? I often raise the issue when people say 'urgent' or 'very important' or 'very something else'. I guess with urgent consideration, if you consider it, you have given it urgent consideration, I suspect. I do not know.

Mr Valentine - Mr President, I think a distinction has been made with that. The member for Rosevears can correct me if I am wrong, but it says, 'In recognition of the seriousness of species

extinction in Australia', meaning all species that might be moving down the extinction path. I do not think it is talking about wombat species extinction.

Ms Forrest - Not exclusively.

Mr DEAN - Not exclusively, you are right, but I would say as this is a motion relating to wombats, they are included in that. What the Government is currently telling us is that there is no threat at all of the extinction of wombats in Australia or Tasmania. They did not say it was decreasing.

Mrs Hiscutt - It said that the numbers are increasing, except in the West Tamar area.

Mr DEAN - So if the numbers are increasing, I cannot see where they are identified with extinction - I cannot, for the love of me.

Mr Valentine - Mr President, if you read further down, it says 'a separate Wildlife Environment Department or something similar so that extinction issues are not submerged'.

Ms Forrest - It does not mention wombats.

Mr DEAN - It does not, but wombats are very clearly included in that. This is a wombat motion and the reason for that being there is inclusive of the wombat situation.

Ms Forrest - If they are not at threat of extinction, it does not matter.

Mr DEAN - The member for Rosevears will clarify that but, very clearly, you would not have that in a motion like this if it was not relevant to the wombat situation.

The second part says -

Urges the Government to become more involved in the fight to save the wombat population and strongly encourages the implementation of a statewide strategy for controlling the mange epidemic through a coordinated treatment plan thus reducing reliance on the efforts of community groups;

Once again, the Government is saying it is working very hard in that area. I think it is saying that there is not a lot more it can do at this time as well.

I struggle with the motion the way it is written, and that is the reason I thought the member might want to include some amendments to it.

Mr President, as it is currently written, I do not think I can support the motion.

[5.59 p.m.]

Ms FORREST (Murchison) - Mr President, I listened to the contributions of all members on this and the quite expansive contribution of the member for Rosevears. He has done a lot of work on it, which is good. Importantly, he acknowledged the work of the volunteers and that community groups have put a huge amount of effort into this. Where would we be without them?

There may be a point of difference here. I heard from the Leader that the Government believes the wombat population is increasing. Be that as it may, whether that is the case or not, there is still a nasty disease affecting our wombats. It is killing some wombats.

Mrs Hiscutt - They are doing research into it.

Ms FORREST - Yes. We cannot afford to take our eye off the ball on this. That is the point. Regardless of whether the member for Rosevears' motion is totally correct in every way, sarcoptic mange is having an adverse impact on wombat populations because the populations that have it are ultimately dying.

It may not be affecting every wombat population so the overall numbers may not be declining, but it is an issue for those that have it. It is an infection that has a detrimental impact on the wombats. We are playing at semantics around the edges, I think. I do not think we can deny it is a dreadful disease for the wombats. If tourists and others come across a wombat with a disease, it is not a pretty sight. It is like the devils with the devil facial tumour. We need to address these things. I think the Government could have proposed an amendment to the motion if they wished to that may have clarified some of these matters.

Mrs Hiscutt - We do not usually have much success with amending independent members' motions, so we do not try.

Ms FORREST - It has happened in the past.

Mrs Hiscutt - Not very often.

Ms FORREST - The way it was approached a couple of times early on in your reign, Leader, completely changing the absolute intent of the motion. If there is a matter of a point of clarity - anyway, regardless, it is not a criticism - it was a point made that the Government did not choose to do that.

Mrs Hiscutt - We did discuss it, if that helps.

Ms FORREST - That is fine.

The other aspects of the motion, including that one about it having an adverse impact on the wombat population around the state - it does on the wombats that have the disease. We need to continue to be vigilant. The Government has a role. The member for Rosevears made quite broad statements around the various aspects of the department of primary industries that could or do have a role to play in this area. We also have the Parks and Wildlife Service so there is already a department that includes wildlife.

