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PARLIAMENT OF TASMANIA

PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

Peacock Centre Redevelopment

Brought up by Mrs Petrusma and ordered by the House of Assembly to be printed.

MEMBERS OF THE COMMITTEE

Legislative Council	House of Assembly
Mr *Valentine (Chair)*	Ms *Butler*
Ms *Rattray*	Mr *Ellis*
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1 INTRODUCTION

The Committee has the honour to report to the House of Assembly in accordance with the provisions of the *Public Works Committee Act 1914* on the –

Peacock Centre Redevelopment

2 BACKGROUND

2.1 This reference recommended the Committee approve the works to redevelop the Peacock Centre to provide a best practice, integrated and community-based adult mental health care facility.

2.2 The Peacock Centre was operating as a primary base for delivering adult community mental health services prior to the building suffering major fire damage in 2016. Since that time, significant work and stakeholder consultation has been undertaken to develop an integrated, best practice response to the provision of mental health services, including actions under the *Rethink* Mental Health Plan for Tasmania.

2.3 A key reform task in this plan is the creation of Mental Health Integration Hubs (MHIH), which represent and function as a new way of delivering mental health services to the Tasmanian community. The hubs aim to transform the way people navigate services and access supports for their mental health by providing access to integrated psychosocial supports and services in a single location. Services providing these supports will include a combination of Statewide Mental Health Service functions (SMHS), community managed organisations (CMOs), and private providers and other government agencies who will work in partnership to deliver a range of services consistent with the Recovery-Oriented Practice guidelines

2.4 The redevelopment of the Peacock Centre will be a key part of this plan for Southern Tasmania, by providing more integrated and community-based mental health care. It will bring together in the one facility the two streams of mental health care services: Acute Care and Continuing Care.

2.5 The ground level of the Peacock Centre will be part of the Continuing Care Stream and operate as an MHIH, bringing together a range of care and support services under the one location to support people with their recovery journey. This is a new way of working for the Tasmanian mental health sector and is based on national and international best practice.

2.6 At MHIHs, people can receive the help they need, easily and in a warm and welcoming environment. Anyone needing support with their mental health, or a family member or friend who has concerns about someone's mental health and needs information and support, will be able to visit a MHIH and receive some level of assistance. The MHIHs have been specifically designed to invite all people into the spaces. There will be dedicated quiet spaces for people to have confidential conversations as well as larger break out rooms for groups and families to use. The MHIHs will be easy to access with parking and public transport at the sites, a

dedicated phone number and peer workers to greet people when they arrive at a MHIH.

2.7 MHIHs will aim to provide access to psychosocial supports and services in the one location by developing partnerships with providers throughout the Tasmanian mental health system including community managed organisations, private organisations and other government organisations. Services will include psychosocial supports such as housing, disability and employment. Three specific services that will be across all hubs include:

- **Safe Havens**, designed to assist people who may be experiencing suicidal and or situational distress and need immediate support from someone who is trained in suicide prevention. Safe Haven staff will be trained in the Connecting with People Suicide Intervention and Safety Planning model. People will be able to sit with a Safe Haven Peer Worker (or clinician if required) to explore what is happening for them and receive guidance on what to do next. This includes a comprehensive assessment and can include referrals to services in either the Acute and or Continuing Care streams, or Community Sector Organisations. It also includes encouraging people to simply sit, relax and socialise and enjoy light refreshments.
- **Recovery Colleges**, which are a relatively new approach to serving the needs of people who live with mental health concerns within an educational, rather than a therapeutic model. Learning will be provided by a range of people who may have lived experience including educators, clinicians and consumers and families and friends. Recovery College staff will have access to a full suite of resources including access to the MHIH multipurpose rooms outside of standard operating hours for classes.
- **Dedicated access to the National Disability Insurance Agency (NDIA)**, which can be a life changing opportunity for eligible people who live with severe and persistent mental health issues. Consistent feedback says that the access process can be overwhelming. MHIHs will include a dedicated presence from the NDIA.

2.8 Walking into a MHIH will feel more like walking into a home than a mental health facility. Although each MHIH building will have a different layout and capability, they will all include the following spaces of which each individual hub will determine how best they are used:

- **Multi-purpose spaces**, which may be used for Recovery College classes, larger meetings, community events or any other chosen requirement. These rooms will also include access to computers and general office supplies.
- **Quiet spaces**, which may be used for any situation where a person or people need time to think, talk or pray for example. These spaces will be both indoors and outdoors.
- **Family spaces**, which may be used to host family meetings or for extended families and children to wait whilst a person is attending an appointment. These spaces may include play-based opportunities for children.
- **Accessible entry and exit points**, including car parking and access to public transport.

- **Treatment and consultation spaces**, which can be used for one on one or small group appointments. Life Domain Services will access these spaces when present at a MHIH.
- **Exercise space,** where possible MHIHs will provide a space where people can participate in small scale general gym and exercise activities.
- **Courtyard and garden**.
- **Kitchens and food preparation spaces.**

2.9 The second level of the Peacock Centre will be part of the Acute Care Stream and provide clinical mental health services, including a 12 bed residential mental health accommodation facility and an after-hours response. It will be operational 24 hours a day, 365 days of the year. The unit will provide an opportunity for extended clinical observation, crisis stabilisation, mental health assessment and intervention for admitted patients for up to 7-10 days. The unit will be open to the public and other services within the operating hours of the MHIH.

2.10 These new models for tackling mental health aim to reduce hospital admissions and readmissions for Tasmanian's living with mental illness. There will be a range of services at the Peacock Centre to help support consumers. The aim of having multiple services in the one location is to address broader issues that may be imposing barriers on a person's recovery.

2.11 The following works will be required at the Peacock Centre to enable the delivery of these services to the community, and to comply with the terms of the bequest and heritage requirements:

Exterior

- retention and restoration of the main original heritage building, including re-roofing and general repair, refurbishment, and maintenance of the existing envelope of the building (including terraces and patios);
- removal of insensitive 1940s, 1960s and 1970s additions;
- construction of a new addition, compatible with and sensitive to the existing building, that will provide for best practise mental health care needs;
- restoration of the existing heritage glasshouse/greenhouse and surrounding heritage gardens, including retention, restoration and reinforcement of gardens/sandstone walls to their former state on both north and south sides of the house (where feasible, and not affected by previous works and/or new landscaping works), but particularly on the south (Swan Street) side where no changes other than retention and restoration of the sandstone walls and reinforcement planting of the heritage gardens is proposed;
- repair and making compliant the northern carpark, and the addition of a new small accessible carpark off Elphinstone Road (requiring the removal of some existing landscaping);
- the addition of landscaping and an accessible entrance to the north of the building (from Elphinstone Road); and

- the discrete addition of a separate and external plant room and minor building services enclosures.

