PARLIAMENT OF TASMANIA

TRANSCRIPT

HOUSE OF ASSEMBLY

ESTIMATES COMMITTEE A

Hon. Bridget Archer MP

Monday 17 November 2025

MEMBERS

Ms Helen Burnet MP (Chair)
Mr Vermey (Deputy Chair)
Hon Josh Willie
Ms Kristie Johnston

OTHER PARTICIPATING MEMBERS

Mr Garland
Ms Dow
Dr Woodruff
Ms Rosol
Prof Razay
Mr Di Falco
Ms Haddad
Ms Dow

IN ATTENDANCE

HON. BRIDGET ARCHER MP
Minister for Health, Mental Health, and Wellbeing, Minister for Ageing, Minister for Aboriginal Affairs.

Ministerial Office Representatives

Chris Medhurst
Chief of Staff

Megan O'Brien
Senior Adviser, Health

Jill Maxwell
Senior Adviser, Aboriginal Affairs

Ben Davidson
Senior Advisor Health

Georgia Virgona
Clinical Adviser, Health

Melissa Snadden
Senior Adviser, Health

Melita Griffin
Senior Adviser, Mental Health and Wellbeing

Jorden Gunteon
Adviser, Ageing

Aboriginal Affairs Portfolio

Mellissa Gray
Deputy Secretary, Policy, and Reform, DPAC

Rebecca Pinto
Executive Director, Community Partnerships and Priorities, DPAC

Caroline Spotswood
Director, Aboriginal Partnerships

Jason Jacobi
Secretary, NRE

Louise Wilson
Deputy Secretary, Environment, Heritage and Land, NRE

Will Jocelyne

General Manager (Heritage) NRE

Steve Gall
Director (Aboriginal Heritage Tasmania), NRE

Deidre Wilson
A/Chief Operations Officer, NRE

Anita Yan
Deputy Chief Operations Officer, NRE

Adrian Pearce
Manager (Finance), NRE

Health, Mental Health and Wellbeing Portfolio

Dale Webster
Secretary, Department of Health

Sally Badcock
Asociate Secretary, Department of Helath

Prof Dinesh Arya
Deputy Secretary CQRA, Chief Medical Officer and Chief Psychiatrist

Anita Planchon
Executive Director, Office of the Secretary

Brendan Docherty
Deputy Secretary Hospitals and Primary Care

Jen Duncan
Deputy Secretary Hospitals and Primary Care

Craig Jeffrey
Chief Financial Officer

Kyle Lowe
A/Deputy Secretary Systems Management and Reform

Andrew Hargrave
Deputy Secretary Infrastructure Services

Michelle Baxter
A/Chief Executive Ambulance Tasmania

Ageing Portfolio

Dale Webster
Secretary, Department of Health

Sally Badcock
Associate Secretary, Department of Health

Jen Duncan
Deputy Secretary Community Mental Health and Wellbeing

Anita Planchon
Executive Director, Office of the secretary, DOH

Kim Ford
Nursing Director - Aged Care Reform Unit

Craig Jeffrey
Chief Financial Officer, DOH

Kristy Broomhall
Assistant Director, Community Services

The committee met at 1.00 p.m.

CHAIR (Ms Burnet) - It is now the scrutiny of the Aboriginal Affairs portfolio. I welcome minister Archer and the witnesses to the committee. I will invite you, minister, to introduce persons at the table.

Mrs ARCHER - Thank you, Chair. At the table with me I have the Secretary of NRE, Jason Jacobi; the Deputy Secretary, Environment, Heritage and Land, Department of natural Resources and Environment (NRE) Tasmania, Louise Wilson; Director (Aboriginal Heritage Tasmania), NRE, Steve Gall; Deputy Secretary, Policy and Reform, DPAC, Mellissa Gray; and Director, Aboriginal Partnerships, Caroline Spotswood. I think that's everybody.

CHAIR - Thank you. The time scheduled for the Estimates of the Minister for Aboriginal Affairs is two hours. Would you like to make a a brief opening statement, minister?

Mrs ARCHER - Thank you, Chair. Firstly, I acknowledge the Tasmanian Aboriginal people as the traditional and original owners and continuing custodians of the land on which we meet today, and I pay my respects to Elders past and present. I acknowledge Aboriginal people here with us today.

It's been an honour throughout my career and now as minister to meet with many Tasmanian Aboriginal people, communities and organisations. The Budget reaffirms our strong commitment to close the gap and improve the lives of Tasmanian Aboriginal people. This includes our commitment to establish Tasmanian Aboriginal Truth-Telling and Healing Commissioners to begin a Tasmanian Aboriginal-led journey towards truth-telling, healing and relationship-building with Tasmanian Aboriginal people and the broader Tasmanian community. I'd like to acknowledge the former minister Jacquie Petrusma for the significant work that she did to progress this before the election.

The establishment of the Truth-Telling and Healing Commissioners will be Tasmanian Aboriginal people, and it is a very significant historic moment of recognition, respect and for self-determination for Tasmanian Aboriginal people. The Budget also increases support to the Aboriginal Land Council of Tasmania, with an additional $150,000 across the forward Estimates, acknowledging the crucial role the Land Council plays in a respectful relationship with country.

To ensure timely assessments of Aboriginal cultural heritage, we're investing $2.9 million over the forward Estimates for heritage permit and approvals processes, funding to avoid delays in assessments for development projects, and to establish a new Aboriginal Cultural Heritage Register and build capacity in Aboriginal Heritage Tasmania as we move towards long-awaited new, contemporary legislation.

We know that demand for Aboriginal heritage permits has doubled in recent years and these investments ensure decisions are informed, respectful and timely. The Budget also locks in funding for the Coalition of Peaks partner, the Tasmanian Aboriginal Centre, to continue its leadership and work in Closing the Gap initiatives across Tasmania.

The Budget also allocates funding to the Tasmanian Aboriginal Community Alliance to enable it to continue to advocate, engage and regularly meet on Closing the Gap and other policy issues as an alliance of Aboriginal organisations. Other important investments include:

- $200,000 over four years to the Elders Council of Tasmania for its work in supporting the truth-telling and healing process;

- $400,000 over four years to Reconciliation Tasmania to work with the wider Tasmanian community to promote, understand and engage the truth-telling process and what it means for Tasmanian Aboriginal people;

- A further $200,000 each year into the Palawa Business Hub, creating important economic pathways for Tasmanian Aboriginal businesses to grow.

These investments represent a government that is listening, learning and walking beside Aboriginal people - not ahead and not behind.

Finally, I'm pleased to confirm that on Friday this week we're hosting the National Joint Council meeting of all Aboriginal Affairs ministers and Coalition of Peak Aboriginal leaders, at Piyura Kitina here in Nipaluna/Hobart. This is a great opportunity for people from across Australia to be on Tasmanian Aboriginal land and experience Tasmanian Aboriginal culture through dance, song and food at a welcome event on Thursday night. Thank you.

Ms DOW - I too acknowledge the traditional owners of the land on which we're meeting today and pay my respects to elders past and present, and acknowledge any Tasmanian Aboriginal people who are here with us today in the room.

Minister, my first question is around treaty. Why did your government walk away from its commitment to treaty in Tasmania?

Mrs ARCHER - Thank you for that question. I understand the significance of truth-telling and treaty to Tasmanian Aboriginal. Since becoming minister, and also during my time in federal parliament, I've had a number of conversations about these issues and it is very clear that there are mixed views amongst Tasmanian Aboriginal people about which could come first, or progressing one without the other.

The interim advice provided by the Aboriginal Advisory Group on Truth-Telling and Treaty in October 2024 including the appointment of independent commissioners to guide a genuine Aboriginal-led truth-telling and healing process for Tasmanian Aboriginal people. Following this advice, and after extensive engagement with Tasmanian Aboriginal people by the former minister, as well as our commitment to Closing the Gap, we did announce that we will focus our efforts on a healing journey for the whole Tasmanian community, walking together on a shared pathway.

Truth-telling is a necessary step which must run its course before any formalised agreements. While I do understand the importance and significance of treaty to Tasmanian Aboriginal people, we believe an Aboriginal-led truth-telling process must happen for healing to truly take place in Tasmania.

The establishment of the Truth-Telling and Healing Commissioners will be uniquely Tasmanian, and is an important historic moment of recognition, respect and self-determination for Tasmanian Aboriginal people. It is a critical and necessary step towards recognising past

injustices and gaining a greater understanding of the contemporary challenges faced by Tasmanian Aboriginal people, and in making real progress towards healing the wounds of the past.

The Truth-Telling and Healing process will preserve Tasmanian Aboriginal history and storytelling for future generations; provide Tasmanian Aboriginal people, including elders, families, children and young people with a safe and culturally respectful platform to speak their truth and allow healing to begin.

While the process was disrupted by the election, we will work with Tasmanian Aboriginal people on the next steps, including the process to appoint the commissioners, noting that this will be led and driven by Tasmanian Aboriginal people.

This initiative will also assist in progressing other Closing the Gap outcomes, and forms part of the government's broader commitment to Closing the Gap, and to improve the lives of Tasmanian Aboriginal people.

The announcement of funding for Truth-Telling and Healing was openly welcomed by the Aboriginal Elders Council of Tasmania, the Aboriginal Land Council of Tasmania, Marrawah Law and Advisory, the Tasmanian Regional Aboriginal Communities Alliance, the Aboriginal Advisory Group for Truth-Telling and Treaty, and Reconciliation Tasmania. I look forward to supporting and facilitating the evolving steps in this process.

Ms DOW - Minister, many of those organisations that you have made reference to quite publicly state the importance of treaty and truth-telling being part of a continual process, and not just being one or the other. As the new Minister for Aboriginal Affairs, you have an opportunity, and you've said yourself that you understand the importance of treaty, will you reverse your government's decision and pursue treaty in Tasmania?

Mrs ARCHER - Well, we have been very clear that we're just prioritising truth-telling and healing, to meet the objectives of the national agreement on Closing the Gap, and it will focus on actions that prioritise those things. As I've said, those are necessary and important steps that need to be undertaken before any agreement could be undertaken. It's not a matter of ruling in one thing or the other, it's just about undertaking those priorities, and we understand that truth-telling is a priority that must happen first.

Ms DOW - So, just to be very clear, you're not ruling out treaty at some point in the future? My understanding from the announcement that was made by the previous minister was that that was no longer on the table, and that the government had walked away from that commitment. Can you state today that you are still committed to that, as the new minister?

Mrs ARCHER - What I have said, and what the Premier has said, is that we will prioritise truth-telling first before any agreements can be reached.

Ms DOW - So you haven't ruled out treaty altogether in Tasmania?

Mrs ARCHER - I think I've been very clear that we're prioritising truth-telling first.

Ms DOW - But you haven't ruled out treaty?

Mrs ARCHER - We haven't ruled in or out anything. We're prioritising truth-telling.

Dr WOODRUFF - Thank you, minister. I also want to pay my respects to the Tasmanian Aboriginal people, the true custodians of the land, and recognise that this is stolen land that we meet on here today, and pay my respects to elders, including people in the community who are watching and listening to this today.

Many people in the Tasmanian Aboriginal community have stated that there cannot be any meaningful truth-telling process without a pathway to treaty. I welcome the kind of openness that I heard in the comment you made to Ms Dow then. I think what the community really want to understand, before embarking on this process of truth telling, is that you, as minister, are prepared to listen to the outcomes of that and that, if treaty is one of those outcomes as a process to be taken up, then you will respect that and listen to those outcomes.

Mrs ARCHER - I've been very open and clear that I am listening and, in the short time that I have been the minister, I have made a point of trying to get around and talk to as many of those community groups as possible and listening very carefully. That is why I believe, and the government believes, that we must undertake truth telling as a priority.

There are also other priorities that the Aboriginal community have identified, such as land return and also the revision or the introduction of a new Tasmanian Aboriginal heritage act. I think that those are also important steps along that journey of truth telling and healing. I also think we must undertake those steps and those truth telling steps before we enter into any sort of formal agreements. That is absolutely necessary. But, of course, I am open and I am listening and I think we are not committed - we can't say that we are committed to truth telling if we're not prepared to listen to the truth that comes from that.

Dr WOODRUFF - Thank you. I'm glad you mentioned land returns because that's long been a matter of injustice that there haven't been any land returns for decades in Tasmania. We were on the cusp of nearly reaching those land returns over a decade ago, but they've stalled, so far, under this government. Are you committed to returning land and working to do that while you are minister?

Mrs ARCHER - Yes, thanks for the question, I'm absolutely committed to improving outcomes for all Tasmanian Aboriginal people. As I've said, since becoming minister, I've met with a number of Tasmanian Aboriginal people and I really recognise how important land return is and that it is a common priority. There are a number of parcels of land that have been raised as important to Tasmanian Aboriginal people and I'm seeking advice on how we can progress potential land returns and I 100 per cent agree that it has been too long since land was returned.

It's been heartening to engage with Tasmanian Aboriginal people and to hear their thoughts around these options and I'll continue to look into options on the best way forward. In regard to potential amendments to the act, the government undertook a review into the model for returning land, which included three rounds of consultation, including on the exposure draft of the Aboriginal Lands Amendment bill that was released in August 2023.

It was clear from that consultation that there are diverse views on that legislation both within the parliament and amongst Tasmanian Aboriginal people. I understand that the previous minister worked across party lines and with Aboriginal organisations to seek some

greater consensus on that bill. There's a way to go on that, but we will certainly remain committed to land returns.

I will just see if the secretary would like to make any further comments about that.

Mr JACOBI - Through you, minister, and thank you for the question. There's a large number of suggested parcels that have been put forward for potential land return to Aboriginal people and we're actively engaged with Aboriginal community organisations and have been over many years, largely as a consequence of the Warner report. Many of those proposals are undergoing a preliminary investigation because the suggested parcels, in some cases, present challenges in terms of social, political or technical considerations, be it land tenure or the types of activities that currently occur on those parcels.

You would be very well familiar with the Kooparoona Niara proposal that was put forward about all the transfer of land that was converted to *Nature Conservation Act*. That is certainly still - that is not off the table, but it does require a legislative amendment to the Nature Conservation act to create a specific category of Aboriginal land.

Dr WOODRUFF - I'm sure there'd be willingness across the parliament to support that.

Mr JACOBI - At the moment, it doesn't exist in legislation, so it would require a legislative amendment to create that specific category, whether it's a protected area national park or a protected area Aboriginal land, there is a variety of options that could be considered.

We're also actively engaged with a number of organisations about opportunities for long-term leases for 'joint land management' for want of a better term, and those discussions are continuing at various locations across the state but, again, we do have full agreement from all organisations about the transition to a lease or to a managing authority arrangement.

Ms JOHNSTON - I also want to acknowledge the Tasmanian Aboriginal community and pay my respects to elders past, present and emerging and those joining us today and also recognise that we do meet on stolen lands.

Minister, you'd appreciate that accountability is incredibly important in this space for the community and that one way we can see accountability happening is through the tabling of annual reports, particularly in relation to Closing the Gap. The 2022-23 and 2023-24 annual reports have been tabled this year, but the 2024-25 report hasn't. Why has that not been prepared or tabled with other annual reports this year?

Mrs ARCHER - As you identified, Tasmania's first plan for Closing the Gap was for 2021-23. Tasmania's second plan for Closing the Gap was delayed, enabling Aboriginal organisations in Tasmania multiple opportunities to provide input to the plan.

The focus was on getting the plan right and strengthening relationships, rather than meeting arbitrary timelines. The extensive consultation and engagement process commenced in late 2023 and continued to late May 2025. This level of engagement is commensurate with the priority reforms the Tasmanian government committed to through the National Agreement on Closing the Gap 2020, including for formal partnerships, shared decision-making and improved engagement with Aboriginal people. While this engagement occurred, government

agencies continued to actively progress achievement of the Closing the Gap priority reforms and socio-economic targets.

Due to the complexity and challenges of co-producing the Closing the Gap output and meeting the needs and expectations of diverse stakeholders, it is not unusual for states and territories to be late with Closing the Gap plans and reports. South Australia, Western Australia and Victoria are the only states or territories with current plans, noting Victoria's 2021-23 plan was extended to 2025. I am pleased that Tasmania's plan for Closing the Gap 2025-28 is now finalised and has been endorsed by the Tasmanian Coalition of Peaks partners. I look forward to working with ministers across portfolios to implement the actions that we've committed to throughout the plan.

Tasmania's 2022-23 and 2023-24 Closing the Gap annual reports were delayed through ensuring appropriate engagement and consultation with agencies providing input. Productivity Commission updates on Tasmania's progress against targets are regularly updated on the Closing the Gap website. Aboriginal partnerships correctly prioritise Tasmania's plan for Closing the Gap 2025-28, ongoing activities to progress the Closing the Gap priority reforms and participation in national Closing the Gap forums.

I am pleased that the 2022-23 annual report has been finalised along with the 2023-24 annual report. These reports are available on the department's website, along with links through the Productivity Commission's website. Other states and territories, as I've mentioned, have also faced delays to their annual reporting, with only South Australia and Western Australia having released their annual reports for 2023-24.

Approaches to streamline future Closing the Gap annual reporting are being considered and implemented to ensure timely reporting and the 2024-25 Closing the Gap annual report is now in preparation and, along with other jurisdictions, it's anticipated to be finalised early in the new year.