Mr Finch - And Environment Tasmania, which does not specifically deal with wildlife business.

Ms FORREST - That is right. I support the member's argument that it would be good to bring those things together. Whether it stays in the Parks and Wildlife Service or whether it stays in DPIWE is a matter for the Government to consider. This is what the motion is asking the Government to do - to consider how they bring those factors together, not just for wombats. The

member for Rosevears spoke clearly about that; it is not just for wombats. It is about devils; it is about any other threatened species -

Mr Finch - Eastern quolls.

Ms FORREST - Eastern quolls and there may be others.

Mr Valentine - Orange-bellied parrots.

Ms FORREST - Yes, and there is the spotted handfish. The stuff in the Derwent that has been done to create habitat for them is amazing.

There is merit in having this looked at. The motion is not saying they must do it; it is saying that they should consider the best way to provide the resources, the knowledge and expertise within whatever department it is to address concerns related to threatened wildlife. It does not say wombats in that section. It talks about extinction issues not being lost in the big, cumbersome department of primary industries when you also have considerations in the Parks and Wildlife Service as well, which is a separate department.

I do not have any problem supporting the motion. It is not instructive in that it does not say the Government must do anything, but it does encourage and urge the Government to. I think the Government cares about this issue. I am not hearing anything other than that. If there is a better way to deal with it, let us look at that. It is not just the sarcoptic mange, but any other disease or issue that threatens some of our native species; we do not want to lose them. We have some unique wildlife.

Mr Valentine - There are about 2000 animals and plants on the list.

Ms FORREST - On the Threatened Species List.

We should be paying attention to that. If there is a better way of doing it, let us look at that. I believe that is what this motion is asking in much broader terms than just looking at wombat mange.

Mr Valentine - It is Australia-wide.

Ms FORREST - Australia-wide, yes. Tasmania has some unique wildlife that only exists here.

Mr Valentine - That is exactly right.

Ms FORREST - We need to be proud and protect it. That is what this is asking for.

I will support the motion. The contribution made by the member for Rosevears covered all the things the rest of us do not need to. It is a matter that concerns a great number of people.

I echo his acknowledgement and thanks to the many volunteers and community groups who put an awful lot of effort into this. Not only with the wombats with sarcoptic mange, but also the Tasmanian devils and the work done right across this state by the various communities trying to raise funds to assist with the research and provide other measures to protect them.

The member for Hobart may know the name of the artist who created the ceramic habitats in the Derwent that are now seeing the spotted handfish start to breed -

Mr Valentine - I cannot tell you, I am sorry.

Ms FORREST - There is an artist who created some ceramic poles that simulate the breeding environment for the spotted handfish, which are now breeding, which is a fabulous outcome. There are many ways we can do this -

Mr Valentine - Underwater stakes put in the river.

Ms FORREST - Let us be open to all of this. If there is one section of our department, whichever it is, that can focus on all of that then rather than having a disparate approach to it with a bit here, a bit there and a bit somewhere else, it is a worthwhile situation. I support the motion.

[6.06 p.m.]

Mr FINCH (Rosevears) - Mr President, I thank all members for their contributions in an interesting debate and discussion. I am playing a long game and will come back to remind the Government about the process we went through today. I referred to some of my earlier special interest speeches to see what I offered to the Council the last time we spoke about this.

For the member for Mersey, the part of Narawntapu that is called the alternate name for wombats - badgers - Badger Head is in my electorate. That might give me a greater claim to the discussions we have had here today.

We share a fantastic piece of Tasmania. I come back to the serious side of Narawntapu, which is that we have lost all our wombats. They were everywhere, and we have lost them all. My point is that this is a horrible death. The Government is saying they are increasing -

Mrs Hiscutt - Except in your area.

Mr FINCH - I would have to be convinced of that. I will wait to see what the response is from people, because people are seeing fewer where they used to see more.