Interior

- best practice heritage restoration of the original Ruardean interior to its original condition (where feasible, and not permanently affected by previous works and/or fire damage and/or the competing demands of best practise mental health care) in accordance with processes consistent with the Burra Charter, Heritage Tasmania Guidelines and the Historic Heritage Management Strategy;
- partial removal of existing north west facing first floor wall and ground floor roof to allow connection to the proposed new building addition;
- removal and/or reconfiguration of some ground and first floor internal walls (both heritage and new additions) to create spaces that suit a best practise mental health care facility;
- removal of all existing outdated and non-compliant toilet/bathroom facilities from both ground and first floors, and
- construction of a new addition, compatible with and sensitive to the existing Ruardean building, that will provide for best practise mental health care needs with high quality interior design features and a strong residential ambience.

3 PROJECT COSTS

3.1 Pursuant to the Message from Her Excellency the Governor-in-Council, the estimated cost of the work is $9.24 million.

The following table details the current cost estimates for the project:

Description	Sum
Consultancy cost	$ 642,395
Construction Costs	$7,040,000
Construction/Design Contingency	$ 977,605
Post Occupancy Allowance	$ 90,000
The Tasmanian Government Art Site Scheme	$ 80,000
ICT Infrastructure	$ 160,000
Furniture and Equipment	$ 250,000
PROJECT TOTAL	**$9,240,000**

4 EVIDENCE

4.1 The Committee commenced its inquiry on Wednesday 2 September last with an inspection of the site of the proposed works. The Committee then returned to Committee Room 1, Parliament House, Hobart, whereupon the following witnesses appeared, made the Statutory Declaration and were examined by the Committee in public:

- Dr. Aaron Groves, Chief Psychiatrist, Office of the Chief Psychiatrist, Mental Health, Alcohol and Drug Directorate, Department of Health;
- Mark Leis, Project Manager, Capital Works Infrastructure Services, Department of Health; and
- Peter Scott, Architect, Director, Xsquared Architects.

Overview

4.2 Dr Groves provided a brief history of the Peacock Centre and an overview of the facility, including the mental health services that will be provided from the Peacock Centre once the works are completed:

> ***Dr GROVES*** *-I might start by quickly going through the history in relation to the site. Dr William Davidson Peacock was a very prominent Tasmanian born in 1847 in Gloucestershire. He came to Tasmania in 1869; he was a pioneer in the fruit growing industry in Tasmania and ended up working in business with Henry Jones.*
>
> *Sadly, Dr Peacock died in 1921 but part of his bequest was that his then family home known as Ruardean would be available to the Tasmanian government for use as a convalescent home. In 1940, the then Premier of Tasmania agreed to the terms of the bequest and between 1940 and 1943, the facility was adapted to be able to run as a convalescent home. It opened as such in 1943 as the WD Peacock Convalescent Hospital.*
>
> *Between 1943 and the mid-1990s, it was used for a number of different purposes related to the provision of health services but from the mid-1990s until 2016 it was used as a community mental health facility. It was an outpatient facility for people who have more severe forms of mental illness to come and get services from that facility. Sadly, a large proportion of the upper floor of the building was destroyed in a fire on 7 December 2016. Between that time and now, planning has been underway to determine what future use should be for that site.*
>
> *When the current Government was returned in March 2018, it made a commitment to establishing a residential unit within the Peacock Centre. Originally that was considered to be a 15-bed facility with another 10 beds to be established at another site close to the Royal Hobart Hospital. In addition the Government committed to establishing what was referred to as the Mental Health Integration Taskforce for Southern Tasmania.*
>
> *The background to this is that we have a state plan for mental health, which is affectionately known as Rethink. As one of its key actions the Rethink mental health plan looks to provide better integration of mental health services between inpatient and community and across sectors. The Government in announcing the commitment to establish more subacute beds in Southern Tasmania asked that a task force look at how to better integrate that and provide it with advice about those subacute beds.*
>
> *I had the privilege of chairing that task force. It commenced in May 2018 and produced its final report to the then Secretary of the Department of Health in April 2019. There were 51 people involved in the task force. It was an extensive task force that looked at all aspects of mental health care that needed to be integrated in southern Tasmania. This was across the lifespan and included people's lived experience of mental illness, a range of clinicians, families and friends of people with mental illness and it made 21 recommendations to government.*

On 30 July 2019, the Government released its response to that report. In it, it dealt with two of the recommendations from the integration task force; recommendations 13 and 14 which related to the establishment of an integration hub approach towards mental health and that the first two of those hub concepts would be at the St Johns Park site in New Town and at the Peacock Centre in North Hobart.

Since that time a considerable amount of work has been devoted to developing service models appropriate for the integration hub and also what the site of the Peacock Centre would be able to deliver for people in Tasmania with mental illness who need to access services.

What I wanted to do was to talk briefly about the concept that falls behind what we are trying to deliver at the Peacock Centre. As you may be aware, traditionally mental illness has been a set of conditions that attract a fair degree of stigma and discrimination within the community throughout the world. It has meant that, by and large, a mental illness was treated in standalone psychiatric hospitals that had the quality of feeling like an asylum until the 1980s and 1990s in Australia, at which time processes to ensure that people can access services when they are most unwell at general hospitals commenced. However, in parts of the world that have progressed to a more modern model, the capacity to provide care for people in their own home when facilities are more homelike and in the community has become a growing trend rather than the need for people to be hospitalised unnecessarily if they can get the level of care that would be needed in a more homelike setting. That has become a favoured model, not only throughout Australia but in other western economies.

That was the underlying logic behind the development of the services on the Peacock Centre site. What is envisaged is a 12-bed facility in which people will be able to get overnight residential care. This care at a level that is equivalent to an adult inpatient unit such as that provided at the Royal Hobart Hospital, but where the medical or hospital care is not required - that is, it is intensive mental health care, but it doesn't require intensive medical care.