Ms JOHNSTON - Thank you, minister. I encourage engagement and consultation in developing plans and things, but it does sound like there's a shortage of resources to be able to do the monitoring - the reporting aspects. Is that going to be addressed in future year budgets because timeliness of reports is critical to developing the next plan and to be able to continue to monitor the effectiveness of measures implemented. Is that an issue of resourcing, that it hasn't been able to continue at the same time as planning for the future plans?

Mrs ARCHER - As I mentioned, there are approaches to streamline the future Closing the Gap annual reporting. Would you like to make some more commentary about what a few of those might be, Mel?

Ms GRAY - Yes. Through you, minister. It's not unusual in all intergovernmental forums for a small jurisdiction like Tasmania to have less resources than other jurisdictions. As the minister pointed out, though, we are, if you like, punching above our weight, because we are in the same position as some of those larger jurisdictions.

The architecture that surrounds Closing the Gap is quite detailed and onerous. I don't think it would matter if we doubled our current team. Keeping up is a huge task, and rightly so - governments around the nation need to be held to account in quite some detail for pursuing better outcomes for Aboriginal people. However, in addition to the annual reporting, we're also

held to account by the Productivity Commission Closing the Gap online data dashboard, three yearly comprehensive reviews by the Productivity Commission, which is a jurisdiction we need to respond to, as well as independent Aboriginal and Torres Strait Islander-led reviews within 12 months of each of those Productivity Commission reviews. So there is quite some public and transparent reporting in relation to this.

We try and focus on, yes, keeping up to speed with our annual reports, but also pursuing the things in the National Agreement for Closing the Gap that we know will make a difference in our jurisdiction. One of the key requirements that we have is to establish an independent mechanism, sort of like a Robert Benjamin for Closing the Gap. If we were prioritising activity, we know all jurisdictions are committed to establishing an independent mechanism, and only one has so far - so if we were prioritising activity, yes, we will streamline work.

Our next annual report is in progress right now. We will have an eye to not being late with them, but given the choice, really pursuing that independent mechanism that was committed under the Closing the Gap agreement for all jurisdictions to have in 2023 - and it's now 2025 - we would unashamedly pursue that priority, as opposed to being a little delayed with an annual report.

Mr VERMEY - Can the minister update the committee on the government's commitment to progress new, stronger Tasmanian Aboriginal cultural heritage legislation and other measures in the 2025-26 State Budget to support the act when it's in effect?

Mrs ARCHER - Thanks, Mr Vermey, for your question. The government recognises the importance of Tasmania's Aboriginal cultural heritage to Tasmanian Aboriginal people, and to all Tasmanians. Contemporary legislation to support the protection and management of Aboriginal cultural heritage is long overdue, and I want to assure both the parliament and the community that we remain firmly committed to delivering it.

I was very pleased to see unanimous support in the House for Mr Garland's recent motion on this matter, and as per that motion, a draft bill for new Aboriginal cultural heritage legislation will be released for public consultation by 30 March 2026 at the latest. I understand that there's a strong desire to see this progressed as quickly as possible, but it is very important that we take the time to get it right. We have seen, in other jurisdictions such as Western Australia, the consequences of rushing through reform that lacked broad understanding and support.

There have been many failed attempts to reform Tasmania's outdated *Aboriginal Heritage Act* over several decades. That history underlines the importance of delivering a bill that strikes the right balance between protecting Aboriginal cultural heritage and providing clarity and certainty for land users and the wider community. As Minister for Aboriginal Affairs, I'm committed to ensuring that the final bill meets both the aspirations of Tasmanian Aboriginal people and the needs of the broader Tasmanian community.

Before the end of this year, there will be some pre-consultation briefings with the Aboriginal community to provide updates on progress and on the main features of the draft bill. These sessions will also help shape how we engage with Tasmanian Aboriginal people throughout the consultation process.

When the draft bill is released, I will ensure that there is a lengthy and genuine consultation period, giving ample time for feedback from Aboriginal people, stakeholders and the wider community.

I want to assure members that parliament will also be fully engaged and that your voices will be heard before the final bill is tabled by the end of 2026.

To support the implementation of the new legislation, our government has also committed to delivering an Aboriginal heritage consultant training program, designed to help Tasmanian Aboriginal people build the knowledge and skills to become Aboriginal heritage consultants. This will be critical in managing the increased demand that the new legislation will generate.

Aboriginal Heritage Tasmania is working closely with the Aboriginal Heritage Council to ensure to that their program is co-designed with Tasmanian Aboriginal people and organisations, so that it's community-led and widely supported. I'm determined that these reforms, which are fundamentally important to Tasmanian Aboriginal people, are done properly and done well.

Ms DOW - Minister, how much was spent on the Pathway to Truth Telling and Treaty Report? How many of the 24 recommendations that are in this document have been implemented or addressed by your government?

Mrs ARCHER - I will have to take your question on notice.

Ms DOW - Even the one about how many recommendations? Or just the cost?

Mrs ARCHER - We will take both on notice.

Ms DOW - Just on that, then, what are your key priorities from this document that you want to see actioned as the new minister for Aboriginal Affairs?

Mrs ARCHER - Sorry, can you just repeat your first question again?

Ms DOW - What are the key priorities from this document that you want to see actioned as the new minister? Where do you see the focus for the government on implementing these recommendations? There are 24 of them and, largely, many of them have gone unaddressed, to my knowledge. Where do you see the key priorities, or what are your priorities?

Mrs ARCHER - The key priority for me, or one of the key priorities for me, and I think a key priority that is shared by Aboriginal people, is around that issue of land return, and one that I am very committed to continuing to work through.

Ms DOW - Would you consider developing a progress report that looks at each of these recommendations and documents where the government is at on them? It's such an important document - there doesn't seem to be anything that's publicly available about progress that's being made against these recommendations.

Mrs ARCHER - Yes, I think is the short answer to that. There is a lot of information available, as we have talked about already, in terms of prioritising and actually getting on and

doing that work as well. I think there is a range of mechanisms for providing that information, but I'm certainly open to your ideas and suggestions as well.

Ms DOW - That would be useful.

My next question is in relation to the Commissioners for Healing, and when you will appoint those and make that public. Also, whether the Aboriginal Advisory Group's advice on the pathway to truth telling and treaty could be made public as well - or what it was, in actual fact - that further report that they were asked to complete?

Mrs ARCHER - I might ask Mel to make some comments about that.

Ms GRAY - Through you, minister. As members would be aware, the Pathway to Truth-Telling and Treaty report was tabled in parliament on 25 November 2021, and then in December 2022 the government established the Aboriginal Advisory Group on Truth Telling and Treaty to provide advice in relation to the report. The Advisory Group wrote to the former Minister for Aboriginal Affairs in October 2024 with some interim advice. The group has now wound up and we were waiting on some final advice before making that public.

Ms DOW - And that will be made public though, when you receive that?

Ms GRAY - Yes.

Dr WOODRUFF - Minister, regarding the return of lands, which is a central thing in the Pathway to Truth Telling and Treaty Report, and you mentioned that before. Can I confirm that you wouldn't be including long-term leases under your definition of returned land? Because whilst they might be a great initiative to have, like Crown land that is leased, would not be considered as as a genuine return of lands.

Mrs ARCHER - Look, both are important. I agree with you, both are important, but having said that, I think it is also, and I think the Secretary has mentioned that we are looking at both, but land return is land return as well.

Dr WOODRUFF - Great. That's good to know. I think the other thing that I've heard people say to me, Aboriginal people have said to me, is that they feel concerned at the strength of commitment from the Tasmanian Liberals to the process of truth telling and, ultimately, treaty and land returns because of what's happening in Liberal parties in other parts of the country and Victoria. The Victorian Liberals sadly have announced that they would repeal the Victorian treaty legislation which has just passed, which is really shameful given the years of work that it took to get there. Can you commit to the fact that the Liberals in Tasmania are actually committed collectively to progressing truth telling with the process to treaty, if that's what comes out of it, with land returns?

Mrs ARCHER - I can certainly say that I am committed and the government is committed to progressing these things that I've already spoken about today. I have a strong commitment to these processes, those priorities that are priorities for Tasmanian Aboriginal people, noting that they are not without complexity, as we have already heard and that is why I think it is really important that we do spend that time and do that important work of listening to the community. It's why I believe that truth telling is an important part of that process and it's why in relation to, whether that's land return or as I've just said, in relation to the *Aboriginal*

Heritage Act, it's really important that we take the time to get it right. And that's not to to diminish any commitment to it. It should strengthen that commitment to it to ensure that we get that right and that we don't see what we have seen in other states, for example Western Australia with the repeal of heritage legislation, et cetera.

I restate my very strong commitment to that deep listening to the Tasmanian Aboriginal community, to working through the issues and to prioritising those things that we know are a priority to Tasmanian Aboriginal people.

Dr WOODRUFF - At the truth telling commissions, Ms Dow asked a question about that. When can we expect to have actual information provided on what what their roles will be, what the timeline for the Commissioners and the process for their appointment?

Ms GRAY - Through you, Minister, we have committed to this process being Aboriginal led, so there is a little bit of work to do with Tasmanian Aboriginal people and organisations so that we can codesign and move at the speed of trust, if you like, and ensure that the process for proceeding with the commissioners is one that all Tasmanian Aboriginal people want to see, including the Coalition of Peaks partner. We want to codesign that approach.

Dr WOODRUFF - What's your timeline for that process?

Mrs ARCHER - We would hope to progress that as soon as possible. But, I think what Mel is saying is that we will do that in consultation. We will codesign that and make sure that it's Aboriginal led. We would hope that that would be in place next year, but we will work with Tasmanian Aboriginal people on the timelines for that.

Ms JOHNSTON - I understand our budget is quite constrained at the moment and the current budget crisis and the need for repair. But, budgets are all about priorities and I think we can all agree in this room that Closing the Gap is a key priority that we should be delivering on. Several actions across the health, early years, justice and family safety is described in the Closing the Gap reports as focused or ongoing work, but with no reference to additional resources. Which Closing the Gap recommitments remain unfunded or underfunded in DPAC, Health Justice and DECYP? I appreciate that you might need to take that one on notice.

Mrs ARCHER - I'm advised that we have checked with all of those agencies and that those initiatives are all currently funded, under their existing portfolios.

Ms JOHNSTON - The report says that a state-wide Aboriginal housing policy and action plan depends on a State Growth grant. Is this core Closing the Gap work reliant on a one-off grant, instead of baseline funding?

Mrs ARCHER - I'm advised that the grant is a one-off grant, but it's to design the strategy - for the Coalition of Peaks partner to define the strategy.

Ms JOHNSTON - There will be ongoing funding for the implementation of that strategy?

Ms GRAY - Through you, minister. It's a complicated question because part of Closing the Gap and part of the national agreement is there are four priority reforms, one is working in partnership in new ways with Tasmanian Aboriginal people, so that they are self-determining

and have an equal seat at the table; another is access to data, and the one that we have top of mind most of the time, is transforming government. Part of the transforming government key priority reform - so the way that Aboriginal people see the targets under Closing the Gap is that we won't achieve the dark targets unless we do the key priority reforms.

One of them is transforming government, and central to that is an action in the national agreement about reviewing government expenditure; and through both, money from the Commonwealth Federation Funding Agreements identifying a meaningful proportion of money that will go direct to Aboriginal community control. But also within existing government agency budgets, working out where we can unlock, if you like, existing funding that can transfer from agency control to Aboriginal community control. The example I would give in Housing is something like we have steering committees and very senior government representation. On Closing the Gap generally; but Cape Barren Island, we have the CEO of Homes Tas on that group For years and years, Cape Barron has been wanting the transfer of six titles on the island aligned with transforming government and Closing the Gap. We're able to - Homes Tasmania is working actively to transfer the title on those homes. That's not explicit funding, but we are looking at funding in agencies that can be highlighted to transfer to Aboriginal community control, existing funding rather than new funding.

Mr VERMEY - Minister, I understand the Tasmanian implementation plan for Closing the Gap was released earlier this year. Can you provide any updates on the plan, please?

Mrs ARCHER - Yes, I can, and thank you for the question. Closing the Gap is a high priority for our government and since taking on the Aboriginal Affairs portfolio it has been a pleasure travelling across the state and meeting firsthand with Tasmanian Aboriginal people and organisations to hear about their priorities. The National Agreement on Closing the Gap is clear that better outcomes are achieved when change is led by Aboriginal people, with Aboriginal people at the centre of shared decision-making about the issues affecting them.

As a signatory to the National Agreement on Closing the Gap, we're required to reduce the disparities in health, education, adult and youth justice and overall outcomes between Aboriginal people and the wider Tasmanian community. This is a long-term commitment that requires transformation, resources and genuine partnership with Tasmanian Aboriginal organisations and people. I'm pleased to advise that Tasmania's implementation plan for Closing the Gap 2025-28 was released earlier this year and I can table a copy of that plan. It's also available on the DPAC website.

Extensive engagement with Aboriginal community-controlled organisations and people over the past two years has informed the drafting process. Engagement and consultation involved multiple meetings and hearing about the priorities and practical actions that Tasmanian Aboriginal organisations and people want to see in the plan. We've worked closely with the Coalition of Peaks partners as well as providing the opportunity to participate to every Aboriginal community-controlled organisation across Tasmania and the process we undertook aligns with the Closing the Gap priority reform around building stronger partnerships and shared decisions between governments and Aboriginal people.

Tasmania's new plan also responds to the recommendations from the 2024 Productivity Commission review of the National Agreement on Closing the Gap, including the requirement for governments to work closely with Aboriginal people to agree on substantive actions for closing the gap.

Work to close the gap across a range of targets has continued while the new plan was in development, including access to land and sea culture through the transfer of leases and abalone licences; support for the Aboriginal small business sector; intensive cross-agency work and collaboration in partnership with Cape Barren Island on municipal and essential services; reform for child safety, family violence and youth justice; disability reform; developing Aboriginal engagement guidelines; and building stronger relationships and partnerships with Aboriginal organisations and people.

Since the launch of the plan, strong progress has been made in partnership with Aboriginal organisations and a key achievement was the TAC's launch of the Nukara strategy and action plan on 9 July 2025. Nukara speaks to weaving a wise, bold and strong basket to hold Aboriginal children and families safely. Developed through workshops across the state, it reflects Aboriginal ways of being and doing and builds on Heather Sculthorpe's 2014 work Examining Aboriginal Families' Experiences in the Child Safety System.

DPAC and DECYP are also working closely with the TAC to reduce the over-representation of Aboriginal children in out-of-home care and strengthen cultural and community-based supports. We've also advanced self-determination across other priority areas, including transitioning Aboriginal education services and ranger programmes to the Aboriginal-controlled sector, expanding ACCO-led family support and strengthening Aboriginal access to data through the Data Policy Partnership. On Cape Barren Island a co-chaired MES steering committee enables Aboriginal-led decision-making for Tasmania's only discrete Aboriginal community. I can table Tasmania's plan for Closing the Gap and also the Nukara strategy.

Ms DOW - Minister, how much funding is provided in the Budget for Closing the Gap, the commission and Aboriginal projects across the state in total?

Mrs ARCHER - Funding is $4.4 million over four years, including $1.4 million in 2025-26 and in 2026-27. The budget breakdown of this allocation will be split across peak bodies and alliance Aboriginal organisations and program initiatives that support Closing the Gap and Truth-Telling and Healing; and $800,000 in 2027-28 and 2028-29 to continue funding support to our peak bodies, ACCOs and strengthening capacity for Closing the Gap.

Ms DOW - Thank you. How much funding is provided for the Tasmanian Aboriginal Centre and Tasmanian Regional Aboriginal Communities Alliance?

Mrs ARCHER - Tasmania's Coalition of Peaks partner, the Tasmanian Aboriginal Centre, has been funded for a dedicated Closing the Gap policy officer since 2022-23 and requires funding to support its role through Closing the Gap. Funding of $250,000 per year for four years is being provided in this Budget. Funding has been provided to the TRACA to support engagement and advocacy activities associated with Closing the Gap. This funding will be $150,000 per year for four years.

Ms DOW - Thank you. Will you rule out any cuts to the Aboriginal Affairs portfolio?

Mrs ARCHER - Yes.

Ms DOW - As a whole, what percentage of the Budget is allocated specifically to Aboriginal programs and communities across Tasmania?

Mrs ARCHER - I will take that question on notice.

Dr WOODRUFF - Minister, the western Tasmanian Aboriginal cultural landscape is globally significant and formally protected by the Commonwealth government. The Federal Court ordered your government to do an assessment before there could be any discussion of reopening four-wheel drive tracks and that found there was no meaningful way of protecting Aboriginal heritage, which contains shell middens, depressions, rock art and and burial sites and is special and enormously precious.

Despite that, your government has still put again $10 million in a very resource-scarce budget towards four-wheel drive tracks in that area but there hasn't been an assessment of the Arthur Pieman Conservation Area for over 20 years. Will you commit to doing an updated assessment of the management of the APCA before any consideration of anything else happening in that landscape?

Mrs ARCHER - It possibly sits across another portfolio area as well, Dr Woodruff, but I might ask the secretary to comment.]

Mr JACOBI - I would suggest, Dr Woodruff, you refer that to minister Duigan in output group 4 in Parks. Minister Duigan would be specifically responsible for commissioning any studies, particularly in relation to four-wheel drive access. I can confirm, though, that as part of the $10 million commitment and the four-wheel drive access strategy any works that are commenced, whether maintenance, rebuilding of existing tracks or protection of Aboriginal heritage, would be subject to an Aboriginal heritage assessment process.