The death suffered by these animals is horrific, horrendous. They go blind and deaf and then they do not know whether it is day or night. They are out in paddocks. Dogs, eagles and crows can attack them.

Mr Valentine - And on roads.

Mr FINCH - They are going through a shocking process. Surely any animal you can save from going through that process is a job well done.

That is what volunteers get drawn in by. This is where the department has difficulty. We were dealing with the Devil Island Project, trying to work with the department through the process of being a community group, looking to contribute to a situation with the department. It is a conundrum for both sides to get their head around departmental thinking and volunteer thinking. It is an awkward sort of marriage.

I can see it would be the same here. As we have seen, \$100 000 went from the Government into this process, the wombat mange group. My group at Kelso were given some financial support to help them with developing little flaps to put over the burrows to help distribute the Cydectin onto the wombats.

I encourage the Government to be on the lookout for these requests to support volunteer groups so they are encouraged, supported and not ignored, so that they do not feel they are bumping their whatsernames against the moon to try to get the message through that they want to contribute, support, volunteer and help. We want to feel good about helping the wombats.

Ms Forrest - Mr President reminded me of the name of the artist who did those poles. We should recognise these people. The name is Jane Bamford.

Mr FINCH - Jane Bamford?

Ms Forrest - Yes, the one who made the poles to assist the spotted handfish.

Mr FINCH - I do not recall that name.

Ms Forrest - There are all sorts of people involved in the preservation of our wildlife.

Mr FINCH - Yes, that is right. Tasmanians want to contribute with a sense of community to what is going on in their state. This is a golden opportunity. In particular it is not hard to harness school kids, as you would know, member for Elwick, with an issue like this. The Devil Island Project had no trouble at all. We knew how to do it. The department - do not let me be too negative, but that is where community groups can do the work. If you are at odds with the Government and not getting support or recognition, you are getting, not so much besmirchment, but a negative attitude from the department. It is disheartening, and community opportunity is lost. That is what I am signalling and we have done that - we have put the signal through. I feel through this process that we have sent a signal to the Government that this is an issue that might get legs and might require more contributions from me in the future. I thank members.

Motion agreed to.

ADJOURNMENT

Mrs HISCUTT (Montgomery - Leader of the Government in the Legislative Council) - Mr President, I move -

That at its rising the Council adjourn until 12 noon on Wednesday 31 October 2018.

Minister for Police - Comments - Labor Members

[6.13 p.m.]

Mr FARRELL (Derwent) - Mr President, I rise briefly to express my disappointment at comments made by the Minister for Police, Fire and Emergency Management following the passage of the Police Offences Amendment (Consorting) Bill 2018. Several comments he made publicly

were incorrect and reflected poorly on the work of this Chamber. I understand he had a difficult day, with a no confidence motion being moved against him, but that did not give him the right to insult members of the Legislative Council. He stated -

I put the Labor Party on notice today that we watched very closely as four of your colleagues - caucus whipped members - walked across the Chamber and supported that amendment.

This is not true, and implies independent members are subject to influence from Labor members. In any case, how would he know what was being discussed? He was constantly sending messages from his phone so we can only assume he is doing the same thing. He spent the whole time in the Chamber, which was intimidating, and I imagine it would have made it a lot more difficult for the Leader. He went to say -

I want to deal with the shameful politics of the Labor Party we witnessed yesterday. Labor tried to have the insignia bill withdrawn and kill it in its tracks. I am back to relevance because the Opposition tried to do the same thing on this bill in the Legislative Council last evening. Not once, but twice, they sought to adjourn the debate. They tried to kill the bill yet again. For whatever saccharine words will be said about how Labor is supporting this legislation, they have not. That is what really annoys me and the Government. The Labor Party, when they had an opportunity last night, tried to kill the bill yet again.

This conspiracy theory statement is not the sort of comment you would expect from a minister. I was genuinely concerned that consultation with the Aboriginal community in particular was poor, which proved to be true. It turned out that most of the consultation was a phone call. The minister feigns disgust at others playing politics and then he carries on like this. It is very disappointing when a person in that position behaves so poorly. I would expect better behaviour from a minister and I ask him to think about his actions and his condescending attitude.