In addition to that, the site is suitable for a range of other services that people can access during the daytime. It is well known that people with mental illness in inpatient care need to access a range of other services that people can access during the daytime, and it was considered that this facility would be suitable for developing for what is called an integration hub. This allows people with a range of different mental health problems to access services during the day that are not just devoted to their mental health care but also in relation to disability care, housing and a range of other types of services they might wish to access. In other words, it would encourage people with mental illness to come to the facility and access that range of services during the day.

In addition, it is hoped that two further types of service will be run through that hub area on the ground floor of the facility. One of those services is referred to as a safe haven, a space for people who may be in distress to come as an alternative to an emergency department where they can get comfort and care, assessment and treatment, rather than having to do that in a busy emergency department, which has been well established is not a suitable place for people in suicidal crisis or suicidal distress to attend.

We are also looking at a concept where we can have what is referred to as a 'recovery college'. This is an educational program, usually developed and delivered by a mixture of people with lived experienced and professionals, that is around the concept of a person's rehabilitation and return to the community back to full participation. This is a concept that has been developed and trialled in several parts of Australia, but we do not currently have a recovery college within Tasmania. The site, therefore, will have multiple different aspects to it and it has been designed to take that into account.

The other aspect about the design - and I will ask Peter Scott to talk more specifically about the design features of the building - is the capacity to have a very homelike environment throughout that is welcoming and encourages people to come and visit, rather than the somewhat stigmatising approach that hospitals, particularly long-term hospitals, have in that they tend not to be welcoming and not facilitate people's recovery.

As a consequence, we have used every opportunity to think about aspects as straightforward as bedrooms having a more homelike environment rather than a hospital, through to how the open spaces would flow, be accessed and available, and how areas such as kitchens and lounges are more in keeping with a homelike environment whilst needing to keep the privacy and confidentiality of those people who are resident in the facility for short periods of time.

……*It is important to recognise, in keeping with that, that we imagine that the average length of time a person will spend in the facility is in the order of seven to 10 days in the admitted areas, although people who would be in what I refer to as suicidal distress are often there for much shorter periods of time, like a day or two, before they can return home. Some, of course, need longer periods of time of care than that, but that is roughly what the expectation is for the service.*

……The other important aspect is that people with mental illness often have comorbidity with drug and alcohol problems. This service is not primarily designed to treat drug and alcohol problems in and of its own accord. If people come to this facility who also have drug and alcohol problems, we will ensure they get treatment as well, but the primary focus of this facility is for people who have mental illness or are in suicidal distress.

What is Best Practice Mental Health Care?

4.3 The Committee understood the Peacock Centre was being redeveloped in a manner that would enable and complement the delivery of best practice mental health care services to the Southern Tasmanian community. The Committee sought further information on what constituted best practice mental health care, the measures taken to develop an understanding of best practice mental health care and how this was being implemented in Tasmania:

> ***CHAIR*** *- ……Quite often when we see things come before us, not necessarily as the Public Works Committee but as Members, we see this phrase 'best practice' - this is best practice. I always think to myself, 'How do we know it is best practice?'. It's more like better practice because you could probably never be sure. Can you give me an understanding - and you sort of went through this a little bit in the preamble - of the processes you have gone through to make sure that what we are putting in place here is indeed best practice? It is a phrase that we use, but can we demonstrate that?*
>
> ***Dr GROVES*** *- Yes, Mr Chair, I would be delighted to do that. I sadly need to admit to a 20-year history as a clinical planner in Australia, having now worked in four different states: Western Australia originally, Queensland, South Australia and then to Tasmania. ……I think that through that period of time, I have been fortunate at a national level to be exposed not only to an opportunity to see what is best practice in Australia but also to start to see what are developments and trends throughout the world. Since the 1980s the town of Trieste in Italy has been regarded by the World Health Organization as the best practice model for community mental health in the world.*
>
> *It is actually a World Health Organization collaborating centre. I have had the good fortune to visit Trieste on a couple of occasions during my career to look at the model there and how they continue to progress with their developments. I was fortunate enough to go back there in September last year with two colleagues from Tasmania to the last World Health Organization conference held in Trieste. It gave me an opportunity to see the developments they have there and how they are able to establish a world-class service with the lowest number of inpatient beds, but the highest number of integrated community centres and sites to provide services across their system.*
>
> *Interestingly, for those of you who will, I am sure, take the opportunity after this to visit Trieste to prove that I am correct, it is a small city of roughly the same size as Hobart. There are about 240 000 people in Trieste, which is the capital of Friuli province in north-east Italy. It has only six beds in its general hospital compared with the number we have here. It has a busy emergency department, but then it has a range of facilities that provide beds, much as*

we are describing we will do at the Peacock Centre in St Johns Park. The other feature that's important is their capacity to provide 24-hour/7-day-a-week care in the community for people.

I'm not for one minute trying to say that Hobart is like Trieste. Trieste is an Italian community with a very high amount of informal care and a number of other things going for it that make it much easier for it to get by with the services that it has. I think the lessons from Trieste are the type of lessons that we are introducing as a concept moving forward here.

This was a focus of the work of the Mental Health Integration Taskforce. I am pleased to say that the Integration Task Force agreed with those recommendations, having had an opportunity to look through a visionary new way of trying to provide services. We see the Peacock Centre and subsequent developments as being a central part of moving towards a community-based system that doesn't lead to gaps in the service system and which becomes a very important part of what we need to provide going forward.

I'm happy to reassure the committee that I think this is world's best practice as we move forward - not just Australian best practice.