Dr WOODRUFF - Thank you. That gets us back to the woefully inadequate *Aboriginal Heritage Act*. This is an immediate threat from the government to irreplaceable Aboriginal heritage. It might be that you're not responsible for the management of parks, but you are responsible for the protection of Aboriginal heritage. Will you step in, if required, to make sure there is no move towards anything happening in that area until and unless there is a proper *Aboriginal Heritage Act* to do an assessment?

Mrs ARCHER - We have to work with the legislation that we have, obviously, in relation to assessment of these issues, but, as I have said and as you know, we are committed to progressing Aboriginal heritage legislation reform next year and we will have that draft legislation out by March next year.

I don't know if you want to make any further comments.

Mr JACOBI - Through you, minister, just to confirm that one of the key principles of the access strategy - the four-wheel drive access strategy, was that there would be no new tracks. So, one of the key principles that we adopted from the very beginning was no new tracks in the APCA. We would only be focused on the existing tracks and the maintenance and protection of Aboriginal cultural heritage on those tracks that already exist - inconsistent with the 2013-14 sustainable access strategy that was drafted and developed for the whole of the outcome.

Dr WOODRUFF - Thank you. Well, your government might have said no new tracks, but you're not on the record as saying no new facilities and there are facilities proposed as part of this four-wheel driving track that would irreplaceably damage the areas there before any

assessment has been done or consultation made with the Aboriginal community. Will you make sure that there is no new anything that happens in the APCA until there's been that assessment done?

Mrs ARCHER - They will be assessed in accordance with the existing legislation, but in relation to any particular plans that there may be for that area, I would suggest that you raise those issues with Mr Duigan.

Dr WOODRUFF - What about the progress of that legislation? It seems to the Aboriginal community as though it's being deliberately delayed so that developments can continue to be assessed. Your own Aboriginal Heritage Committee was strongly opposed to the strategy for the off-road, four-wheel drive vehicles. Strongly opposed to it. Where is their voice?

Mrs ARCHER - I can certainly assure you that I have prioritised this heritage legislation since coming to this portfolio, which is a brief amount of time. That still needs to undertake, an appropriate process to develop that legislation, including consulting, obviously, with the Aboriginal community, which is what we intend to do.

As I've said, we were very heartened, and I was very heartened to see the unanimous support for Mr Garland's motion putting some timelines around that and we will initiate pre-consultation with the community before Christmas with new legislation being out for draft consultation in March.

Did you have any further comments?

Mr JACOBI - No.

Ms JOHNSTON - Minister, the Attorney-General and the Police minister, your Cabinet colleagues, have been championing 'adult crime and adult time,' for a while now. As I'm sure you can appreciate, those kinds of laws have a disproportionate and adverse impact on young Aboriginal people in particular. What advocacy has your office done to both the Attorney-General and the Police minister in relation to these laws? Have you been communicating with them the harmful effects of these laws on particularly young Tasmanian Aboriginal people.

Mrs ARCHER - Reducing Aboriginal young people's contact with the justice system is a core focus of actions in Tasmania's plan for Closing the Gap 2025-28, including the development of a practice model for the Palawa Youth Justice Futures Project and an Aboriginal Youth Hub model for piloting in Launceston. Reducing the harm of contact with the justice system underpins recommendations of the commission of inquiry and that includes the development of an Aboriginal youth justice strategy and the establishment of a new youth justice facility that are grounded in cultural safety and community connection.

Of the 30 COI recommendations related to Aboriginal affairs, approximately two-third relate to Aboriginal youth justice and the COI noted an effective method to prevent abuse is to reduce young people's entry into the justice system by raising the age of criminal responsibility to 14 years. We take the increased rate of young Aboriginal people in custody very seriously and we have a responsibility for their safety. To do this we need serious conversations with Aboriginal people and agencies.

Despite the increased rate of Tasmanian Aboriginal youth in detention in 2023-24 from 2022-23 - 8.3 per 10,000 Aboriginal young people, up from 6.3 per 10,000, the Tasmanian rate is just under a third of the national rate, 26.1 per 10,000. Reducing the rate of Aboriginal young people in custody is one of the outcomes sought through the Tasmanian Youth Justice Blueprint, an Aboriginal youth justice strategy under development and Tasmania's Plan for Closing the Gap 2025-28.

Tasmania's Plan for Closing the Gap 2025-28, was released in June 2025 after extensive engagement with Aboriginal organisations and people, and the plan will drive change across all outcome areas and support reduced incarceration rates. Mel, did you want to make some more comments?

Ms GRAY - Yes, through you, minister. Youth justice is a priority of the National Coalition of Peaks, as you can imagine, given what's happening in a lot of other jurisdictions, it's a key focus point of the meeting coming up on Friday at Piyura Kitina. In addition to the targets, we have various policy partnerships that are signed up to nationally. We have a justice policy partnership, we have a social and emotional wellbeing policy partnership, a data policy partnership, there's housing - there's about six of them. Joint council is really focused at the moment on the intersectionality between all of those policy partnerships and all agencies working together to achieve the targets on Closing the Gap.

Mrs ARCHER - I think that goes to the heart of your question. The nature of Closing the Gap is that it is a whole-of-government responsibility.

Ms JOHNSTON - Would you agree then, minister, that, if this government were to implement 'adult crime, adult time' kind of laws in Tasmania, it would be a backwards step and would make Closing the Gap that much harder?

Mrs ARCHER - As I've said, we will continue to liaise across agencies to meet our Closing the Gap targets around youth justice and all of those other measures.

Mr GARLAND - Minister, you've previously mentioned that the Robbins Island project will be subject to Aboriginal heritage assessments and permits will be required under the *Aboriginal Heritage Act* for any impacts to Aboriginal heritage that cannot be avoided by design. I note that your own Aboriginal Heritage Council has said that it opposes this development and doesn't support it under any circumstances. Given that, can you indicate, if the permit is required, will you accept the advice of your council and not issue a permit authorising damage to cultural heritage on Robbins Island?

Mrs ARCHER - Thanks, Mr Garland. On 29 August 2025, for the purposes of the Environment Protection and Biodiversity Conservation Action, the federal minister approved a new wind farm on Robins Island in north-west Tasmania with 88 environmental conditions. The *Aboriginal Heritage Act 1975* is not integrated with the Commonwealth or state environmental approvals processes. The project, therefore, does not have approval for any permits required according to the Aboriginal Heritage act for any impacts to Aboriginal heritage that cannot be avoided by design.

The role of the Minister for Aboriginal Affairs is limited to those matters that fall under the *Aboriginal Heritage Act 1975*, and I'm advised that the initial Aboriginal heritage assessment reports commissioned for the development proposal and environmental

management plan have been provided to Aboriginal community organisations as part of the proponents engagement and consultation plan. Additional phases of Aboriginal heritage assessment are anticipated, once the precise development footprint is confirmed.

I'm advised that in July 2021 an application was made under section 10 of the Commonwealth *Aboriginal and Torres Strait Islander Heritage Protection Act 1984*, seeking protection of Robbins Island. To make application, the area must be recognised as a significant Aboriginal area that is under threat of injury or desecration, according to the definitions of that act. In December 2023, the Commonwealth minister advised of their decision not to make a section 10 declaration and the Commonwealth minister determined that while Robbins Island does meet the criteria for a significant Aboriginal area, there was insufficient evidence that the proposed Robbins Island wind farm would constitute a threat of injury or desecration. I might ask, Steve, would you like to make some more comments?

Mr GALL - Through you, minister. I guess from the Aboriginal heritage assessment side of it, under the current legislation there has been an assessment undertaken and a report provided to us in 2020. That's an initial assessment, which was more of a pre-planning assessment, with the expectation that more refined assessments will be undertaken to microsite their development.

At this point in time, the plan that we've been provided misses any of the physical Aboriginal heritage. I guess at this moment, it's premature to have a full understanding of what those impacts would be under the *Aboriginal Heritage Act* itself, regardless of any deficiencies of that, or being under this current act, we don't know what the total amount of impact will be, or if there are any. It has to go through due process at the moment, so we're waiting for, and we have had some conversations with, the developer regarding the next steps. There's an expectation that will start soon, then we'll know a bit more. At the moment, they are looking at avoidance to the physical Aboriginal heritage.

CHAIR - Mr Vermey.

Mr VERMEY - Minister, I understand the Aboriginal Land Council has received additional funding in this budget. Can you please confirm this, and explain how this will assist the Council in their works?

Mrs ARCHER - Thank you, very much. I recognise the important role that the Aboriginal Land Council of Tasmania plays and I am pleased that the Budget does deliver some additional funding to the Council on top of their core funding. I have met with the Land Council in recent weeks - on Flinders Island, actually - and I appreciated them sharing their views on how we can work collaboratively in the months and years ahead as they carry out their important work.

As some background, the *Aboriginal Lands Act 1995* establishes the Aboriginal Land Council of Tasmania as the entity holding the title for returned land, and with responsibility for sustainably managing Aboriginal land for the benefit of all Tasmanian Aboriginal people. The Land Council currently manages approximately 64,000 hectares of Aboriginal land, comprising 55,600 hectares returned by the Crown and around 9000 hectares transferred through private arrangements. I had the great privilege of being on country with the Council and seeing first-hand the great work that they're doing in the community. For example, at

Wybalenna I saw the success of their land management and restoration work. Their stewardship is making a real difference, and they deserve to be commended for it.

The Tasmanian Government has provided the Land Council with annual core funding of $314,000, with additional funding provided from time-to-time for various purposes. I'm very pleased that this will now be increased by around 48 per cent, with the 2025-26 Budget allocating an additional $150,000 each year, totalling $600,000 over the forward Estimates. I know that this funding is needed, and it confirms our commitment to supporting the Council with their needs as they arise.

We will continue to work closely together to ensure that they have the capacity and support that they need to carry out their important responsibilities. It's part of our broader commitment to walking alongside Tasmanian Aboriginal people and supporting stronger governance, cultural preservation and reconciliation outcomes into the future.

Ms DOW - Minister, just taking you back to funding in the Budget, could you please elaborate on the split between funding for Closing the Gap initiatives and other Aboriginal projects that are in the Budget, please?

Mrs ARCHER - In what way?

Ms DOW - In what way? The amounts.

Mrs ARCHER - The amounts.

Ms DOW - Yes.

Mrs ARCHER - There's some confusion in relation to your question, because it is our view that it would all contribute to meeting our Closing the Gap targets, so I'm not sure how you -

Ms DOW - For example, is there funding that's provided to TRACA, for example, that's not part of Closing the Gap, or to the TAC, which is not part of it, or is it a whole-of-government focus on Closing the Gap?

Mrs ARCHER - I suppose the difference, if you want to look at it, would be the DPAC side of the department would really be focused on Closing the Gap. In relation to any of the funding provided to TAC or TRACA would be towards meeting the Closing the Gap targets. On the NRE side of the portfolio, that would be, I guess, potentially involved with meeting our Closing the Gap targets, in relation to land return and that sort of thing, also, I guess, to Aboriginal heritage. Do you want to just speak to Aboriginal Heritage and that side of -

Mr JACOBI - Through you, minister. Thank you, member, for the question. There are some very exciting announcements in regard to Aboriginal Heritage Tasmania and the Aboriginal Heritage portfolio that sits within NRE Tas.

One of the key issues, or announcements, is that Aboriginal Heritage Tasmania has been granted additional funding of $408,000 ongoing, which is incredibly important in terms of resourcing the capacity of Steve's team to deliver on Aboriginal Heritage Tasmania outcomes. As the minister just touched on, the Aboriginal Land Council of Tasmania, having been granted

$150,000 on top of their existing $370,000 and that funding is for four years. So it's $150,000 per annum for four years.

The last but not least is that we've been granted $177,000 in the first year, and $375,000 ongoing from 2026-27 to support Aboriginal heritage assessments, and prevent delays in the assessment of projects that might be submitted or applications for Aboriginal heritage.

Ms DOW - Of those, which of those specific line items is aimed purely around protection and preservation of Tasmanian Aboriginal heritage? You talked about the permits process and additional funding for that to make sure that they're executed in a more timely way. Those first points that you made about increasing the funding - are they specifically around protection, or are they just additional resources for the department?

Mr JACOBI - Through you, minister, I will refer to Louise Wilson to touch on exactly what the funding would be used for, but I think it would be fair to say that all three of those funding initiatives directly translate to protection of Aboriginal heritage across Tasmania.

Ms WILSON - Through you, minister. In particular, the additional funding for Aboriginal Heritage Tasmania will help with the additional protection of Aboriginal heritage. That funding will go to supporting the ongoing maintenance and licensing costs of a new statutory Aboriginal Heritage Register. That will support the new legislation that's being brought in. It will also support the processes we've got now, but really, we're designing that for future AHT processes. Having a statutory register is a really important part of that.

This funding will also support additional capacity in Aboriginal Heritage Tasmania to prepare for and, to some degree, implement the new Aboriginal heritage legislation so that they're all linked in. There are actually some big changes ahead with the new legislation, because the processes are so different to what they are now. That one, in particular, is going to be contributing to protection of Aboriginal heritage.

Ms DOW - Through you, minister. The timeframe for the development of that new register?

Ms WILSON - Let me check. I just had to check because we have recalibrated the timing for this one, but I expect it by May next year.

Ms DOW - Next year. Thank you.

Dr WOODRUFF - Minister, just back on those proposed four-wheel drive tracks over ancient Aboriginal cultural landscapes, do you personally acknowledge, understand, believe in cultural landscapes and what they mean to Aboriginal people?

Mrs ARCHER - Yes.

Dr WOODRUFF - I'm trying to understand the discordance between what the Aboriginal heritage advisory committee is saying on one hand and what other departments in the Liberal government are doing on the other, and there's an extreme difference. Their position statement on the West Coast Off-Road Vehicle Strategy is that the Aboriginal heritage advisory council had serious concerns regarding the strategy and it is not only disappointed but highly critical of the strategy for prioritising off-road driving over the protection of irreplaceable

Aboriginal cultural heritage, known as outstanding universal values not found in any other place on Earth. It also went on to condemn the disproportionate funding that favoured off-road driving infrastructure over Aboriginal heritage and landscape protection, and called for a serious investment into sustaining cultural values. Can you explain to me what is going on? How do you sustain those very strong views and the actions of other agencies in going ahead with wanting to have a four-wheel drive strategy up there? What are you going to do about it?

Mrs ARCHER - I can't speak to other agencies and, as I've said, I would encourage you to direct your specific questions around the four-wheel drives to Mr Duigan. In relation to the protection of Aboriginal heritage, including cultural landscapes, I would refer to the commentary I've already made around the design of a new *Aboriginal Heritage Act*, and it is certainly my wish and hope that that will also incorporate cultural landscapes.

Dr WOODRUFF - Okay, thank you. You are the voice in Cabinet for Aboriginal people, heritage and cultural heritage protection. Will you be a strong voice in that space, condemning going ahead with a four-wheel drive strategy in that incredible area in north-west Tasmania, when there isn't cultural heritage legislation to protect it, which there isn't at the moment?

Mrs ARCHER - I think I've been pretty clear about my strong commitment to this area, including progressing a new and long overdue *Aboriginal Heritage Act*. I've stated that several times. I will continue to be that strong voice and maintain my commitment to Aboriginal heritage, but any questions in relation to other portfolios need to be directed to other portfolio ministers.

Dr WOODRUFF - Okay, I hear that. Unfortunately, if there was to be any progress in this area it would be forcing the Aboriginal community to go back to the federal courts to protect globally significant heritage, which they've had to do against the Liberal government one time before. That would be incredibly divisive, expensive, resource-intensive and painful. Do you agree that must be avoided at all costs?

Mrs ARCHER - I am committed to continuing to listen closely to Aboriginal communities and Aboriginal people in Tasmania and to progress new Aboriginal heritage legislation here in Tasmania.

Ms JOHNSTON - Going back to justice system commitments, there appears to be quite a number of pilot programs funded, such as prison wellbeing officers, youth diversion programs and bail support, including one that was run by TALS which was funded in January last year to support Aboriginal people on bail addressing the repeated driving issues around contacts with the justice system. The issue is ongoing commitment to funding. Can you provide ongoing commitment to funding these particular programs, and in particular the one that was delivered by TALS in relation to trying to restrict the number of contacts that Aboriginal people have with the justice system?

Mrs ARCHER - As I've already stated, we are committed to continuing these initiatives to reduce the interaction of Tasmanian Aboriginal people with the justice system as part of our Closing the Gap commitments. In relation to the specific questions you've asked, I will ask Mel to make some more comments.

Ms GRAY - Through you, minister, the bail support program was actually funded through Closing the Gap capacity-building grants a couple of years ago and it commenced in

August 2023 for 18 months. The CEO of TALS, Jake Smith, has been quite public about the benefits of the pilot program of which we are aware, including a return on investment that was reported to be 8:1 and quoting the costs per day to house someone in prison compared to supporting someone through the bail support program. We are aware of that position and that data, and the Department of Justice has committed to reviewing this evaluation of the program and considering re-establishing it in the next financial year as an action in Tasmania's plan for Closing the Gap.

Ms JOHNSTON - Minister, a return of 8:1 is exceptional. We're in a budget crisis. This is really good bang for your buck, and it would seem a much better bang for your buck than a stadium. Can you give a commitment here and now that you will continue to fund this? It would be nonsensical to withdraw the bail support program and pay more to have people incarcerated than providing support to keep them well, in their communities and connected.

Mrs ARCHER - Obviously it's around testing and evaluating that data but also recognising that it sits within the Department of Justice.