John Arthur Loone - Tribute

Mr PRESIDENT - Before I move the adjournment this evening, on behalf of the Legislative Council I would like to pay my respects to a friend and former parliamentary colleague, John Loone, who passed away aged 87 on 3 August last. I also send our deepest sympathies to his wife, Lesley, his children, Rodney, Elizabeth, Louise and Anthony, his 10 grandchildren and nine great-grandchildren.

John was first elected to parliament on 27 May 1989 as the member for Tamar. He was re-elected six years later after receiving 75 per cent of the vote. That, in itself, shows the respect and the confidence the electorate had in him as their member.

When the seat of Tamar was abolished in 1997, John became the member and, as history would have it, the only member for Roland. That seat was also abolished after the numbers in the Legislative Council were reduced from 19 to 15. John then became the member for Rowallan. He remained the member for Rowallan until his retirement in 2001.

When John was first elected to parliament in 1989 he came with an impressive reputation gained from his service to the Deloraine community. He had already contributed to that community

with his community service, his economic contribution to the area, and his sporting prowess both on and off the field as a participant and an administrator. He was the joint owner with his brother of the Deloraine Newsagency for over 10 years. That business not only sold papers, periodicals, magazines and cards but also sold sporting equipment, gift lines and toys and operated as the local travel agency.

After selling that newsagency, John and his brother operated a bus business known as Loone's Transport Pty Ltd. Twelve years later when John retired from parliament his reputation was even further enhanced. He was a justice of the peace for over 40 years, a municipal coroner, a foundation member of the local Rotary club and a recipient of the club's most prestigious award, the Paul Harris Fellowship. He was an honorary probation officer, a fire brigade member and a life member of the Deloraine Football Club.

His time in parliament in an expansive electorate was a busy one. He fought hard and persistently to establish Giant Steps. He was instrumental in the redevelopment of the Beaconsfield Hospital. He went into bat for Seahorse World with its seahorses at Beauty Point and alerted the council to the problems the company was having in taking seahorses from the wild. He was influential in obtaining an upgrade for the Deloraine Hospital and the rebuilding of the community health centre at Westbury after it was destroyed by fire. He was very involved with the development of the Ashley Detention Centre. The list goes on but includes obtaining a grant to remove willow trees which contributed to the flooding in the Deloraine area, and he vigorously promoted the slip-road which gave motorists safer access to and from the Ashgrove Cheese factory on the Bass Highway.

His service in the Legislative Council saw him on numerous committees. He was on the petrol pricing committee; a committee that looked into the north-west and west coast health services; public transport on the north-west and west coast; and the establishment of the Electoral Boundaries Commission which coincidentally stripped the West Tamar area from his electorate. He was a member of the Legislative Council Select Committee on the Registration of Overseas Trained Medical Practitioners and the Legislative Council Select Committee on Post School Options for Young Adults with Disabilities. He was a longstanding member of the Joint House Subordinate Legislation Committee and served for many years as its chair.

Coupled with his work ethic was his character; he was known by all as one of nature's gentleman and a proud family man. On his retirement, the late Sue Napier in the House of Assembly said what a number of people would have liked to have said and that was, 'John was the kind of person we need in our parliament'.

In the Chamber itself, John didn't speak on all issues but when he did speak, people sat up and listened. We knew that his vote was going to be cast in a common sense way after gaining all the evidence he could, listening to his community and taking into account how that vote would affect not only his electorate but also the state as a whole.

The former president, Sue Smith, said on John's last day in parliament 'that there are some people who speak a lot and say little and there are some who speak a little and say a lot'.

John was one of the latter and he let his actions speak for themselves. He was great company. He was a respected friend to all who knew him. In early August, just prior to his death, had he looked into the mirror, he should have been proud and satisfied with who looked back at him.

I ask all members to stand for a minute in respect of and to reflect on John's life.

The Council adjourned at 6.18 p.m.