***Ms RATTRAY** - With regard to the model that you talked about in Trieste, in your view does that particular community have more community support or more family support wrapped around the people who need services? Is that what you were referring to when you said you don't for one minute think it's like Hobart, and perhaps Tasmania more generally? We don't do as well at looking after our own?*

***Dr GROVES** - Yes. I think that's absolutely fair to say. It's probably worthwhile understanding that the history of Trieste goes back to 1971 when they decided to close their standalone psychiatric hospital - the equivalent of what was the Royal Derwent Hospital. At that time, they had about a 1000-bed hospital and they've gone from 1000 beds to six so they have a nearly 50-year history of closing down their psychiatric hospital and incorporating it into the community.*

If I can perhaps use a good example: if you hop in a taxi from anywhere in downtown Trieste and ask to go where the mental health hospital used to be, any taxi driver will speak with pride about what they've actually done in their community as opposed to what might be a usual response when you say, 'Can you please take me to the local psychiatric hospital?' anywhere in Australia. I think that says a lot for how they've reduced stigma and discrimination and have as a whole-of-community response owned mental health as something they want to address. I think that 50 years of adherently sticking to a model that says 'We will do the best we can for people in our community with mental health problems' leads to that type of response.

It's interesting that when people in Trieste were asked whether if there was less funding, they would want to change the philosophy and go back to how it is elsewhere, they said, 'That would be really difficult because we have two generations of mental health staff who believe this. It would take us a long time to untrain them in a community-based approach', and that would not be the approach in most parts of Australia.

***Ms RATTRAY** - So that's why there's this focus on a residential home environment rather than that clinical approach that we get through a hospital situation?*

***Dr GROVES** - Yes, that's right.*

It's also worth saying that at that conference there were participants from more than 30 countries and probably 15 countries had a presentation at some point of how they were adapting to the Trieste model, including several from Italy. There is almost a gradient in Italy between the north and the south. The north of Italy has more incorporation of the principles that underline the Trieste model. To the south where they've been less able to do that, you can, therefore, see as a consequence those facilities or those provinces within Italy that have high numbers of beds but don't feel like they have enough beds for their mental health problems through to those that have a lesser number of beds and feel that they have more. That's to do with the balance of their investment and the approach that both the community and the mental health and health sectors have to looking after people with mental health problems.

It is worth saying, though, that that is still a 20-year aspirational type of approach and we need to start somewhere.

How Will the Redevelopment Enable the Delivery of Best Practice Mental Health Care?

4.4 Having explored what is considered best practice mental health care, the Committee sought to understand how the Peacock Centre Redevelopment would embody this approach through the design of the new facility:

> ***Mr SCOTT -*** *I guess I need to preface what I would say by saying we worked in tandem with Dr Stephanie Liddicoat, who is an architect and also one of Australia's leading mental health facility researchers and design consultants. A lot of the images included in the submission are drawn from her initial and subsequent responses to the brief the Department had provided, and those images provided the touchstone for the design philosophy and the approach we wanted to take in unfolding a response to the Department's brief.*
>
> *The three overarching philosophical ambitions of the design were that personal agency and empowerment were enabled so that users of the facility, be they residents or drop-in, drop-out users, have an opportunity to feel they are actually in charge of what happens to them and are not the victims of a system, hence the highly residential approach. There is an advantage in using the existing Peacock Centre, which was a mental health facility, because we know from the project user group that it was treated with affection by many of the people who used it and therefore many of those continuing potential users of the facility have a positive memory of going to the Peacock Centre, not a negative one, so we want to build on that residential sensibility in the design because we feel it provides a response to the desire to empower the users and residents at the facility.*
>
> *The second was to reduce stigma. Again, a key fundamental design approach to the reducing stigma is to make the transition from the public realm to the institutional realm a less confronting one, so everything about the design, both outside and inside the building - so the landscape, the approach, and then the passage through the entry and into the user spaces within the building - is designed to make that transition nonconfrontational so that people don't feel like they are a pawn in a system but feel they are still empowered and can control whether they go left or whether they go right, whether they sit in the café or wait in the waiting area.*
>
> *Even the transition from the street to the front door includes places where people coming to the centre can pause, reflect, build confidence, and then move on. The garden we are creating on the Elphinstone Road side of the building has places where people can sit and wait or they can meet with their friends or wait for their family to come in with them. On the pathway down there are places to sit, and a significant intervention on the ground floor of the building is that we have opened up that space so that when you enter it is really transparent and you don't feel trapped in an institutional environment. For example, the emergency department at the RHH is subterranean and there is no outlook, but in this case you can see right through the building to the gardens on the southern side, you can see people in the Safe Haven Café and you can see people activating the ground floor in a number of spaces.*
>
> *As you move through the building, that same reduction of stigma is characterised by the choice of residential-style fittings, fixtures, materials and furniture, and we have worked quite hard with the Department to pursue an alternative furniture agenda to one that is normally used in mental health facilities.*
>
> *The final design philosophy is contributing to a sustainable community. The Safe Haven café is a key component in binding the users and residents of the facility with the broader North Hobart community and the community more broadly. It is a space of commonality so it is open to residents, users, their family, their friends, their supporters and even members of the community more broadly. I think that is the ambition of the Mental Health Service that it is used in that way.*

So those underlying philosophies lay in our approach in our design. Then I suppose there are two fundamental aspects to the design implementation beyond those and they are -

(1) Addressing that desire for a residential characterisation of the building so that all levels within it, be it in the existing restored building or in the new wing, have a degree of comfort for users and do not feel institutional, that the building feels residential.

(2) Heritage restoration, which was not really a critical aspect of the mental health project delivery but is actually a critical element of the architectural response. The value that previous users of the Peacock Centre had applied to the existing residential building is something we wish to restore. Therefore, the architectural restoration is essential to that same sense that they would have a place of familiarity as well as new place of residential amenity.

4.5 Mr Scott also highlighted that the redevelopment had been designed with a focus on health and wellbeing for building occupants, through a desire to adhere to the principles of the WELL Building Standard. The Committee sought further information on how this had been incorporated into the design:

***CHAIR -**…… On page 28, it says there has also been a strong emphasis in response to the WELL Building Standard. What does 'WELL' mean?*

***Mr SCOTT** - It actually stands for 'well'. When the Department first approached us, it said it wanted a gold-standard mental health facility, so that is really where we were coming from. We suggested that one of the ways in which that could be delivered in a measurable way was to adopt the WELL Building Standard and seek certification of the project. The WELL Building Standard is an American program designed to measure the health and wellbeing that a building delivers to its occupants and residents; it has hundreds of criteria which are split about 50/50 between operational ones, such as providing food and flexible working arrangements, and designed ones, so things like filtering water to eliminate toxins and so on.*

We had a long discussion with the Department over many months and meetings about whether it was even possible for a large organisation like the Department of Health to implement the full range of criteria that the WELL Building Standard encompasses because the WELL Building Standard is all or nothing. You can't get certification if you don't meet any one of the threshold requirements, and beyond the threshold requirements, there is a series of optional facilities you can get to build up points to achieve a certain gold, platinum or silver standard.