Ms JOHNSTON - You're the one in the Cabinet room. Will you be advocating to the Attorney-General that this needs to be a funded program? It makes budget sense and it makes really good sense for the wellbeing of individuals.

Ms ARCHER - As I have said, I will continue to advocate across whole of government because that is the whole point of Closing the Gap and that is absolutely the role for me and this portfolio to progress, noting that specifically there is also some responsibility with the Department of Justice. The Department of Justice has advised it is an action to review evaluation of and consider re-establishing the bail support program in the implementation plan.

Ms JOHNSTON - With all due respect, considering it is not doing it. We are seeing such great outcomes it's a crying shame just to be considering it when you could be doing it.

Mrs ARCHER - I think it's important to consider and evaluate and test that, but I agree with you that this is the point of having these programs and also acknowledge that those are Aboriginal-led, which is also very important for meeting our Closing the Gap obligations.

Ms JOHNSTON - Just think, all that money saved could be spent elsewhere in the portfolio.

Mr VERMEY - Minister, can you detail the government's ongoing work in the Tasmanian Wilderness World Heritage Area (TWWHA) to protect and conserve Aboriginal cultural heritage values?

Mrs ARCHER - Thank you, Mr Vermey. I think those are comments we have already made today around Aboriginal Heritage Tasmania, which is delivering a range of important projects aimed at deepening our understanding and supporting the effective management of Aboriginal cultural heritage in the TWWHA. The government recognises the importance of managing this significant and important landscape in a way that is genuinely respectful of its natural and cultural heritage values. These projects are funded jointly by the Australian and Tasmanian governments and help meet our obligations to the World Heritage Committee.

The most recent federal budget committed $5.1 million annually for five years for the management of the TWWHA, a figure matched by our government, and from this, just over $1 million per year is dedicated specifically to Aboriginal cultural heritage projects led by Aboriginal Heritage Tasmania.

The TWWHA contains some of the most significant Aboriginal cultural heritage in the country, representing more than 40,000 years of Tasmanian Aboriginal connection to and management of this landscape. All projects are undertaken in close partnership with Tasmanian Aboriginal community-controlled organisations and individuals, with guidance, advice and endorsement provided by the Aboriginal Heritage Council. This ensures that Aboriginal people are central to all stages of decision-making and project delivery.

Current activities include:

- Ongoing Aboriginal community engagement and access to the TWWHA, enabling Aboriginal people to be actively involved in all aspects of cultural heritage work;

- An Aboriginal trainee program within Aboriginal Heritage Tasmania to support knowledge sharing and build long-term skills in cultural heritage management;

- Two major research projects focused on key regions, the inland cave or karst systems and the lakes area of the northern plateau to improve our understanding of these culturally significant areas; and

- Identification assessment and monitoring of at-risk Aboriginal heritage sites within the TWWHA to ensure their protection.

These projects are guided by the TWWHA management plan and the detailed plan for a comprehensive cultural assessment, both of which set out the state's obligations and pathways for managing Aboriginal heritage values.

In addition, Aboriginal Heritage Tasmania continues its core business functions within the TWWHA, including providing expert technical advice on managing risks to Aboriginal heritage sites and ensuring that they're respected and preserved and the Tasmanian government is committed to managing the TWWHA in a way that honours both its natural and deep cultural significance, ensuring that Aboriginal people are at the heart of its protection and care.

I don't know if Steve had anything else that he would like to add to discussions of the TWWHA?

Mr GALL - Through you, minister. I think it's been quite a successful few years. We've started these World Heritage Area projects since about 2018 and we've managed to get over, I think it's approximately 600 Aboriginal people out into the property over that period of time.

We are changing the focus from just visiting the site and reconnecting with the site to having proper involvement of Aboriginal people in assessments and in some management actions within the property and that includes doing repair work to midden sites or hot

depression sites that are under threat of collapse and things like that. So, we're shifting a bit of the focus to Aboriginal involvement in the management of their heritage. That's really important that will be the thing where we move to over the next few years, so you may see a shift in the numbers of people participating, but it will be people who are really interested and wanting to get involved. This is a precursor to employment and training for Aboriginal people to be involved in that space. So, it's a really exciting space.

The other two research projects have focused on things like the laser-scanning of some of the cave sites. We're actually doing baseline data and we're having a look at impacts to these types of sites over time. We're now on our third run of doing laser-scanning on some of those cave sites to have a look at developing a climate change adaptation strategy for that. The baseline data is growing quite well and it's been a very positive program.

Ms DOW - Minister, very shortly $30 million will be coming to our state for the newly funded Indigenous Ranger Program (IRP). I want to get an understanding of how the state government, through Parks, is working in collaboration with the program to allow for dual management of state reserves and parks with the opportunity that that range of program presents.

Mrs ARCHER - I'm advised it mostly sits with the responsibility of the Minister for Parks, but I might get the secretary to make some comments.

Mr JACOBI - Thank you, through you, minister, and I thank the member for the question. There's a whole suite of different activities that are underway across NRE Tasmania to try to do our best to support job claim management and that takes a variety of different forms. I think I touched on the NIAA (National Indigenous Australians Agency) funding agreement for the Working on Country Rangers. For a long time the Aboriginal community have been advocating that they would prefer a community-led model that historically we have run a training program in my department through the Parks and Wildlife Service where Working on Country Ranger trainees have been appointed, trained and developed with a view to them becoming permanent public servants. That has been a very successful pathway for young Aboriginal people to gain employment, particularly in the public service.

However, in recognition of the fact that the Aboriginal community have strongly advocated for a community-led model, we've been working very closely with, in consultation with Aboriginal community organisations and with the Commonwealth to transition. Ultimately, the view is that the NIAA will directly fund Aboriginal community organisations to employ, train and continue to recruit Aboriginal rangers. We have started a transition towards that program; we're already in consultation with Melaythenner Aboriginal Corporation in the north. We have two trainee ranger positions with them. We have another two trainee rangers, I believe, with the Tasmanian Aboriginal Centre, and I think, correct me if I'm wrong please, there might be one other position that we're currently holding at this point in time, but that is part of the transitional arrangement. That is a really important step towards putting the authority the funding back in the hands of community.

The other initiative that I think is worth talking about is the Aboriginal fire program. We have three very strong and dedicated Aboriginal fire rangers now in the Parks and Wildlife Service who are actively engaged with community on doing culturally informed burning across the state.

Probably the other thing that's worth mentioning is that we are continuing to work with Aboriginal organisations, as I've talked about before, about finding the opportunities for, if not land return, then licence arrangements, or a lease, or becoming the managing authority for reserve land.

Mrs ARCHER - Again, this is consistent with our Closing the Gap targets.

Mr JACOBI - Through you minister, I acknowledge that, as Dr Woodruff raised earlier, the lease does not meet the Closing the Gap target. It is only land return that meets the Closing the Gap target, so we clearly acknowledge that a lease does not fulfil that desired outcome.

Ms DOW - Dr Woodruff touched on that in her question, but are you working towards that target of handing back and management rather than leasing arrangements?

Mrs ARCHER - We're looking at both, yes. We have a commitment to progressing land return, but we are also looking at a range of other arrangements.

Ms DOW - Further to discussion on Closing the Gap, I want to ask a question about language. In many meetings that I've had across the state, languages are raised a lot and the importance of increasing funding for languages perhaps to even be included in the curriculum across Tasmania. Is there progress being made on languages across the state that you can update the committee on?

Mrs ARCHER - I note that my own children had the opportunity to learn Palawa kani as their language other than English at one point at their primary school in George Town, so that was a good opportunity for them.

Ms GRAY - Part of resetting the relationship with Aboriginal people, which was a 2014 commitment, was the development of the Orb in the Department for Education, Children and Young People, and the embedding of language in curriculum, and that has been undertaken. There is a target to increase the number and strength of Aboriginal languages on island, so we are committed to the Closing the Gap targets.

Ms DOW - Do you have any timeframes around that or is it just ongoing work?

Mrs ARCHER - I think it's reasonable to say it's ongoing work, acknowledging again that Tasmanian Aboriginal people are the custodians of their own language.

Dr WOODRUFF - Minister, there are far too many examples of extreme destruction of Aboriginal heritage that are occurring right now or have occurred. The Tasmanian Aboriginal Heritage Council has made very strong statements opposing particular developments going ahead because of that. What is the role and the point of the Tasmanian Aboriginal Heritage Council, if they again and again make statements about the APCA, about Pilitika/Robbins Island, Mary Ann's Island. What's the point of the council? How do you square that away with protection of Aboriginal heritage and not listening to that group?

Mrs ARCHER - I think that the role of the council is critically important, and actually, what we want to do is to strengthen the role of the council. I might ask Louise to make a few more comments - as we move towards a new Aboriginal heritage act, looking at a different way of doing that, acknowledging the important role of the Aboriginal Heritage Council and

the challenge they have in undertaking that work as well. Louise, if you want to make some more specific comments.

Ms WILSON - Through you. The new Aboriginal cultural heritage protection bill that we are currently drafting, and will release by March next year, includes some strong provisions around decision making in relation to allowing impacts to Aboriginal heritage. The primary decision-maker under the act will be the Aboriginal Heritage Council. That is very different to the current act, where the Aboriginal Heritage Council is merely an advisory. It's statutory, which is stronger than it has been 10 years ago, but it's still an advisory council. The majority of decisions made under the new bill, or act when it's enacted, will be made by the Aboriginal Heritage Council.

Dr WOODRUFF - Through you, minister, or to you, minister. Are you proposing that the act is also going to protect Aboriginal heritage from your own colleagues - ministers heading other departments who are continuing, despite the advice of the Aboriginal Heritage Council about damage to Aboriginal culture? Like, you talked about Closing the Gap and having across-government agencies. Are you expecting that this new legislation will mean that government policy will need to be assessed prior to going ahead under this new act?

Mrs ARCHER - It is my very strong intention to have an act that - and I think everyone agrees it's long overdue - that we have an updated act that both works to protect Aboriginal cultural heritage and also provides clear understanding and clear guidance to people about how to do that as well. I believe that's very, very important. Yes, certainly the intention is to strengthen and modernise the *Aboriginal Heritage Act*, of course, with the aim of protecting Aboriginal heritage.

Dr WOODRUFF - Thank you. With regard to enforcement and penalties, the prominent businessman Graeme Elphinstone was found guilty last Friday of knowingly damaging ancient heritage on his property. Mary Ann's Island Golf Course was in the Magistrates Court in May and is now being taken to the Supreme Court for the damage they allegedly knowingly did to 31 sites on the Aboriginal Heritage Register, some of the few in Tasmania that are. What's going to stop people doing stuff like this in the future? There's one thing getting something knocked back before it goes to development. There's another thing where people are knowingly destroying Aboriginal heritage. Is there going to be much stronger enforcement and penalties?

Mrs ARCHER - We will certainly expect people to comply with the law now, as you might expect. It obviously wouldn't be appropriate for me to comment on any specific actions that are currently before the court, but I certainly have an expectation that people will comply with the existing legislation. We are also, as I said, looking to strengthen that legislation. Louise, did you want to make some more comments?

Ms WILSON - Sure. Through you, minister. In the new act, what's really important will be a broader suite of compliance and enforcement tools. Under the current act there's only court prosecution and court action, which can sometimes take very long periods of time, a statute of limitations applies as well. That means it's very expensive, it's adversarial and it's a little bit unpredictable as well, particularly in the early stages of when, in 27 we changed some of the penalties. We increased and strengthened penalties and created two nuances of offences. Since then, obviously those penalties have to play out through a court process and take into account precedents, et cetera. In the new act, we have a suite of options so that there are stop work

orders, there are infringement notices, importantly, for minor offences that can be applied immediately, but there will also be full court prosecution as well with significant penalties.

Mrs ARCHER - We want your input on that though as well, obviously as we get to a draft.

Ms JOHNSTON - Minister, how often has the Aboriginal Advisory Group met over the last two years? Is the government satisfied with the progress of that group?

Mrs ARCHER - The Aboriginal Advisory Group inaugural meeting was on 6 February 2023, and that was facilitated by the then-Secretary of the Department of Premier and Cabinet, Ms Jenny Gale. The Advisory Group engaged with the Victorian and South Australian counterparts and received detailed briefings from Victorian Treaty Commissioner, the CEO of the First Peoples' Assembly of Victoria, a commissioner from the Yoorrook Justice Commission and the South Australian Commissioner for First Nations Voice.

At its 13 September 2024 meeting, the advisory group received presentations from distinguished professor Maggie Walter and Victorian First Peoples' Assembly Co-Chairs Rueben Berg and Ngarra Murray on the steps they're taking towards treaty. Communications from the meetings were sent to all Aboriginal community-controlled organisations and published on the DPAC website. They have met 10 times, with its final meeting held in May 2025.

Ms JOHNSTON - So, 10 times since its inaugural meeting in February 2023?

Mrs ARCHER - In February 2023.

Ms JOHNSTON - Are you satisfied that's frequently enough, given the enormity of the work that needs to be done?

Mrs ARCHER - I might just ask Mel to comment, because obviously it has a history predating my time. I will ask Mel to make some more comments.

Ms GRAY - Thanks. Through you, minister. The schedule of the meetings and the content of the meetings was Aboriginal led. The advisory group is no longer meeting - their work has now concluded.

Ms JOHNSTON - When was the last meeting they had, sorry?

Mrs ARCHER - In May.

Ms JOHNSTON - In May this year?

Mrs ARCHER - In May this year. In terms of satisfied with the work that they have undertaken, yes. We're awaiting a final report.

Ms GRAY - The communication provided to the then-minister was interim advice, and we're just awaiting confirmation of the final advice, whether that's in the form of a report or a letter. We're looking forward to receiving that.

Ms JOHNSTON - Multi-agencies rely on Aboriginal-controlled organisations to deliver really critical functions, like early intervention family safety, health workers, youth workers justice, et cetera. What assessment has the government done on the Aboriginal controlled organisation workforce shortages and how they fund it to recruit and retain staff?

Mrs ARCHER - Across whole of government, or within organisations?

Ms JOHNSTON - Within those organisations. Obviously whole of government experience those shortages, but what work are you doing to try and ensure that those Aboriginal-controlled organisations can retain and recruit staff in those areas?

Mrs ARCHER - Tasmania's $2 million bilateral implementation plan for the Closing the Gap policy initiative of the National Skills Agreement has been approved by the Tasmanian and Australian governments. The bilateral plan provides $2 million Australian government funding to Tasmania to complement broader reforms and investment through the National Skills Agreement and the National Agreement on Closing the Gap. This funding will be used for two projects, boosting the capacity of Tasmania's only Aboriginal community-controlled registered training organisation through a $1.5 million allocation to the Tasmanian Aboriginal Centre. This allocation recognises the TAC registered training organisation as a vital partner in our vocational education and training sector, equipped with important experience, skills and infrastructure and with statewide reach. The TAC registered training organisation benefits from being part of Tasmania's largest and most experienced Aboriginal community-controlled organisation.

The second project funded by the Australian Government under this plan will be a $500,000 grants program for Aboriginal community-controlled organisations who are seeking to design initiatives that address local priorities in the skills and training sector. The grant program guidelines are yet to be developed, but eligible activities are expected to include research in future training needs to support growth in the Aboriginal community-controlled sector, identifying barriers to training for Aboriginal people and exploring intentions for becoming registered training organisations.

Ms JOHNSTON - Are those two grants for this year or over a number of years?

Mrs ARCHER - I will take that question on notice.

Mr VERMEY - Minister, I know this may cross over into one of your other portfolios but I am interested in how the government is working towards improving health and wellbeing outcomes for Tasmanian Aboriginal people. Can you please update the committee on this?

Mrs ARCHER - Thank you. As both Minister for Health and Minister for Aboriginal Affairs I am committed to working in partnership with the Tasmanian Aboriginal people to improve health and wellbeing outcomes. As we have already talked about today, members can be assured that we're committed to closing the gap and that includes making our health system more culturally respectful for Aboriginal people. For example, the Improving Aboriginal Cultural Respect Across Tasmania's Health System Action Plan 2020 to 2026 outlines our commitment to achieving this objective.

Key priorities for the second phase of the action plan include the recent appointment of the Tasmanian chief Aboriginal health advisor. This senior role is held by an Aboriginal person

and has a key role in providing leadership, high-level strategic and cultural advice and directions on ways to improve health outcomes for Aboriginal people in Tasmania.

There is also the development of a Tasmanian Aboriginal health workforce plan - which I think goes also to your question, Ms Johnston - to increase Aboriginal representation across the health workforce; and the 2024 Community Engagement with Aboriginal People project, which was completed in October 2024. This project provided the opportunity for Aboriginal people across Tasmania to share their experiences of using our health system, is a key part of evaluation of the action plan and will help inform its future priorities.

A range of activities have also been undertaken to ensure that health services are culturally safe and responsive to the needs of Aboriginal people, including through services funded by the Tasmanian government. This includes the Health nayri artworks and corporate templates commissioned by the Department of Health which support an increasing cultural visibility across our health services and the works of Tasmanian Aboriginal artist Takira Simon-Brown which include cultural healing elements. All Department of Health staff are encouraged to use the templates and also to wear the specially designed hospital scrubs which were launched during NAIDOC Week in 2024.

The North West Regional Hospital has also officially renamed its maternity and children's wards. The maternity ward is now officially known as niyakara, meaning 'to dream' in Palawa kani, and the children's ward is known as the Wombat Ward or prupilathina in Palawa kani, with the change welcomes by staff and patients.