Ultimately it was not possible for a Department of the size and complexity of the Department of Health to deliver on all the operational aspects of the WELL Building Standard, so a decision was made that the Department would not seek certification of this project, but equally there was a commitment that we would implement all, to the extent possible, of the design aspects of the WELL Building Standard, and that encompasses about 300 criteria. They range across 10 basic groups - air, water, thermal comfort, beauty - there's a whole range; I have brought a cheat sheet which is my original submission to the Department. There is a series of criteria for the WELL Building Standard covering, air, water, nourishment, light, movement, thermal comfort, sound, materials, mind, humidity and innovation. We have adopted perhaps 90 per cent of the design criteria within the design of the building, so it truly is a best-practice facility.

The intent of the WELL Building Standard is that residents and, critically, staff are able to occupy a space that provides them with comfort, beauty, views and natural ventilation - all the things you would aspire to in a workplace or residency in a commercial setting. That is what the WELL Building Standard is and we applaud the Department's commitment to deliver in this project.

***CHAIR** - So 'WELL' doesn't stand for anything other than 'well'?*

Mr SCOTT *- Correct. It's one of the few building measurement tools that focuses on health and wellbeing rather than energy efficiency or material use et cetera.*

4.6 The Committee also noted that en suite facilities would accompany each of the short term stay bedrooms, which were not a feature of the facility prior to the 2016 fire. The Committee questioned the witnesses on the rationale behind this change:

Mr ELLIS *- Chair, I noticed on page 4 that there will be en suite facilities for all bedrooms. From the look of the existing site, that was definitely not the case. I am not sure whether this would be to you, Dr Groves, or to Peter, but would you like to talk about community expectations now as opposed to previously about having en suite facilities in each bedroom in these residential facilities?*

Mr SCOTT *- It would clearly be our expectation that best practice of a mental health facility or indeed any health facility of this nature would have independent sanitary facilities. I go back to that empowerment philosophy that underlaid so much of our design approach, that people should be in control of what they do whilst in the facility. Being able to go to the bathroom without asking someone is absolutely fundamental to that sort of control so having en suites that are private and personal is a critical component of the delivery.*

You asked Aaron about the immediate history of the building prior to the fire but some time before that it had accommodated more than 30 residents and they would have had dormitory-style accommodation and shared bathrooms, and that probably is a long way from best practice in this time.

4.7 The Committee noted the evidence given by the witnesses that a best practice mental health care model includes the provision of integrated services and the capacity to provide care within a welcoming, homelike environment. The Committee sought to expand on some of the measures being implemented in the Peacock Centre that would contribute to this.

4.8 One such idea is the Safe Haven Café. The Committee sought further information on how this would complement the provision of best practice mental health services:

Mrs PETRUSMA *- You mentioned the Safe Haven Café in the introduction. I think it's a wonderful concept that you are inviting the wider community to come there to have a coffee. Will people come and buy a cuppa or can they just drop in and have a cup of tea or coffee?*

Dr GROVES *- The focus is primarily on those people who might come because they want to access the service, so they might be in distress and are coming for a particular reason. What we want to do is try to encourage the community to have some ownership of the facility and be involved in the facility so how we might make it available for people to come and access it out of hours or on a weekend is something we need to sort through with how we'll do the facility. What we don't want is to be a competitor to the café strip just down the road. We don't see ourselves as that, but we want to encourage people who come and use the facility on a regular basis to learn a skill, one of which may be, for example, to be a barista in the same way that we would hope that the greenhouse, which has a heritage component and is part of the bequest, might afford an opportunity for people to learn either a horticultural or other green-type of skill so that they don't just come there for therapy, they're there for rehabilitation and skill acquisition.*

Precisely how we do that is still to be determined. The important principle is that Safe Haven Café is about giving a space for people to come and feel relaxed and to be able to say what's happening rather than what we sometimes understand occurs in a busy emergency department.

We have unashamedly adapted a program that's been running in the United Kingdom in many of the NHS trusts where they have these facilities that tend to be drop-in centres, often right in the middle of a village or town, and they encourage people to come. What tends to happen

is that it's often people who have mental health problems or all sorts of other distresses who will come. It is often run by consumers or peers, but with a small amount of clinical component parts to ensure there is a clinical pathway if somebody needs that, and that's really the way we have gone about it.

There is one currently at St Vincent's Hospital in Melbourne and they run it as a café but it's also a drop-in centre and library resource centre, so it has a number of different aspects. We are looking at how we establish it within our site so that from our perspective, it will be run as a café but will be more than just a café and more than just a safe space, it will be somewhere where people can get a number of different skills.

***CHAIR** - Not as commercialised, though, as you are indicating?*

***Dr GROVES** - No. It's a place where people can be relaxed and come and have a chat about what is happening in a much more informal way.*

4.9 The Committee was also pleased to note that an integrated approach to accessing mental health and related services was being implemented in the Peacock Centre Redevelopment. One such service is the National Disability Insurance Scheme (NDIS), and the Committee sought to understand how access to the NDIS might be integrated into the service delivery offering of the Peacock Centre:

***Mrs PETRUSMA** - In regard to the National Disability Insurance Scheme, I think it is an excellent idea that it will actually include a dedicated presence from the NDIA because it has been harder for people with mental health to actually get NDIS packages. So will that be a dedicated presence? Do we know how many hours a week or day?*

***Dr GROVES** - These are the types of things we will need to start to sit down with service providers and other agencies to determine the number of rooms we have available in the hub area, and probably on the basis of having those half-day sessions, so somebody providing services for half a day. This probably gives us up to 40 spaces during the month, five rooms, two a day, so there is quite a degree of capacity for that. I think we need to then sit down with organisations such as the NDIA and say, 'Well, what is the best way of doing that? Is that somebody who is actually going to be a coordinator, somebody who does assessments, what might it actually be.'*

There will be different needs for different people. Some may be just looking at seeing whether they are eligible; others might be starting to try to get an understanding of how to coordinate the services they want. It will really depend on where people are on their pathway from trying to understand what can be provided, through to making an application, through to trying to coordinate services they might have if they are eligible.

***Mrs PETRUSMA** - I thought it was really good because that way they do not have to go to the main centre in Hobart, which could be intimidating for anyone with a disability but especially living with mental health. I think it's a really good inclusion in the facility.*

***Dr GROVES** - Just to follow on from what you have said, if they are familiar with the facility and they come, and, for example, they are accessing disability support services, they might also have housing needs and a range of other needs. They are the types of things that they could access so it brings that notion of a one-stop shop that you would be aware the Tasmanian Government has already developed in other parts of social policy. It is very much emulating that but specifically to mental health.*

4.10 Another key part of providing integrated best practice mental health care is encouraging families to take part in a person's journey to recovery. The Committee was keen to understand how this would be realised at the Peacock Centre:

***Mr ELLIS** - Dr Groves, it is noted that family representatives were part of the Project User Group. Can you give the committee a sense of what it's like to be a family member of someone in perhaps an older facility that would have predated the new Peacock facility we're putting in now and how that experience might be different?*

Dr GROVES *- Yes, I think that, without wanting to be critical of the service model that we've had before in the past in the state, families haven't been encouraged to be part of the treatment of people who come and access services with mental health problems.*

Our hospitals tend to have limited visiting hours, they're not particularly welcoming. I don't think that mental health hospitals differ terribly much from general hospitals in that particular regard. They have a very clinical and not very intimate feel about them.

Second, our community mental health services tend to be very much about providing direct care to the individual who comes to access services. Whilst there are some family groups and some supports of families, again, that's not a great feature of the model anywhere in Australia.

How this differs is that families in particular will be encouraged to be part of the treatment approach for people who access and need residential care and also will be encouraged to come and provide a better understanding of what they can do to assist somebody with a mental health problem.

For example, we don't run a large number of courses for family members to better understand mental illness, to understand what they can do to assist people with mental illness. A recovery college is often about teaching people with skills to better understand what they can do to help, support and assist people with mental illness and so it becomes more of a feature of what we do in this hub than what we've traditionally done. We would expect that a good recovery college would have families and family members who have that range of skills to be able to contribute and run some of those courses. Again, we have limited capacity of doing that in Tasmania.

4.11 The Committee understood that the ability to undertake exercise was an important element in helping a person recover from mental health issues. The Committee questioned the witnesses on how this assists in recovery and what support and facilities would be in place:

Mrs PETRUSMA - *Under exercise space, it says a mental health integration hub should have a general gym and exercise area?*

Dr GROVES *- I might talk about the principles and then Peter can talk about the practicality. One of the important aspects to understand is that people with more severe forms of mental illness are often put on medications which cause metabolic syndrome, so they often put on weight and that brings with it a number of significant health problems. We know that people with severe mental illness unfortunately die much younger than the general population, 12 to 15 years before their peers, so an important part of providing a comprehensive approach is to address that. We want to encourage exercise physiologists, dietitians and other people to be a part of the service model so that people with mental illness have their physical health care needs met, particularly earlier on in their illness, but if people come with advanced signs of metabolic syndrome, we can do that. Certainly if they are admitted to the unit and there is capacity for them to access exercise areas which they might be doing for the very first time, that would be a very good starting point.*

Peter, would you like to talk about that?

Mr SCOTT -*Very briefly. One of the largest rooms on the ground floor is called the therapy room, which is designed to be a wet area finish so it can be used for art activities, clay activities or exercise, so that would be an appropriate place for that program to be delivered. It has storage specific for items for exercise that could be stored there so that seems like a -*

Mrs RATTRAY - *Like an exercise bike or a rowing machine or something like that?*

Mr SCOTT - *There's probably not room for an exercise bike but that doesn't mean there is not additional storage elsewhere within the facility for pieces of equipment like that.*

Mrs PETRUSMA - *So probably more hand weights, resistance bands and the like?*

Dr GROVES *- Yes. Free weights and resistance bands are probably the things we tend to use more often.*

Mrs PETRUSMA *- It is more strength training because the medications they are on affect stability and -*

Dr GROVES *- Yes. Most exercise physiologists would be able to get them out of the cupboard and use them, rather than using what we might understand as gym equipment.*

Mr SCOTT *- And then there are a number of slightly smaller multi-use rooms, so if the therapy room was in use for another function and people wanted to exercise, there are a couple of meeting rooms either in the centre of the ground floor facing out across the garden or on the terrace facing out across the garden, or the meeting rooms in the corner next to the old front door. Potentially any of those would be appropriate for guided or unguided exercise. Equally, the garden is available for people who just want to walk around and get exercise and fresh air. One of the great advantages of this site is it has extensive grounds so that possibility exists.*

4.12 Another element of recovery is developing life skills and having support in returning to everyday functioning. One such area is food preparation, and the Committee sought to understand how the kitchen and food preparation areas would operate:

Ms RATTRAY *- I am interested in the kitchen and food preparation spaces. Obviously it will have the appropriate kitchen facilities, so are we expecting that residents of this facility will use the kitchen facilities? Is that the idea?*

Mr SCOTT *- Yes.*

Dr GROVES *- A very important part of the modern model, such as Trieste, is trying to return people to their functioning as quickly as possible. What often happens is that somebody goes to a hospital and then they don't need to do anything for themselves, whereas we are trying to encourage people to self-care as soon as they can.*

Ms RATTRAY *- But other people may need to come in to prepare food as well. Is there enough space for those wanting to provide their own food and those who need to be preparing food for residents who are not in the right space to do that?*

Dr GROVES *- Yes, it is striking the balance between the meals that are provided to residents and those residents who start to prepare or understand how to prepare meals.*

How Does the Redevelopment Meet the Terms of the Bequest and Heritage Considerations?

4.13 The Peacock Centre was a bequest to the State of Tasmania and the trust arrangement has guided the approach to the redevelopment. The Department's submission highlights this:

The Peacock Centre was bequeathed to the State of Tasmania in 1940, through a Trust arrangement, as part of the Will of the late Dr W.D. Peacock. Accordingly, the building must be repaired to provide a fit-for-purpose facility for Tasmanian Health Service (THS) consistent with the Trust arrangement and Tasmanian Heritage Council requirements. As the property sustained major and extensive fire damage, Treasury, in consultation with Crown Law, undertook a review to determine the future options for the property, including demolition, repair and disposal.