Tasmania's Health Workforce Strategy also allocated $1.5 million across three years to developing an Aboriginal health worker traineeship program, co-designed with Aboriginal community-controlled organisations. The program has been established and its first cohort of 10 trainees began the program in late 2023.

The Tasmanian government proudly supports the provision of scholarships of up to $15,000, with $5,000 per annum for three years to Aboriginal students completing a formal qualification at university or vocational education in a health or human services field. Up to 10 scholarships are available annually under the Ida West Aboriginal Health Scholarship program, with 10 scholarships awarded in 2024. The 2025 program recipients were announced on 7 May this year and funding for an additional seven scholarships over the budget cycle from 2021 to 2025 was also made available through the Health Workforce 2040 budget allocation.

Ms DOW - Just following on in health, why has the government paid special Aboriginal health advisors rather than draw on the expertise, knowledge and experience of the statewide Aboriginal Health Service? What made you make that decision and are you concerned that that's leading to non-Aboriginal people making decisions about health care for Aboriginal people?

Mrs ARCHER - The simple answer is we do both, but I will ask Caroline to make some more comments.

Ms SPOTSWOOD - Through you, minister, we have Aboriginal health workers in the Launceston General Hospital and in the north-west and in Hobart there's a social worker and the appointment of Susie Smith, who's our chief Aboriginal adviser. I think your question was about an Aboriginal advisory committee in the health department.

Ms DOW - The Aboriginal health service we're providing through the TAC.

Ms SPOTSWOOD - Through the Department of Health, the Aboriginal Health Unit provides support to the state government in regard to Aboriginal health, but there's the framework and on that sits a senior person from the Tasmanian Aboriginal Centre who is connected to the National Aboriginal Community Controlled Health Organisation (NACCHO) as the affiliated organisation and the other person is our department, but as an offshoot from that, there's also representation from the Tasmanian Aboriginal health reference group who also provide guidance.

Ms DOW - Minister, getting back to Closing the Gap, you spoke before and tabled the report around Nukara, the Palawa framework around the rights of Aboriginal children in Tasmania. I wondered why there's only $2.3 million allocated to this program, given that it's been a focus for the Education minister as well, I believe.

Mrs ARCHER - I might ask Mel to make some more comments, but essentially this is around identifying over time through our Closing the Gap strategy for that funding to be found within the DECYP and then going forward in terms of programs they would currently do now and meeting our Closing the Gap targets, in relation to repurposing existing funding to be Aboriginal led. Mel, do you want to make any further comments?

Ms GRAY - Yes. Through you, minister. The Nukara Strategy and Action Plan we're all particularly excited about, because it was born from the Closing the Gap capacity-building grants. It's truly Aboriginal led. The first $1.5 million has been allocated. There's a further $1 million to be provided. As minister noted, DECYP is also looking at how it can use its existing funding and provide it to more Aboriginal community control and autonomy, and that any new funding that might come through the National Safe and Supported plan is also provided in the spirit of the key priority reforms on Closing the Gap.

Ms DOW - Are there areas, through you, minister, that have been identified, then, where that funding could be repurposed within the Department of Education?

Ms GRAY - Through you, minister. Their existing family support funding that they normally and ordinarily provided to the TAC is now being provided with more Aboriginal leadership - less restrictions around it, less onerous reporting. It's being provided in more Aboriginal community control.

Mrs ARCHER - Yes, supporting self-determination.

CHAIR - Dr Woodruff

Dr WOODRUFF - Thanks. Minister, I'm not sure if this fits straight within your portfolio or within Parks, but an Aboriginal constituent has asked me to question you about working with indigenous leaders in caring for country and fire management. Is there any work that you do in that space, and if so, could you talk about that?

Mrs ARCHER - Yes, it probably does sit more with Parks, and Mr Jacobi made some reference to it shortly before. Would you like to make some more comments about that?

Mr JACOBI - Through you, minister. Please do raise that in the Parks session and we can have the appropriate people there to respond more clearly to that. My understanding is that our Aboriginal fire rangers are actively engaged with Aboriginal community, and I would assume leaders of Aboriginal communities, about fire management on Aboriginal land.

Dr WOODRUFF - Okay, I will do that. In relation to indigenous protected areas, the Secretary spoke earlier about Kooparoona Niara not being off the table, which is very good to hear. What's the time frame for developing an IPA tenure? I think you're the third minister I've been talking to about this.

Mrs ARCHER - Yes, timeframes?

Mr JACOBI - We have no timeframe at this stage, through you, minister.

Mrs ARCHER - Yes, as we referenced earlier, I think there are some complexities to work through with all of these issues. I can only reiterate my commitment to working through them and really trying to get action on these issues.

Dr WOODRUFF - What could people do to encourage you to have a timeframe? It has been talked about, and having a commitment is one thing, actually having a government process. If there isn't a government process, if there isn't somebody who's tasked with doing the job and tasked with getting an outcome by a certain date, then it's fair for the community to just assume you're actually only talking about it. You're never going to do anything. I think people would like to know whether it's going to happen or not. They do want some honesty on these issues, because people have been waiting a really long time. Maybe it's because you're putting all your efforts into land returns, which some people would feel really happy about - but as we said before, it's not an either/or, it's a both. So, what about a commitment today to a timeframe for developing an IPA or to a process of starting consultation with community or something?

Mrs ARCHER - Louise, perhaps talk to where we're -

Mr JACOBI - Through you, minister, a timeframe would be very difficult to commit to at this point in time. Absolutely, commencing consultation about what is the right mechanism. Is it a section 29 under the National Parks and Reserves Management arrangements, which is a managing authority arrangement? That could be a really good interim step. Currently, we can grant certain types of reserved land to incorporated bodies, for example, councils, and make them the managing authority. That is a tool and an instrument that exists now in legislation and I believe that serves as a very practical, immediate action that could be taken. If a particular incorporated body were to say yes, we want to be the managing authority for a reserve land parcel, we could actively look at that now. It exists in legislation and it could be provided for.

In terms of creating that tenure that we talked about before, which is either an Aboriginal protected area, which could apply across a suite of different tenure types, or an Aboriginal national park, that requires opening up the legislation and it requires writing the specific objectives for what an Aboriginal national park or an Aboriginal protected area should achieve. I'm not suggesting that is a hard thing to do, but a lot of consultation would need to occur with the Aboriginal community to do that. At the moment we don't have the capacity because we are absolutely focused on land return, as the minister has pointed out, but it is certainly something that we would be open to in the future.

Dr WOODRUFF - Okay, thank you for that. If the *Aboriginal Heritage Act* goes through next year - which I believe everyone in this room would really hope is the latest it would happen - there's still another three years or less before there would be another election in this term of government. Can you see that being a body of work after the *Aboriginal Heritage Act* goes through, as a priority?

Mrs ARCHER - Yes, certainly I could see that it would be a potential body of work. I don't think that's a question, it's just a question of what are we prioritising first? As you identified, obviously the *Aboriginal Heritage Act* is a very high priority, and we do have some specific time frames to work towards with that, which is good and positive.

We are committed to progressing land return, and the Secretary might want to speak to the complexities of working through that, which would give a bit of an idea of the resourcing in terms of priorities. I certainly wouldn't say it was not on the table.

Mr JACOBI - I don't have anything more to add, other than, through you, minister, each parcel can look and appear very simple to do as a land transfer or as a lease or even as a hand-back. Often you don't necessarily always get agreement between Aboriginal organisations about who should be responsible for that parcel.

Mrs ARCHER - That consultation and that listening is really important in terms of working through that. This has been challenging over time. That's why we haven't seen one for a long time, as you identified, but we are committed to working through those in a considered and measured way to get a good outcome.

As I said previously in relation to Aboriginal heritage or land hand-backs, importantly, we want to see those be enduring as well

CHAIR - We have a minute left. Ms Johnston, over to you.

Ms JOHNSTON - Closing the Gap includes full implementation of the commission of inquiry Aboriginal and Torres Strait Islander child placement principle. That is recommendation 9.15, which includes legislative reform to give Aboriginal organisations a voice on child placements, including decisions about whether to remove a child. Can you give an update on where we're at with that legislative amendment progress, please?

Mrs ARCHER - I might have to take it on notice. That probably sits across Aboriginal and Torres Strait Islander Commission as well.

CHAIR - Further questions in the 30 seconds that we have left? Ms Johnston?

Ms JOHNSTON - No.

CHAIR - Mr Vermey?

Mr VERMEY - No.

CHAIR - Ms Dow?

Ms DOW - I have a quick one around operational funding being provided to the partner in the Closing the Gap, being the TAC. Has operational funding been provided this financial year?

Mrs ARCHER - Yes.

CHAIR - It is now 3 o'clock, so the time for scrutiny has expired. We will now take a five-minute break before we start the next session. We will start on the dot of 3.05 p.m. The next portfolio is the Minister for Health, Mental Health and Wellbeing.

The committee suspended from 3.00 p.m. to 3.05 p.m.

CHAIR - We have the minister here for the scrutiny of the Health, Mental Health and Wellbeing portfolios, so welcome everybody. I welcome the minister and other witnesses to the committee. Minister, could you introduce persons on the table, please?

Mrs ARCHER - Thank you, Chair. At the table, I have the secretary of the Department of Health, Dale Webster; the associate secretary of the Department of Health, Sally Badcock; and the Deputy Secretary CQRA, chief medical officer and chief psychiatrist Prof Dinesh Arya.

CHAIR - Thank you. The time scheduled for these Estimates is five hours, so I suggest we take a break at the halfway point, if that suits everybody on the committee. I see a few nods. Would you like to make a brief opening statement, minister?

Mrs ARCHER - Thank you, Chair. It's my pleasure to address the committee today as the Minister for Health, Mental Health and Wellbeing and to speak about our strong investments in these vitally important areas in the 2025-26 state Budget.

The health and wellbeing of Tasmanian families and communities is our number-one priority and this Budget reflects that, with record investment of nearly $10 million every single day into our health system. Health makes up more than one-third, 34 per cent to be exact, of the entire state Budget, which is ensuring we can continue delivering better care to Tasmanians when and where they need it most while responding to rising demand, especially in our hospitals.

Specific investments in this Budget include over $70 million over the next four years to implement our new four-year Elective Surgery Plan, which was launched in June. This follows our first four-year plan which has seen a record number of elective surgeries delivered for three years in a row and the highest per capita admission rate for elective surgery of any state or territory. We're also investing in our valued healthcare staff, with more doctors, more nurses and more paramedics on the front line, as well as delivering several major infrastructure investments, including upgrades at all our hospitals.

In mental health, we continue to make significant investments to support the mental health and wellbeing of Tasmanians. Over the past decade we've invested $564 million to shift the focus on services from hospital-based care to community-based support and this Budget invests a further $62 million over four years for mental health and alcohol and drug services, including community organisations.

While we are investing record amounts into our health system, however, we continue to see the federal government failing in their responsibilities. Yesterday we saw every single state and territory, both Labor and Liberal, unite and call on the Australian Government to intervene in our nation's public hospitals. On average, there are around three full hospital wards of Tasmanians medically ready to be discharged from hospital but who are stranded as they wait for a residential aged-care place or NDIS access and supports. Through no fault of their own, these Tasmanians are stuck in our hospitals, and it is only getting worse. The federal government must intervene now. This also comes as the federal government is trying to shortchange Tasmania by around $673 million over the next five years, if the National Health Reform Agreement agenda continues as it is, which is again simply unacceptable.

I would like to thank our health workforce, the nurses, doctors, paramedics, allied health professionals and countless support staff who serve Tasmanians every day. This Budget continues our strong investment in our health system to ensure that they can continue to deliver world-class care for Tasmanians.

Ms HADDAD - Thank you, minister, for your overview. Nobody around this table would deny the challenges of running a health system in any state or territory. My first question might feel a little uncomfortable because I know that the senior bureaucrats who support you are here at the table. I have enormous respect for both of them and want to put that on the record before noting that there has been some recent media attention around salaries for the senior executives in your department, with Mr Webster on roughly $700,000 per year and Dr Arya on around $733,000 per year. That's not to say they're not deserving, or it's not a hard job. I absolutely recognise it is, but I'm just wondering how those figures were arrived at, considering they don't really compare to other secretaries across the Tasmanian State Service.

Mrs ARCHER - First, I would like to clarify what you mean in terms of saying that they don't compare.

Ms HADDAD - I'm looking at other departments' annual reports, and most of the secretaries are on roughly $400,000, so it's a significantly higher figure than other secretaries across the Tasmanian State Service.

Mrs ARCHER - Yes. Obviously, as you pointed out, it is an extremely large and complicated portfolio, it represents some 34 per cent of the state budget and is complicated and complex. In response to your specific question about individual salaries, I'd have to take that on notice, but I would note it is an important - and in fact, we have identified probably the most important priority for Tasmanians and a significant part of the health budget. So, I think it is important that we are also able to attract and retain people of the calibre that we need to be able to manage our health system.

The Secretary said he's happy to comment in relation to Prof Arya's -

Mr WEBSTER - Prof Arya's salary, even though it was designated as Deputy Secretary CQRA, he's actually the Chief Psychiatrist and Chief Medical Officer. So, his salary is actually derived from the medical practitioner's award, and his entitlements are derived from that award. His salary and package are not dissimilar to many other senior doctors across the THS.

Ms HADDAD - Thank you, and I note on that, through you, minister, that that is the case in other states and territories. For example, Western Australia, South Australia, and Queensland, their secretaries are medical doctors and so are understandably paid a premium on top of a reasonable and yet high base salary. Again, with no personal reflection on your Secretary, $700,000 salary is much higher than other secretaries across the State Service, but also higher than other comparable national salaries. The New South Wales's Health department secretary is paid less than that, about $626,000 per annum, but have about 8 million more people in their state and in their health system to look after. I wonder if you had any further comments around that.

Mrs ARCHER - I am advised that that is the total value of the secretary's package, it includes leave entitlements and superannuation as well. So, it's not only salary.

Ms HADDAD - I understand that. Again, it's not a personal reflection on the secretary, but it is a lot more than other secretaries across state service departments who are roughly on around $400,000; more than the New South Wales state department's secretary; and also more than some fairly significant, I would argue, federal roles including the Chief of Navy, Chief of Air Force, Chief of Army, each earned $659,000. The CEO of Austrade, for example, is also less, around $627,000 and the Deputy Chair of ASIC earns around about the same.

It's a significant salary and I wanted it noted that it's a lot higher than other secretaries across the service. I wonder, if you don't have the figures with you now, whether you might take on notice a breakdown of what the salary for the secretary position of the Department of Health was over recent years, perhaps going back the the last five years? Because my understanding is that it's a roundabout of 54 per cent wage increase over the last five years, and I doubt anyone else in your department has experienced a 54 per cent pay increase over a five year period. I wonder if you might take on notice that breakdown as well?

Mrs ARCHER - I am certainly happy to take the question on notice, as I said. I will also reiterate that this is a significant and important role in the Tasmanian public service with an enormous level of responsibility as well, responsible for some 34 per cent of the state budget. But I'm certainly happy to take on notice the specifics of your question.

Ms HADDAD - Thank you, for that, minister.

Ms ROSOL - Minister, I just want to begin with a question about some legal matters. In the past 18 months, have you as an individual been a subject of or party to any Supreme Court matters?

Mrs ARCHER - No.

Ms ROSOL - In the past 18 months, have you as an individual incurred any legal costs that have been covered by taxpayer dollars?

Mrs ARCHER - No.

Prof RAZAY - I acknowledge the government's high expenditure, $3.5 billion on health. More importantly, also the trend nearly tripled for the last 15 years, then an increase of $1 billion just since 2020, which is an enormous investment in our health. That's related to the

increase in patients coming to emergency, being admitted to hospital, and attending specialist clinics, and the increased cost of supplies.

I'm reflecting on that and we are still struggling on health outcomes. Emergency still suffers from congestion, we have the bed blockade in hospital and, more importantly, 54 - just example, 29.8 per cent of patients seen within four hours in emergency department; only 23.5 per cent of mental health patients are admitted within eight hours of coming into emergency; and only 65 per cent are seen on time for elective surgery. So, we have really invested a lot of money, more than double the Australian average, actually. I'm trying to find, an explanation. I mean we're investing a lot of money, but we haven't received a positive outcome as much as our investment.

Mrs ARCHER - I think in some ways we've received an outcome for the investments that we have made, but we're also seeing, as you identified, increasing demand. I will ask the secretary to make some more comments on those issues, but that is why, and I know that this is an area of great interest to you and it is to me as well. It's why we need to continue to invest in prevention and early intervention as well.

Of course, we need to continue to make those investments in our acute system, but we also need to have that prevention and intervention so that Tasmanians can live longer and healthier lives. That's why we're increasing our investment in prevention every year. So the total preventative health activity that's funded through the Department of Health is estimated at $98 million in 2024-25, up from $82 million in the 2023-24 financial year. That includes activities such as the Healthy Tasmania program, child vaccination, activities in oral health including school-based fissure sealant and fluoride varnish program, prevention and early intervention programs in mental health and wellbeing, and cancer screening programs such as BreastScreen. It's also why we are committed to our 20-year preventive health strategy. Of course, we continue to invest in our hospital system and in the acute services that Tasmanians need, recognising that demand is increasing and we must work on meeting that as well. I now ask the Secretary to make some more comments about your specifics.