Treasury officials subsequently advised the (then) DHHS that the building is to be repaired, based on their interpretation of the bequeath Trust

arrangements for the Crown to take ownership of the property. Those arrangements are:

- *To keep the property (building, grounds and greenhouse) in as good a state of repair and condition as they had been kept during the lifetime of Dr Peacock.*
- *That the site be used for the provision of (overnight) accommodation (with or without medical treatment) for persons suffering from any illness, injury or disability together with appropriate support services for such sufferers.*

It is also noted that:

- *The Peacock Centre currently remains unusable, and unrepaired, constituting a breach of trust under the terms of the bequest*
- *The service operating out of the Peacock Centre prior to the fire did not provide overnight accommodation and subsequently did not meet the terms of the bequest; as such it is not possible to return this service to this location.* [1]

4.14 Furthermore, while the bequest is not necessarily a heritage issue, the two are interrelated. The witnesses noted the relationship between the bequest trust arrangements and heritage requirements and how this had influenced the design:

> ***Mr SCOTT -*** *The heritage components are multifaceted. There is the requirements of the bequest, and that is not overtly a heritage issue, but it relates to the heritage fabric of the site. The second is the fact it is a Heritage-listed property. It is on the Tasmanian Heritage register and on the Hobart City Council Heritage register, so it has a number of statutory thresholds that we need to address. The bequest has guided our response to how we address the heritage importance of the building. The requirement is to return it to a high level of both aesthetic and functionality.*
>
> *Before we really set foot on that path to a restoration, we engaged a heritage consultant and a team that included a historian who looked into the history of Dr Peacock and the historical context which led him to build that house in that location, and that informs us about how we might respond subsequently in a restoration. Then we had an assessment made of the building and the ability for us to refurbish or restore it, because at one time it was considered after the fire that it would need to be demolished and that is a possibility, but the state of the building is not such that it requires it. Given the context that it is quite important to the community, if it is possible to retain it, we should make every effort to do so and that is the commitment the Department has made.*
>
> *As we moved forward we needed a framework to approach that restoration. There was no framework, no conservation management plan and no documentation really within the Tasmanian Heritage body that would enable us to be guided, so we commissioned a heritage consultant to write a conservation management approach for the building. That was done without us having done any design work so it does not influence that - it simply sets out the best course of action for returning the building to a degree of heritage restoration.*
>
> *The thrust of that report, which is about 300 pages long, is that we should seek to do as much restoration to its original condition as possible as a nod to the bequest, but also a nod to the opportunity because so much of the existing building actually is still extant. Partly through*

[1] Peacock Centre Redevelopment, Submission to the Parliamentary Standing Committee on Public Works, August 2020, Department of Health, Page 6

the fact it is not that old and partly through the fact that later additions and changes did not fundamentally damage the fabric of the building. Obviously the roof has been burned off but beyond that, as we saw this morning, a fair amount of the internal fabric is actually original to the building.

With that sort of background in mind, we then approached it and we have quite a lot of experience doing heritage work and restoration. Our approach has been twofold. One is to wherever possible retain and restore the original fabric of the building, so the brickwork, the plaster, the tin ceiling, the flooring, some of which is not original but some is. Where we are not able to restore what is there - for example, the ceilings and the roof that are absolutely missing - or where that restoration is in conflict either with medical practice or best mental health outcomes, we use an appropriate response. I think you mentioned how we would treat the ceiling. The plasterboard will look exactly like the original lath and plaster ceiling, but it has a functional and cost-effective response. Similarly, internal paintwork in 1910 would have been linseed oil-based, would have had toxic pigments added, is not very durable and has a matt finish. Those sorts of wall finishes are not compatible with the modern mental health facility so within the realms of guidance included in the plan the heritage consultant provided there is room for us to have a bit of flexibility about how we respond to that.

Fundamentally, the first step is to retain and restore what we can, and, second, sensitively adapt a response where we need to, with new ceilings, for example, and selectively make new selections that are compatible with the functionality of the building and the existing heritage context. The new part of the building, the extension, is not part of that so the insertion of any substantive new work adjacent to the existing building is part of a heritage response as well, which has been clearly filtered through the heritage management plan the heritage consultant provided.

The key measures we adopted in the new work were that it should be subservient in terms of scale, setting, placement on the site of the Dr Peacock's original house, that it should respond in terms of best practice to the recommendations of the Burra Charter, the fundamental underlying go-to document in terms of heritage response, and that it should be different and differentiate itself from, and not mimic the forms of, the heritage building it might be adjacent to or joined to.

In that sense we deliberately chose a suite of materials that both respond to the mental health brief and therefore are domestic in character, but which are different from the fabric of the original building. We saw this morning the original 1970s nurses home extension had chosen to try to mimic - badly, in my opinion - the form and materials of the Peacock house and had thus diminished it. We feel that an insertion that has clear separation and connection to the building, while it is clearly different in time and style, is actually a better response and a more consistent heritage response to the brief of the Burra Charter. That design is then filtered back through to the heritage consultant, who does the heritage impact assessment at arm's length from the design and ensures we have responded appropriately to the conservation management principles set out at the outset. The heritage consultant's approach is staged and sort of slots in between the work we do and the design we ended up with and has the full support of the heritage consultant and the Tasmanian Heritage Council, and now the full support of Hobart's City Council's heritage officer.

Materials

4.15 The Committee understood that much of the exterior of the new wing would be clad in timber. The Committee sought further information on the proposed cladding materials, including details on their maintenance requirements and an assurance on their longevity:

> ***Ms RATTRAY** -……I raised some concerns onsite this morning around what sort of timber would be used as cladding on the outside of the new part of project, given that we know how harsh Tasmanian winters are. I have been reassured by Peter that the materials being sourced*

which are going to be used on this have significant guarantees with them. I'd like Peter to share that with the committee.