Mr WEBSTER - Thank you, minister, and through you, the health demand and the cost of health over the last decade is an increasing problem across Australia, in fact, right across the OECD. The issues for us are that, at the same time as demand for services through an ageing population, through comorbidities, et cetera, coming into the system, the cost of health delivery through pharmaceuticals and and other types of disposables that come into the system is also increasing, so the Independent Health and Aged Care Pricing Authority (IHACPA), for instance, earlier this year put the price increase for 2024-25 at 12.5 per cent on the demand plus price increase at 12.5 per cent, which is much higher than you would expect in terms of CPI and things like that. That's made up of both price and demand increases. It's keeping pace with that.

In addition to that is that the minister commented right at the start, the increasing reduction because of the cap on federal funding means that the percentage that is picked up by the state government has increased over the same period. With those two factors, that's why the health budget continues to increase and as the minister said, this year is 34 per cent of the state Budget.

Mr GARLAND - Minister, during Estimates in 2023, the then Health minister, Mr Rockliff, said there was money in the 2023-24 state budget to establish as a priority a public

persistent pain management service in the north and north-west, approximately $6 million, over two years. It was stated by the Secretary of the department at that hearing that clinicians were expected to be appointed in the first half of 2023-24. There is still no persistent pain management service in the north and north-west, so I have three questions. What happened to that money that was set aside for this important service? Why wasn't the service set up? Is there money in this budget for the service to be set up in the north and when will it commence?

Mrs ARCHER - Thanks, Mr Garland. I think I responded to some of this when you raised the issues in parliament on your MPI, but I might just ask the Secretary to give you an update of where that is at the moment.

Mr WEBSTER - Thanks, minister. The rheumatology and persistent pain service, which was what the funding was provided for, has continued to carry over and continues into this Budget as part of that ongoing demand. Our issues in the north-west in a number of subspecialties - as these are called - mean that it's increasingly hard to recruit in the north and north-west, so whilst we haven't been successful in our recruitment efforts, we have outreach services into north-west and we have in recent times been successful in securing someone for Launceston and that person will start early in 2026. In the meantime, we have purchased a number of appointments through a private service in Launceston to make sure that people can get appointments outside of Hobart and we continue our efforts to try to recruit across the north and north-west to ensure that we have a genuine statewide service, but in the meantime we have the outreach service from Hobart or telehealth service.

We're ambitious. We say we're going to recruit but unfortunately if we don't have the applications we can't achieve that, but we ensure we're delivering appointments to both the north and north-west. As I said, we have been successful in having someone who will start at the LGH in early 2026, but in the meantime we're paying for an outsourced service in Launceston so that we have appointments beyond Hobart.

Mr GARLAND - Is the outreach provider in the north-west a pain specialist, and with what frequency does he or she attend the north-west?

Mr WEBSTER - The pain specialists are in Hobart who provide that support to the north-west. The specialist who does appointments in the north-west doesn't have a subspecialty of pain but they're advised by our Hobart specialists through that outreach, and part of it is telehealth, so they have connections back to Hobart and things like that. As I said, with our recent recruitment efforts, we have someone starting in early 2026 in Launceston and we're hopeful that when they start they will be driving across to the north-west to provide the outreach in person, given that their speciality is that.

Mr VERMEY - Minister, I'm interested in the long-term plan for our health system. Can you please provide an update on the department's long-term strategy in this regard?

Mrs ARCHER - Our Long-Term Plan for Healthcare in Tasmania 2024, released in June 2023, provides system-wide direction for the delivery of health services to achieve our goal of a sustainable, integrated and balanced health system; delivering the right care, in the right place, at the right time for all Tasmanians.

In June 2024, the Implementation Plan 2023-25 was released, setting out the strategic priorities to support implementing phase 1 of the plan, focused on actions with the greatest

immediate impact on health outcomes. In September 2024, the progress report for 2023-24 was released, presenting the achievements during the first year of implementing the plan. Today I'm pleased to table the next iteration of these documents.

Progress Report 2024-25 and Implementation Plan 2025-28 - highlights of the new progress report include the launch of round 1 of the General Practice Sustainability and Viability Grants Initiative to strengthen general practices in regional, rural and outer urban Tasmania, and the completion of new ambulance stations in Burnie, Glenorchy and Oatlands.

The Tasmanian eReferrals Project has handled 413,683 e-referrals, enabling direct digital referrals from over 288 referrable public outpatient services from its commencement through to the end of July 2025. There has been the launch of Hospital in the Home North with 11 virtual beds providing flexible and tailored care to patients in their own homes when clinically appropriate. We have expanded Hospital@home South from 12 to 22 virtual beds, and eight new geriatric evaluation and management care beds have also been established, providing comprehensive assessment and management of older and frail patients, which is a first of its kind service for Tasmania.

The Implementation Plan 2025-28 will strengthen service integration, drive innovation and embed sustainability across the health system. It incorporates the department's forward program of major service development, master planning and infrastructure projects. It also reflects actions in the priority areas of strengthening child safeguarding across our health services, providing high-quality and safe patient-centred care, reforming the delivery of care in our community, enhancing our mental health and wellbeing services, building a sustainable health service for our future, conducting innovative and impactful research, enabling digital technology and ensuring our staff are valued and supported.

Progress updates will continue to be shared through the department's website, social media and formal reporting, keeping Tasmanians informed and involved.

Ms HADDAD - Thank you. I have one last question on my previous round and then I will hand over to my colleague for a different topic. Minister, can you let us know how senior executive salaries in your department are determined, if it's through a [inaudible] process or some other administrative process of benchmarking?

Mrs ARCHER - I will ask the Secretary to respond to that.

Mr WEBSTER - The salary of the Secretary is set by the Premier through the head of the State Service and other senior executives' salaries on the Senior Executive Service are set by a schedule that's issued by the Premier and updated yearly by the Premier through ED17, so they're set by that document. The salary of senior doctors is set by the Salaried Medical Practitioners Agreement and award. The salary of senior nurses is set by the Nursing and Midwifery Award and agreements by various names. The salary of senior allied health professionals is set by the Allied Health Professional Award.

Ms HADDAD - It's more so outside of the award.

Mr WEBSTER - The Senior Executive Service salaries are outside of the award and are set by ED17. The salaries of secretaries are determined by the Premier in a contract.

Ms DOW - Minister, at the 2024 election your party promised to ban ambulance ramping. Isn't it true that this was nothing but a political slogan?

Mrs ARCHER - No, it's not true that it was just a political slogan at all.

Ms DOW - To be clear, minister, you haven't banned ambulance ramping. Ambulances are still ramped across the state.

Mrs ARCHER - The Department of Health continues to explore new and novel ways to improve the transfer of care of patients from paramedics to emergency department clinicians to ensure emergency ambulances are available in the community. The transfer of care delay procedure was implemented on 22 April 2024 to facilitate the release of Ambulance Tasmania crews within 60 minutes of arrival at a Tasmanian Health Service emergency department.

The measurement of Ambulance Tasmania transfer of care time begins when the ambulance arrives at an emergency department and ends at handover to a clinician. The performance of the transfer of care delay procedure is closely monitored and reported by Ambulance Tasmania

In September 2025, 82 per cent of ambulance arrivals statewide were released within 60 minutes. Ambulance Tasmania is now progressing the second phase of the transfer of care protocol to reduce the target from 60 to 45 minutes by the end of 2025.

In 2024-25, 86 per cent of patients were transferred to the care of ED clinicians within 60 minutes. The transfer of care delay procedure is supported by the implementation of the communication escalation transfer of care delay procedure November 2022, the urgent offload protocol December 2022, and the safer ED waiting room clinical practice guideline, revised March 2024.

In 2023-24, following commencement of the procedure on 22 April 2024, 86 per cent of Ambulance Tasmania arrivals were released within 60 minutes of arrival.

In the 17 months since the procedure was implemented, there have been 15,779 hours of transfer of care delay.

In 2024-25, there were 9920 hours of transfer of care delay, which is the lowest level since 2016-17. This is 17,478 fewer hours, or a reduction of 63.8 per cent, compared with 2023-24.

Between commencement of the procedure on 22 April 2024 and September 2025, 84 per cent of Ambulance Tasmania arrivals statewide were released within 60 minutes of arrival.

Ambulance Tasmania will continue to implement and support alternate models of care to meet the medical needs of low acuity patients via alternate care providers without the need to provide an emergency ambulance response.

Ms DOW - Minister, wouldn't you agree that if you'd banned it, then 100 per cent of those ambulances would be turned around on presentation to hospital and 100 per cent of those

patients would be seen immediately in an emergency department? That's not the case. You haven't actually banned ambulance ramping in Tasmania.

Mrs ARCHER - Well, I can be 100 per cent certain that if we hadn't implemented transfer of care protocols that we would not see the significant reduction that we have seen in that time to where we are today. I might ask if the Secretary has any comments.

Ms DOW - You haven't eliminated it.

Mr WEBSTER - I think it's also relevant to say that patients that are coming through ambulances are not all Category 1. Category 1 patients are seen immediately on arrival. They won't all be Category 1 coming in by ambulance. They will actually range across the categories, and therefore there may be a transfer from the ambulance to the waiting room, for instance, because other patients are a higher triage category. Therefore, you can't expect 100 per cent to come across.

Second thing is that the reason for delay can be anything from the busy-ness of the ED, but sometimes we can see that the ED's not busy but the transfer is taking a while, because of the nature of the transfer and things like that. We do need to do it in a clinically safe way as well.

As the minister said, the vast improvement that we achieved by actually implementing the protocol, and we will be stepping that up in the next while to bring it down to 45 minutes, and then in 2026 down to 30 minutes. The reality is that the first 14 to 15 minutes is the usual handover period. If everything was going well, you would still have around 15 minutes. In addition to that, you've got to allow for the different acuity levels as well.

Mrs ARCHER - I think you have to also account for fluctuations in demand. You're going to have those fluctuations day to day and week to week, but there is no doubt, and the numbers speak for themselves, that without those protocols in place, you wouldn't have seen the many, many hours saved over that time.

Ms ROSOL - Minister, can you outline for the committee, please, how many FTE positions in the last financial year, and this financial year to date, have been subject to recruitment freezes, targeted negotiated voluntary redundancies, any other form of redundancies, or any other vacancy management or workforce renewal initiative that's resulted in a position being eliminated or deliberately unfilled?

Mrs ARCHER - Thank you. To address budget challenges, a strategic approach to vacancy management has been implemented to ensure that positions support the delivery of vital services. The approach also intends to improve the process, timeliness and cost of recruitment with less reliance on agency staffing.

The vacancy committee was introduced to consider all positions that are sought to be filled, and approve or deny recruitment based on information provided by the business unit. Vacancy management is not about stopping recruitment of vital health staff. At times, the vacancy committee has made decisions that fixed-term vacancies be filled permanently, or to increase the length of contracts, or increase hours of positions to make positions more appealing to candidates and increase the likelihood of filling those positions.

I can also confirm that any positions that have a Nursing Hours per Patient Day component are exempt from the vacancy committee process. In making its decisions, vacancy committee may consider the FTE that is sought to be filled, or hours worked per fortnight, whether there's an existing capacity within the team to otherwise fulfil the tasks of the role, and whether the position is funded or not funded.

Ms ROSOL - Just coming back to my question, which was around how many FTE positions in the last financial year and this financial year to date have been subject to those things. I asked for the specific numbers, if you have them, please.

Mr WEBSTER - Through you, minister. Each week, we look at probably 200-odd vacancies a week. In terms of the number, since 7 to 14 March 2025, which the Premier asked us to look at, there have been 14 FTE where the vacancy management have said we won't be filling that role, having looked at that many.

The other part of your question was around voluntary redundancies and WRIPs (Workplace Renewal Incentive Program). We had two voluntary redundancies in 2024-25 and three workforce renewal incentive payments.

Ms ROSOL - Do you have figures on the financial year to date, because I think that first figure you gave me was over the two financial years?

Mr WEBSTER - Through you, minister. So far, this financial year to date, zero voluntary redundancies to this day and four WRIPs, or workforce renewal payments. Unfortunately, I don't have the split of that 14, whether it was last financial year or this one. It's a total of 14 since 7 March.

Ms ROSOL - This year?

Mr WEBSTER - That's right.

Ms ROSOL - Is that something that you could provide on notice perhaps? The previous financial year and this one?

Mrs ARCHER - Yes, we can.

Ms ROSOL - Thank you. Just around jobs and the job cuts that we know are coming, you've said there will be no job cuts to central frontline workers, but what's this defined as in relation to the Department of Health? Does it include physiotherapists and occupational therapists? What about pathologists? Medical imaging professionals? Receptionists? Admin assistants, ward aides and cleaners? What are you considering frontline within the Department of Health?

Mr WEBSTER - Through you, minister. In relation to the Department of Health, the approach we've taken - and we said this at last year's Estimates - is we do it on a case-by-case basis, because the vast majority of our positions would be seen as frontline. We look at the impact on patient care. Using the examples you gave, pathologists have an impact on patient care, so they therefore fit the definition. I can't remember some of your others -

Ms ROSOL - Medical imaging professionals, receptionists or admin assistants -

Mr WEBSTER - Medical imaging professionals, impact on patient care. Receptionists in our hospitals, impact on patient care.

Ms ROSOL - Ward aides and cleaners?

Mr WEBSTER - Ward aides and cleaners, they all fit the definition.

Ms HADDAD - Who doesn't impact on patient care? Sorry to jump in on your question.

Mr WEBSTER - Secretaries? Sorry. That's why we need to look at this on a case-by-case basis - sorry to answer the aside - by saying we assess the patient care impact. We're not ruling any job in or out, we actually have to assess the impact. There will be some roles in the Department of Health and across the DHS where there wouldn't be that impact.

Ms ROSOL - Can you name any of those here now?

Mr WEBSTER - Off the top of my head, I can't name any of them, because we do it on a case-by-case basis and we have hundreds of job titles. If you use the example of job titles, I think there are 11 different names for how we name a cleaner depending on what they do in a hospital, so I could rule in a job title that then means I'm ruling someone in who has that job title that doesn't actually apply to them so I'd be reluctant to name particular titles of jobs, but we would go through individual cases.

Ms ROSOL - I guess the converse of that is that there is no position that's exempt from from vacancy controls because only those nursing patient hour roles are protected from it, so any job could be considered not essential at some point.

Mrs ARCHER - The vacancy committee has approved an overwhelming majority of the roles submitted for its consideration and their primary focus is on ensuring that decisions are aligned with the commitment to supporting essential work and maintaining and balancing sustainability objectives as well. It's important to note that all nursing positions included in the nursing hours per day calculation are not part of the vacancy management process. As the secretary said, vacancies are analysed based on the information provided at that point in time and sometimes applications can be placed on hold while that additional information is sought. It's a prudent and well established management of public resources and is considered best practice and it is important to note that since the recruitment freeze was announced in March 2025, no direct patient care FTEs have been declined and during the same period, approximately 910 new healthcare professionals have been hired by the department.

Mr Di FALCO - Minister, what targeted investments in this Budget improve access to primary and emergency care in regional Tasmania, and how will the government measure whether those investments are closing the gap with metro services?

Mrs ARCHER - Access to appropriate primary health care ensures that essential health care is available closer to where people live. Although the Australian Government has policy and funding responsibility for general practice and primary health care, the Tasmanian government has stepped in and made positive investments in primary health care to meet service gaps. We remain concerned about workforce shortages and maldistribution in the primary care sector, the financial viability of some general practices, and the capacity of general

practices to provide appropriate supervision and to ensure the availability of appropriate infrastructure.

The Tasmanian government's targeted investments include the Rural General Practice Settlement Incentive program to attract and retain GPs to the state; General Practice Sustainability and Viability Initiative grants; employment of GPs through the state-run GP Now service to support practices where critical workforce shortages or supervision shortages could reduce or close services; the Tasmanian Rural Generalist Pathway Coordination Unit and single employer model to train the future GP workforce for Tasmania; and a commitment to fund 27 community paramedic positions that will be employed over a four-year period and be integrated within 13 district hospitals across the state.

In addition, through the recent state election, the government has committed to enable Tasmanian GPs to diagnose, treat and manage ADHD for both children and adults, allowing faster access to medication, reduced costs for patients and better continuity of care. There is also the establishment of five new GP bulk-billing clinics; investment to deliver a new purpose-built medical precinct for the Huon Valley, including a mental health hub; an urgent care centre in Legana; an expansion of specialist women's health clinic, the Bubble, to increase services available to Tasmanian women in the north; and a one-stop community-based health and wellbeing precinct in Latrobe through a partnership with Health Nexus.

Our investment in the primary healthcare sector is to ensure that our community is supported because not doing so means a delay in accessing appropriate health care and also the risk that people will need to access health care at our hospitals and secondary and tertiary care facilities.

Prof RAZAY - Despite launching the urgent care centres a few years ago, the main goal of which was to reduce congestion in emergency, we are still struggling with congestion. As a typical day, on 10 September this year 489 patients were admitted to the emergency department in Tasmanian hospitals, with only 35 per cent admitted to hospital, so about 65 per cent did not require admission to hospital. Obviously some of them did not need to be admitted to hospital, so how can we improve our selection of patients coming to the emergency department to ensure less patients come to hospital, and increase the referral to urgent care centres?

Mrs ARCHER - Thank you, Dr Razay. The Tasmanian government has partnered with the Australian Government to successfully deliver Medicare urgent care clinics across Tasmania, which as you say, are intended to take pressure off our emergency departments and allow those facilities to focus on patients with more serious and life-threatening conditions.

In the two months to August 2025 there were 30,922 presentations to public hospital emergency departments statewide, compared to 30,354 in the two months to August 2024, an increase of 1.9 per cent. However, all of the growth in presentations to emergency departments was in more urgent cases, with the number of patients presenting in the three highest triage categories increasing by 1759 presentations or 9.2 per cent.

For less urgent cases, which are more likely to be appropriate for treatment at a UCC, there were 686 fewer presentations to emergency departments compared to the same time last year, which is a 6.2 per cent decrease. Five urgent care clinics are currently operating in Tasmania, two in the Hobart CBD and one each in Launceston, Devonport and Bridgewater;

all of which are open seven days a week and are bulk-billed so there's no cost to patients. In the period since opening to 4 August 2025, those five UCCs have seen over 102,000 presentations, many of which would have presented to an emergency department.

At a national level, insights from the Australian Government's interim evaluation include that UCCs are primarily treating patients with urgent but not life-threatening conditions, as intended, and that the majority of patients, some 84 per cent, return home after receiving care. A small proportion are referred to an emergency department, 5 per cent, or redirected to their usual general practitioner, around 10 per cent, where necessary. About 50 per cent of patients indicated that they would have sought care at an emergency department if the urgent care clinic wasn't available.

The 2025 federal budget includes funding for some additional urgent care clinics in Tasmania at Burnie, Sorell and Kingston, which Primary Health Tasmania is responsible for. I think it is worth also noting reflecting on the figures there that this goes to the issue we talked about before around access to primary care, because there are also people attending urgent care clinics because they are unable to access a regular GP.

Prof RAZAY - That's actually very relevant information to show how we have more sick people despite what we spend on health. We cannot catch up to how ill we are, and we have the highest rate of chronic health problem risk factors and that's why prevention strategies are so important.

Mrs ARCHER - I think prevention strategies are important, recognising again that that demand fluctuates over time and demand is increasing in relation to those services at the same time as measures are being undertaken to address them.

Mr VERMEY - Minister, I understand there's been calls to boost the nursing workforce with more nurse practitioners. Can you please explain the role of nurse practitioners and what you are doing to support them?

Mrs ARCHER - I'd like first of all to recognise the outstanding contributions, strong advocacy and dedication of nurse practitioners in delivering high-quality health care in Tasmania. Nurse practitioners are qualified to provide early intervention for acute and chronic conditions, decreasing hospital admission and readmission rates and improving follow-up care by providing services close to where patients live and work.

Nurse practitioners can practise autonomously at an advanced level, including diagnostics, referrals and prescribing, and there is no doubt that they are a very valuable part of our health system. Tasmania needs the innovative healthcare solutions that nurse practitioners can provide to ensure that we can receive the right care in the right place at the right time. We strongly support both increasing the scope of practice for nurse practitioners and the expansion of Medicare so that nurse practitioners can deliver more medical services for the community.

My predecessor, the former minister for Health, Jackie Petrusma, wrote to the federal minister about Tasmania's support for this important matter and I will continue to strongly advocate for the necessary changes so that nurse practitioners can provide the care that they've hard to deliver.

At a state level, we're committed to doing our part to remove barriers for nurse practitioners and it gives me great pleasure to table the Tasmanian Nurse Practitioner Strategy Consultation paper, which is designed to advance the role of nurse practitioners across our health system. The strategy features four key themes:

1. Developing person-centred models of care and addressing barriers to practice.

2. Growing the nurse practitioner workforce and recruiting nurse practitioners with skill sets to address Tasmania's healthcare needs.

3. Raising awareness of nurse practitioners' scope of practice.

4. Workforce and succession planning for the sustainability of nurse practitioner roles.

I'm also very pleased that we're delivering on our election commitment to provide scholarships to help existing registered nurses in the Tasmanian Health Service gain a Master of Nurse Practitioner qualification. The scholarships will be available for registered nurses working in the Tasmanian Public Health System, initially targeting high-priority service areas and using a phased approach to support tuition costs. By launching this scholarship program to assist registered nurses who may wish to become nurse practitioners, we're focusing on expanding the role of nurse practitioners and boosting the important workforce across our health system.

Upskilling our nurses is a vital step forward for our health workforce and supports our plan to improve access to healthcare for Tasmanian families, no matter where they live. Not only will this improve recruitment and retention, it also provides a rewarding career path for health professionals in their own state, so they can operate at the peak of their scope of practice.

Ms DOW - Minister, how many ambulances are currently transferring care in under 45 minutes?

Mrs ARCHER - Currently, 80.9 per cent are transferred within 30 minutes.

Ms DOW - How many are there within 45? You can't give me 45?

Mrs ARCHER - We will have to take that on notice.

Ms DOW - Minister, is there additional funding in this budget for increased resources for emergency departments that have seen a substantial increase in demand through your transfer of care policy?

Mrs ARCHER - Over recent years, emergency departments in Tasmanian hospitals have experienced increasing pressure because of the rising number of people presenting for care. In 2024-25 there were 183,120 presentations statewide compared to 177,639 in 2023-24, which was an increase of 3.1 per cent. If the trend for the first three months of 2025-26 continues, the number of presentations will increase again this financial year.

We're also seeing a change in profile with significant growth in the number of sicker and more complex patients. In 2024-25, the number of patients presenting in the three highest triage

categories increased by 8 per cent compared to 2023-24. At the same time, there was a 4.4 per cent decrease in less urgent cases presenting to emergency departments. However, 36.7 per cent of all emergency department presentations were still category 4 or 5 in 2024-25.

I was giving you some background before I come to your increase in dollars. The Department of Health continues to invest and work with the staff to increase bed capacity and implement several hospital-based strategies to facilitate emergency department throughput, including patient admission and discharge processes and pre-hospital care strategy.

Ms DOW - Just to be clear, there are additional resources in this Budget?

Mrs ARCHER - Yes, when compared to prior year estimates, expenditure for 2025-26 has increased by $42.3 million from $244.1 million in the 2024-25 Budget to $286.4 million in the 2025-26 Budget, and key movements include $34.5 million for meeting health demand and a $6.8 million increase to reflect an Australian Government National Health Reform funding update. You would have heard me reflect quite a lot in recent days, along with others across the country, that we really need the Australian Government to meet their commitments and obligations on this so we can continue to address those increasing demands on our hospital system.

Ms DOW - Thank you. I want to take you now to cuts across the health system and how many of the Treasurer's 2500-2800 job cuts will come from Health?

Mrs ARCHER - I start by rejecting your characterisation of cuts across the health system, because I believe that the budget papers just don't support that, and I will ask the secretary to make some further comment.

Mr WEBSTER - The 2800 figure that the Treasurer and Premier have both outlined has not been split across any agencies and it is a target set to be achieved by 2032. So, at this stage we can't give you a number, but I'd emphasise that it is going to be done - within the health sector we have a large number of patient-centred or patient-facing positions that we need to maintain.

Ms ROSOL - Continuing on with the job cuts questions and going back to what we were talking about before. Minister, both you and the secretary said that there's an exemption for the nursing hours per patient day roles from vacancy control measures. Can I confirm that for everything else, it's on a case by case basis and no other roles are exempt by rules? For example, if there was a physiotherapist role that might be approved to be filled by the Vacancy Control Committee, there's no rule saying it must be?

Mrs ARCHER - I will ask the secretary if you want to make any further comments, but that is directly the answer that I gave you earlier that they are being determined on a case by case basis, with regard to a range of considerations, but we have seen increases in the health workforce in that time period.

Mr WEBSTER - Each one is done on a case by case basis. I can provide some examples of the role of vacancy management. For instance, we have a number of rules around how we contract registrars who are doing a training program. In the past we've employed them on a year by year basis and they've had to reapply every year. We've changed that process to a to a 'length of training' contract and it's taken us a while to get everyone to accept that we're no longer

employing them on a 12-month basis. Part of vacancy management has been to say to the network that these are registrars, they should be employed on a length of training contract. The reason we called it a 'length of training contract' is that registrars can vary from four years to six years. In addition to that, that actually allows - if during that period they need to take leave for parental leave and those sorts of things - the contract continues through that period as well. We look at it from that point of view.

In terms of allied health professionals, we also look at in terms of have we got the career structure because nursing hours per patient day actually determines almost a career structure for nurses because it says how many of each category you need on the floor. That isn't a case [inaudible] allied health professional. Again, we look at the career structure. Do we have the right number of graduate one/twos coming through so that we've got a future workforce? Or are we just going out and advertising for level threes and fours and constantly doing that. There's more to vacancy management than analysing, 'Is this job a patient facing job and therefore should be approved.' It's about us actually saying, 'Does this create the right structure for that part of the agency? Does it follow the other rules that we've created around length of contract and those sorts of things?' There are a number of factors to vacancy management. It's not just about determining which job is advertised or not, but making sure the network is advertised and filled in a way that's actually sustainable.

Ms ROSOL - Thank you for that. I think what you've confirmed is there's no protections for any positions except for nursing hours per patient day positions.

I just want to go back to ambulance ramping, which we were talking about before and want to ask about some statistics relating to transfer of care delays or offload delays. Minister, just wondering if you could provide some statistics for the percentage of patients who arrive at hospital by ambulance who've experienced transfer of care delays of longer than 15 minutes. So can we get a statewide figure and also figures for each hospital please, of those transfer of care delays longer than 15 minutes?

Mr WEBSTER - Through you, minister. The statewide figure of transferred in less than 15 minutes is currently 64.6 per cent for the last three months and in the last financial year, 69.4 per cent. Going to the Royal, last financial year 61.1 per cent at the Royal Hobart Hospital. Launceston General Hospital, last financial year was 72.7 per cent were transferred in under 15 minutes. The North West Regional Hospital 79.5 per cent in under 15 minutes, and the Mersey Community Hospital, 84.7 per cent in under 15 minutes.

Mr GARLAND - Minister, apparently the Tasmanian Health Service provides subsidised access to medicinal cannabis through an acute public hospital where other therapeutic options have been trialled and shown to be ineffective or inappropriate. Minister, can you advise whether this is available to people in the north and north-west and how many people have accessed this service in the last financial year?

Mrs ARCHER - Last financial year, seven patients access THS subsidised, unregistered medicinal cannabis products worth just under $119,000.

Prof RAZAY - Thank you very much. My question is, as we have more congestion in emergency departments that's probably related to lack of beds in hospital. We mentioned partly that patients who are waiting to go to nursing home, of course, but the question is: how many beds do we need? If you look at the history of hospital beds, in 1993-94 we had 4.6 per thousand

population. That declined in 2017-18 to 3.9 per thousand population. Compare that to the OECD countries, which is about 4.6. So we have had some increases in hospital beds for the last 10 years. But the question is: how many beds do we really need? Taking into account Tasmanians are getting older, nearly 23 per cent are over the age of 65, because that will address how much we should invest in beds.

Mrs ARCHER - I can give you some advice about what we have done and then Dale might be able to give you some more information about how that is determined in terms of going forward.

On 30 June 2024, the state government delivered its 2018 commitment to deliver an additional 298 beds statewide over six years and between 30 June 2024 and 30 June 2025, new beds have been added to Tasmania's four major public hospitals, with a net increase in the total number of available beds counted in the annual census from 1451 to 1478, so 27 more beds. Beds within each major hospital are managed daily to meet local demand and the increase in 2024-25 is primarily due to the Royal opening additional beds for flexible capacity and non-acute care, as well as expanding the mental health short-stay unit.

The most recently published data by the Australian Institute of Health and Welfare shows that in 2023-24, Tasmanian public hospitals had 1712 beds across major district and mental health sites, which is a rate of 2.98 beds per 1000 people, above the national rate of 2.47 beds per 1000 people. Unpublished data for the most recent hospital beds census shows that across Tasmania there's been a further increase in the number of beds to 1746 in 2024-25, which is up by 34 beds from 2023-24. While not included in the beds census, over 54,000 additional occasions of service have been delivered through the highly successful Care@home program, which is freeing up beds for other patients and easing pressure on hospitals. There's also been 28 additional treatments spaces delivered through the expansion of the Royal Hobart Hospital Emergency Department. Dale, did you have some more long term?

Mr WEBSTER - Through you, minister. Looking at the long term, so firstly, as the minister's already mentioned and tabled the action plan around the long-term health plan which is looking at the 20 year projections, et cetera, and what we need to do if we're to manage the system over that period. Coupled with that, as you would be aware, we do our clinical services profiles, which profile each of our areas of the state in terms of what are the likely impacts over the three to five years and how do we need to grow the network. But the balance here is how many do we need? What we need to do is have a system that actually has balance to it. As the minister's already said, we're working on preventative health strategies. We're also, as the minister's outlined a number of strategies such as the urgent care centres to avoid people coming to our hospitals and in fact going and getting primary care earlier so that it doesn't become a more acute episode and therefore result in hospitalisation as well and as the minister, I think right at the start said, the number of beds that we currently have occupied by medically cleared people that are either should be moved to residential aged care or to the NDIS package, or indeed to a home package as well, which aren't included in our current figures.

All of those things mean that it's no great huge science that we can apply to this. But what we try to do is actually through that three to five year clinical services profile, say this is the immediate need, and through the long-term health plan actually try to manage the long term. We know we have an ageing population. For instance, the federal government have published stats that say that over the next 10 years, across Australia we will need 10,000 additional residential aged care places available. Our share of that 300 to 400 of those each year and as

the minister already said, in fact in last financial year we went backwards by 54 in residential aged care. All of those impacts we can change by doing other things or the federal government doing other things, or the federal government doing other things like building aged-care beds, for instance, or increasing NDIS accessibility, or speed of accessibility for those two things. All of those factor into our clinical services profiles. That's a long answer to say, we're putting a lot of effort to try to predict this, but there's no real science to it.

Prof RAZAY - I think one of the important things [inaudible] Health minister is that how it's important that we should all work together with other states and territories and with federal government to address these issues. It's not just Tasmanian issues.

Mrs ARCHER - I think that's right; it is not a blame situation. It's about recognising that there are many parts to our health system and the health funding arrangements. Some of those things have changed post-COVID and whatever and we need to work together. It's that simple.

Chair, just before we go on, I understand the secretary has an update in relation to that transfer of care question. Well, he did.

Ms HADDAD - Refreshing to hear you say that about the blame game, I wish your colleague, the Premier, felt the same way.

Mrs ARCHER - It's important that we work together.

Mr WEBSTER - Through you, minister, and sorry, it's on a screen and it doesn't give me a timeframe. It was 2024-25, I've just been told. Launceston General Hospital, 80 per cent across the year; Mersey Community Hospital, 88 per cent, this is within 45 minutes; North West Regional Hospital 84 per cent; Royal Hobart Hospital at 63 per cent; and statewide at 73 per cent.

Mr VERMEY - Thank you, Chair. Minister, there's funding allocated in this Budget for a new four-year elective surgery plan. Could I please have an update on the first four-year plan and this new investment?

Mrs ARCHER - Yes, thank you, Mr Vermey. For the third consecutive year, we've delivered record numbers of elective surgeries in a financial year, with 22,519 elective surgeries performed from July 2024 to June 2025, which is more than 61 surgeries every single day. That's 323 more surgeries than last financial years' previous record of 22,196. The most recent national data for 2023-24 shows Tasmania had the highest per-capita admission rate for elective surgery of any state or territory, at 38.7 admissions per 1000 population, which was well above the national rate of 28.9 admissions per 1000 population.

At the end of September 2025, the elective surgery wait list has seen a 25 per cent decrease, from the peak of 12,286 during the COVID pandemic. This has been made possible thanks to the government's investment of $196.4 million to fund that first statewide elective surgery four-year plan. There has been a 46.1 per cent increase in the volume of elective surgeries conducted each year, compared to the level delivered prior to the plan. There's also been a significant reduction in the number of people waiting longer than clinically recommended, with a decrease from 6239 patients in June 2020, to 2820 patients in June 2024.

I'd like to take the opportunity to thank our fantastic doctors, nurses and health professionals for the hard work that has delivered these positive results. This Budget continues the momentum on this investment, with $70 million to implement the new four-year elective surgery plan 2025-29, to ensure that more Tasmanians can receive their procedures sooner. I'm pleased to table that today.

We also expect to see continued improvements in service delivery in the year ahead from the implementation of other key strategic programs and infrastructure upgrades. For example, the new surgical and endoscopy facilities at the Mersey Community Hospital, and the new surgical robot at the Launceston General Hospital. Again, I know that increasing demand does present challenges, but I can assure everyone that we are investing and will continue to invest to do what we can to ensure that more Tasmanians have access to their surgery, as quickly as possible.

Ms HADDAD - Thank you. Minister, later this month Hobart will be hosting the national AusPATH conference. It's the professional association for transgender healthcare. Women Speak Tasmania is hosting an anti-trans forum hosted by Mr Di Falco here in parliament, which personally I find pretty disappointing to see. I was very pleased to see online today that you are hosting a different forum called Living Proof, a free public forum on improving public health through evidence-based gender-affirming care. I wanted to give you the opportunity to speak about the importance of the forum that you're hosting and the Women Speak forum being hosted by Mr Di Falco.

Mrs ARCHER - Thank you for the question. In fact, the Department of Health is a sponsor of the AusPATH conference and I will be delivering a welcome to the AusPATH conference. That coincides with a concurrent event, which is a parliamentary friends group, and, of course, you are a strong advocate and ally in this space as well, Ms Haddad.

The Tasmanian government is committed to supporting the health and wellbeing of all Tasmanians, who have the right to be treated with respect and to have access to high-quality healthcare services.