***Mr SCOTT** - ……The new extension is predominantly clad in timber. It has a concrete and block work and timber frame construction, but the cladding is designed to be timber. Specifically it is to give it a different character than the Peacock Centre.*

***Ms RATTRAY** - Hence meeting the Burra Charter?*

***Mr SCOTT** - Yes, absolutely, but also to give it a residential character so it does not feel like an intimidating institutional building.*

The two materials, and I'm happy to pass them over if you'd like to handle them, are the same, and we're using both. At the upper level we have screens that you can see through or which are visibly permeable. On the lower floor we have cladding which is solid and basically this is a shiplap board that has a weather seal on it.

This is redwood; it's an American product. I used to live and work in America. Redwood is used for decking in America. It is naturally a highly durable softwood material but this particular material is heat treated. It's called Thermawood and it carries a greater than 25-year guarantee unfinished. In the state you see it in here, it carries a longer guarantee than Colorbond roofing. From our perspective, it is a highly durable and highly appropriate wood for the external cladding of the building.

***CHAIR** - More appropriate than macrocarpa?*

***Mr SCOTT** - Absolutely. Macrocarpa is a particular material with a high durability but it also has a high propensity to split, warp and crack, so it's probably not an appropriate material for a high-quality, highly finished, best-practice building. It's probably more appropriate for a more rustic appearance.*

***……**That is not the only cladding, though. This is spotted gum. ……Spotted gum, again, is a highly durable Australian hardwood. It's often used for exterior cladding completely untreated or with a clear oil coat. This has a particular Japanese-style of charring and the charcoal coating gives the product an additional layer of protection. Spotted gum of itself is a highly durable hardwood. It's then got an additional layer of protection and it is oiled out of the factory and it would then be subsequently oiled as part of a maintenance regime.*

***CHAIR** - It's the corten equivalent of the wood world?*

***Mr SCOTT** - Exactly.*

Then we have a third product, which is sequoia pine. This is the baked product I spoke about.

***Ms RATTRAY** - This is the New Zealand product.*

***Mr SCOTT** - This is the New Zealand product. You can feel how heavy it is. This is a remarkable product. This is quite expensive, but it's used by the Parks and Wildlife Service in highly exposed situations. In a class 2 exposure, which is an above-ground use, we would use this, for example, for the pergola for the building or when we were looking at those finials that would go across the roof where maintenance and access would be a particular problem. This product in its raw state has a 50-year guarantee. It has a warranty greater than twice as long as Colorbond. From our perspective, the timber selections we've made for the exterior of the new building are absolutely appropriate and will not impose a maintenance burden on the Department.*

***Ms RATTRAY** - ……Thank you, it does give me some level of comfort - always this type of ongoing maintenance is of a concern and when you are part of a process where you are authorising the allocation of $9.24 million, it needs to have some reassurance around it that it will stand the test of time.*

4.16 Noting that the original roof was destroyed in the 2016 fire, the Committee also sought further information on the roofing materials that would be used:

CHAIR *- With respect to the roof, the roof is not there because it was burnt out. Was that originally slate or was it corrugated iron?*

Mr SCOTT *- It was Welsh slate.*

CHAIR *- It was slate, and is it being replaced with slate?*

Mr SCOTT *- I can tell you exactly the approach that we are taking to the roof. When the building passed from private ownership to the state government, the first records we have are that the roof leaked and there was a series of complaints about the slate being defective. It was replaced with a Wunderlich clay tile which persisted until 2016. The Wunderlich clay tile does two things: it is about the same weight as a slate roof, but it has a completely different aesthetic and although potentially we could have looked to restore that clay tile material we have looked to replicate the original form of the building with an artificial slate. It will not have the vulnerability of the original Welsh slate. It will not have the cost of Welsh slate but it will look exactly the same as Welsh slate. If I had thought about it, I would have brought an example but there is a photograph in the submission of the external materials that we are proposing and there is a tiny image of the slate there.*

When we say we are going to take a heritage restoration approach, we are definitely trying to achieve a visual appearance that is as close to its original form as possible.

CHAIR *- The life of that slate?*

Mr SCOTT - *Fifty years. It may degrade but it is not brittle, so it is not going to offer the same risks of leakage that a true slate roof would.*

CHAIR *- And the capping?*

Mr SCOTT - *It would be consistent with the original ones so they would be galvanised iron. We are trying to avoid using lead on the building. It would have had lead flashings. You mentioned best practice and we are looking to implement many aspects of the world building standard and using toxic materials is at odds with that standard.*

Does the Project Meet Identified Needs and Provide Value for Money?

4.17 In assessing any proposed public work, the Committee seeks an assurance that each project is a good use of public funds and meets identified needs in an efficient and effective manner. The Chair sought and received an assurance from the witnesses that the proposed works were addressing an identified need in a cost effective manner, would be fit-for-purpose and were a good use of public funds:

CHAIR *- Do the proposed works meet an identified need or needs or solve a recognised problem?*

Dr GROVES *- Yes, it does. I think I've covered that through the evidence I've given.*

CHAIR *- Are the proposed works the best solution to meet identified needs or solve a recognised problem within the allocated budget?*

Dr GROVES *- Yes.*

CHAIR *- Are the proposed works fit for purpose?*

Dr GROVES *- Yes.*

CHAIR *- Do the proposed works provide value for money?*

Dr GROVES *- Yes.*

CHAIR *- Are the proposed works a good use of public funds?*

Dr GROVES *- Yes.*

5 DOCUMENTS TAKEN INTO EVIDENCE

5.1 The following document was taken into evidence and considered by the Committee:

- *Peacock Centre Redevelopment*, Submission to the Parliamentary Standing Committee on Public Works, August 2020, Department of Health.

6 CONCLUSION AND RECOMMENDATION

6.1 The Committee is satisfied that the need for the proposed works has been established. Once completed, the redeveloped Peacock Centre will contribute to the delivery of an integrated, best practice mental health service for the Southern Tasmanian community.

6.2 This will be achieved through:

- the provision of a 12 bed short-stay residential accommodation facility and clinical mental health services on one level to cater for those needing overnight, intensive mental health care, but do not require intensive medical care; and
- the provision of an integrated mental health services hub, on a separate level, to provide access to a range of mental health care and related support services in one location to support people with their recovery.

6.3 Accordingly, the Committee recommends the Peacock Centre Redevelopment, at an estimated cost of $9.24 million, in accordance with the documentation submitted.

Parliament House
Hobart
14 October 2020

Hon. Rob Valentine MLC
Chair