The Department of Health, in consultation with the LGBTIQA+ community, launched the LGBTIQA+ action plan 2024-27 in November 2024, which was developed in response to the needs of the community. Those learning resources continue to be well subscribed to by Department of Health staff with over 11,000 staff having completed the online introductory module training since 2021, and feedback continues to be predominantly positive and supportive. In addition, the LGBTIQA+ Champions network continues to grow with currently over 100 members to support inclusion across the Department of Health.

The government funds a range of organisations which provide services to the community including Working It Out, the Tasmanian Council on AIDS, Hepatitis and Related Diseases, and Women's Health Tasmania, and will continue to support Working It Out to deliver health promotion, education and training, support, peer navigation and advocacy services for communities. I look forward to that event and the conference that is coming and reconfirm our government's commitment to inclusive healthcare for Tasmania. I will ask whether the Secretary, who is also a strong ally and advocate, might have some additional words.

Mr WEBSTER - Through you Minister. It's incredibly important for the Department of Health to be a sponsor of AusPATH.

Ms HADDAD - I agree.

Mr WEBSTER - The national guidelines that are developed and will be redeveloped as part of the learning that comes from that conference, and that's important for us, that we stay up to date with continuous improvement in terms of those guidelines. The department and its gender service through the Royal Hobart Hospital is committed to ensuring our services are delivered in line with the AusPATH guidelines. So, that's an important feature for us.

As the minister said, we are a sponsor. In addition to that, as part of that sponsorship we were given tickets to put there and we've used those to encourage some GPs to attend, and separately our staff will attend as well.

Ms HADDAD - Thank you. It's encouraging to hear that there's significant departmental involvement with that important national conference and it's a great opportunity for Hobart to host a conference of that type.

You mentioned the action plan and I'm pretty sure the action plan mentions this, if not several other departmental reports and surveys have, I'm referring specifically to the Tasmanians Telling Us the Story survey of a few years ago, as well as some national reports, including the Writing Themselves In 4 report and the Private Lives 3 report. All of these reports, and much of the internal Tasmanian work that has been done in this space, points over and over again to the need for a dedicated LGBTIQA+ health service in Tasmania, and at this moment we don't have a dedicated, standalone service. This is broader than transgender healthcare or gender-affirming healthcare. It's general practice and general health service response for LGBTIQA+ people. In all of those surveys, we hear from the community that that's a very important thing in terms of accessing all types of healthcare, knowing that you can access that healthcare in a safe, inclusive and welcoming space.

It's my understanding that there has been a service model developed by some Tasmanian GPs and health practitioners that would provide such a service. It just needs state funding. Have you met with those advocates and are any plans for the May budget next year to fund either that or another proposed model for a standalone, dedicated LGBTIQA+ health service?

Mrs ARCHER - I haven't as yet had the opportunity to meet with that group, but would certainly be more than happy to do so. I'm certainly committed to continuing to listen in this space and I would welcome the opportunity to catch up with you and talk more about it. I know it's an area that's of great interest to you. Does the Secretary want to add any more?

Mr WEBSTER - Through you, minister. As an important step in our action plan, we've named this as eventual work that we want to do, but importantly, along the journey we've worked with community on navigation services, which are delivered statewide through Working It Out. Importantly for us, those navigators are peer workers. So, it's a step on the journey, if you like. In addition, we've worked with the community to help us develop our training modules to grow awareness -

Ms HADDAD - For THS employees?

Mr WEBSTER - DOH employees, but we make that available to all health workers. It's not internal. We've developed it with community and it's available for any health worker to undertake.

On top of that, we've worked with community in terms of signage that welcomes you to our facilities across the state, and that's recently been upgraded to include the Aboriginal community and a number of other groups as well.

Ms HADDAD - Staying with the issue of access to services, I want to take you to accessing women's health services in the north. I note that there's a budget commitment, that was an election commitment, for $3.8 million to be given to The Bubble. I know they do great work in a very multidisciplinary way, but they are a for-profit medical practice, and there wasn't a competitive tendering process for that $3.8 million of departmental funds to be diverted to a private, for-profit medical practice. I wonder how that $3.8 million funding commitment will increase access to women's health services generally in northern Tasmania?

Mrs ARCHER - I can speak to women's health services for a start across Tasmania, and the Department of Health has a longstanding relationship with Women's Health Tasmania and with Family Planning Tasmania, providing funding to support their essential services.

Women's Health Tasmania is a community-based not-for-profit organisation that's dedicated to improving the health and wellbeing of Tasmanian women, especially those at risk of poorer health outcomes. Their core functions include health promotions, such as information, advice and counselling about the full range of pregnancy options, allied health services, research and advocacy, capacity building and management of the Women's Health Fund.

Family Planning Tasmania, of course, is a community-based, not-for-profit organisation delivering sexual and reproductive health, clinical services, education and health promotion to support sexual and reproductive health, informed choice in contraception decision making and advocacy. It operates from three locations in Tasmania: Glenorchy, Launceston and Burnie.

We also have the Tasmanian delivery of the Breast and Cervical Cancer Screening programs, which encourage Tasmanian women to participate in regular screening through community education, targeted recruitment and promotion initiatives, promoting early detection, when the disease is more likely to be treatable.

As part of the Building a Better Health System, the state government has also committed to providing assistance to women suffering with endometriosis, including the new surgical robot that I mentioned earlier, and an additional $1.2 million to boost endometriosis awareness and diagnosis. There is $400,000 per year for three years to expand those endometriosis awareness, diagnosis and treatment services, including increasing the number of outpatient appointments across the state.

We've also undertaken a number of activities to increase awareness amongst the Tasmanian community, including a social media campaign, on how to access services, updating information on the website about endometriosis and pelvic pain, public forum staff training and increased outpatient clinics at the Royal.

We're also developing the clinical criteria for the endometriosis outpatient wait list referral process. Through the March 2025 federal government, the Australian Government also announced a new women's health package, which includes $240.4 million over five years to deliver more choice, lower costs and better healthcare for women. It includes reducing the costs

of oral contraceptives, increasing access to long-acting, reversible contraception, more support for women experiencing menopause, and funding 33 endometriosis and pelvic pain clinics.

As you mentioned, women and girls in northern Tasmania will also soon have better access to specialised healthcare, with the interim Budget delivering $3.8 million to expand services at The Bubble. We think The Bubble is uniquely positioned to meet that need, which is why I was proud to stand with the Premier to announce the commitment. They are women-owned-and-led clinic that specialise in delivering comprehensive women's healthcare services, including sexual, reproductive, physical and mental health and wellbeing.

Since opening in 2021, they've delivered over 41,000 appointments to more than 12,000 patients across their two clinics. The funding is for infrastructure that will allow The Bubble to expand and to offer more appointments so that they can expand into a larger, purpose-built clinic and enable them to employ more GPs and allied health professionals. This will increase their capacity to see and treat more Tasmanian women and girls, sooner.

This is not unlike how we are supporting other primary care services across the state. For example, we're providing support for the Legana health hub, to provide free, convenient care for around 30,000 Tasmanians. In Latrobe we're partnering with Health Nexus to deliver additional bulk-billed GP appointments each year, along with other allied health services. So we are continuing to invest in those primary care services. We're also expanding pharmacy scope of practice to additionally support the health needs of women.

Whilst I recognise your comment around it being a private service, that is the nature of many GP clinics across Tasmania, but we're continuing to invest in that space because we need more doctors, we need to build that capacity across Tasmania. Where we have a situation where we have that constrained by the business's ability to grow, recognising that and providing that access, it's not taking it away from other services that are available. We're continuing to invest in other not-for-profit parts of the sector as well. It's really about strengthening the whole health ecosystem to provide better access to care for Tasmanian women.

Ms ROSOL - Thank you for the figures you provided in my previous question around the 15-minute delays to transfer of care. My understanding was, that always was the definition of ramping, if it took more than 15 minutes. I understand now that the definition has changed - ramping is considered being where a transfer of care takes 30 minutes or longer. Can you confirm that you've changed the definition you use for ramping, and who signed off on that change to the definition?

Mrs ARCHER - I will ask the Secretary if he wants to add anything further, but I reiterate the point I made earlier, which is that what we are doing and what we have done is to take action to ensure that these patients are able to be transferred sooner, and as quickly as possible. The data supports that that is working. That is assisting in driving down those statistics - but I will refer to the Secretary.

Mr WEBSTER - Through you, minister. We haven't changed the definition. We continue to track 15 minutes, but we also track 30, 45 and 60 as well, so we haven't changed the definition, we continue to track it.

Ms ROSOL - So, you're still saying a transfer of care that takes 15 minutes or more is considered ramping? Where is the line now for what you consider ramping?

Mr WEBSTER - We don't actually use the term. We use 'transfer of care delay'. The reason we do that is that they are actually in the care of a paramedic who is a health professional. So, it's not a case of - 'ramping' makes it sound like no-one's treating them. They're actually in treatment, so we use transfer of care delay. We would see, as I said in my previous answer, that ideally you have them transferred within 15 minutes, and that's why we track that, is that we want them transferred within 15 minutes. You're not going to achieve 100 per cent, because there are going to be clinical reasons why you're not transferring that quickly. But we continue to track 15, 30, 45 and 60, and quite deliberately, because we want to know, are we transferring within that clinical time?

Ms ROSOL - I use the word ramping because it's been used by the Premier, I think it's been used by the current minister, it's been used by previous secretaries. That's why I use the word ramping.

Mr WEBSTER - Through you, minister. My apologies, I wasn't meaning to lecture. It's just how we define it.

Ms ROSOL - Thank you. A question about the Elective Surgery Action Plan, because we were talking about it earlier. Great news to hear that there was an increase in the number of surgeries completed over that four years. I note that in the last 12 months that we have figures for up on the dashboard, there's been an increase in the waiting list of 1107, or a 14 per cent increase in the number of people waiting for surgery.

In the previous four-year plan, there was $156.4 million invested in that elective surgery plan over the four years. The new plan's supported by $70 million over four years, so a significant decrease in the funding. How will you be able to repeat what you did in the past with increasing the number of surgeries, when demand is increasing and the amount of money that you're investing into the plan is decreasing?

Mrs ARCHER - Thank you. Yes, well, as you have said, we have just tabled our new Elective Surgery Plan today with the intention of continuing to drive down those waiting lists, and recognising that yes, demand for services does continue to grow. We have seen that demand continue to grow. We're taking action to try and manage that growing demand.

That is an important part, and that also goes, I think, to the calls we have made to the federal government, who are asking Tasmania, and all states, to reduce their health demand, which is quite extraordinary, in some ways. At the same time, also they often introduce policy initiatives that actually increase demand on our elective surgery waiting lists. That is another reason why we are calling on the federal government to give regard to this in relation to the National Health Reform Agreement. The focus is on reforming the services and delaying the need for elective surgery, and avoiding people having to present. I might ask the Secretary if he wants to make more comments.

Mr WEBSTER - Thanks, minister, and through you. The original four years was a base, if you like. We've built systems and procedures, and we've built a network across the state around elective surgery and surgery generally, all funded through that initial four years. The second four years is about then maintaining that base, so therefore we need less funding to achieve the same outcome over the next four years. That's the first thing, but secondly, the wait list has gone up, but that's on the back of our success that we're having with outpatients. That's because we're seeing record numbers of people through outpatients, but also because of our

e-referrals, it's easier to make a referral, we're getting more referrals and we're seeing more people and that is increasing the numbers going on to the waitlist.

Ms ROSOL - Doesn't that indicate more people need surgery, so you should be putting more funding into it? I'm just trying to understand this cut from $156 million to $70 million over the four years. It sounds like what you're saying is, the federal government should be giving us more, so we're just putting the $70 million in, and they should do more. How are you going to keep up with demand if you have more people going through outpatients, more people needing surgery and coming in, but you're putting less money into it?

Mr WEBSTER - Through you, minister. As I said, it's not actually a cut as in we've spent all of that money in the first four years in individual surgeries, it was spent on processes and systems and things like that. Now, the funding is adequate to maintain the high levels that we've achieved. Demand funding comes through the NHRA, hopefully, we can sign a new one that allows us to continue to grow surgery overall, over the period, but this is, if you like, a top-up to that, to make sure that we're going beyond the demand funding in elective surgeries, in recognition of the fact that we need to get the waitlist down. The minister went through in a previous answer, our rate of admissions around surgeries, et cetera. What we're trying to do is maintain the high level, but also keep pace with demand, through the demand funding in addition to -

Ms ROSOL - It's not adding up in my head; if it's increased by 1000 over the last year, but systems are in place for it to function better, it's just kind of not quite fitting.

CHAIR - We will move to the next question, unless you have anything more to add.

Mrs ARCHER - I can add a little further to that, that there are reforms in the new four-year plan to support the service sustainability, by improving utilisation of existing capacity to increase supply and changing the models of care, to optimise care pathways. Some of those reforms will be implemented by modernising systems and technology; process mapping and redesign; virtual care and digital platforms; creating more connected and accessible surgical care experience; strengthening non-surgical care pathways to give people more options for managing their health before surgery is needed; expanding access to early intervention and conservative treatment; improving referral pathways; and supporting people to prepare well for surgery, by embedding evidence-based prehabilitation and preoperative optimisation programs; and improving surgical pathways.

Chair, just before we move on, I think the Secretary and his team also have a response for the vacancy committee question about positions declined in this financial year and have a breakdown.

Mr WEBSTER - Through you, minister. This financial year it's 8.5 and last financial year was 5.5.

Mr GARLAND - Minister, do you send a pain management specialist up to the north-west from Hobart, and if not, why?

Mrs ARCHER - I think that the Secretary, when he was responding to your question earlier, said that the specialist that attends the north-west does not have a sub-specialty in

persistent pain, but is aided by the persistent pain specialties out of Hobart, including via telehealth where necessary. Did you want to add to that, Secretary?

Mr WEBSTER - Through you, minister. The service that we've funded in the private sector in Launceston also supports the north-west.

Mr GARLAND - Right. One other question that I forgot to ask before, the subsidised access to medicinal cannabis, is that available to people in the north-west?

Mr WEBSTER - Through you, minister. That's statewide.

Mr GARLAND - It's statewide?

Mr WEBSTER - Yes.

Prof RAZAY - Thank you very much. One of the major difficulties that our hospitals are experiencing is managing elderly patients with dementia, who are admitted to hospital with acute illness. They need a lot of resources across the hospital. It's not unusual to see one or two in every ward. The question is, what's the best way to manage these patients, because it's going to be a growing, ongoing problem?

Mrs ARCHER - Yes, I think that there's a range of answers, depending on individual patient circumstances. It is true to note that many of those stranded patients that we're talking about, are people with particularly complex needs, or increasingly complex needs. I might ask the Secretary to make some further remarks.

Mr WEBSTER - Through you, minister, and thank you for the question. The first and primary way is to avoid the hospitalisation in the first place. We have a number of programs now going into and across our network, and the minister's already mentioned the geriatric evaluation and management 'hospital in the home' beds that we've rolled out in the south. We have in the north and north-west what we call our rapid access service, which is in fact an older person's mental health service going into aged-care facilities and supporting on-ground staff with additional training but also access to psychiatry for assessment, for instance.

Supporting the federal government's process in terms of additional pharmacy processes, registered nurses now being mandated, that there's one on every shift from the federal government all support that. But also, innovative programs, such as one we make available at our Roy Fagan Centre, which is registrar placements for future GPs. So, registrars doing their general practice training, doing some time at our older persons' mental health facility at Roy Fagan which also has a a geriatric unit there. They then get some training so they can then input to aged-care facilities et cetera. Then, when they come to our facilities because of another illness that requires hospitalisation that we are focused on discharging back to aged-care facilities as early as possible, and working with the aged-care facilities in the exchange of information into the home and then out of the home.

In relation to this, the Premier made a comment in his Estimates earlier today about our Tasmanian Aged Care Collaborative, which was set up when the Premier was minister, which is an ongoing collaborative with aged care where we are constantly engaging with them about what we can do to have that transition to and from the THS as seamlessly as possible, but focused on keeping people in their homes, which is the residential aged-care home.

Prof RAZAY - Thank you for a very detailed answer. I agree with all the steps you have mentioned. I'd like to add something else. When you are facing several patients in an acute ward in hospital, I wonder whether we should look at the model - the same thing as you have with acute stroke and acute coronary units. Probably the time has come because we're facing so many patients with an acute condition just at the end of a corridor, where you can develop experts so they can manage this patient.

Mrs ARCHER - I think it's also important to note, Prof Razay, one of the government's recent election policies was to provide a new training program to enhance dementia care across Tasmania. So, working with Dementia Australia, the government will provide the training model D-Esc to staff across our four major hospitals and community nursing teams. That's a workshop that provides virtual reality training on de-escalating behavioural emergencies related to dementia. This training will reduce the risks of harm for both the person living with dementia and our valued health staff, as well as improving personalised care and quality of life for patients and support for their loved ones.

Mr VERMEY - Minister, it's pleasing to see preventative health measures continue to be funded under Healthy Tasmania in this Budget. Can you please update the committee on the next steps for 2026-27 and beyond in this space.

Mrs ARCHER - Thank you, Mr Vermey. As I have mentioned to Prof Razay earlier, the government has laid a strong foundation with a $10 million investment in the Healthy Tasmania five-year strategic plan 2022-26 and the Healthy Tasmania fund grants. So far $7.6 million has been provided to 309 organisations and communities, supporting 313 initiatives right across the state.

We're progressing a 20-year preventive health strategy as the next step, a plan to place prevention at the heart of our health system and communities. Preventive health is something that all members can agree is vitally important, and I recognise that there is significant interest in this matter. By shifting the focus from reactive care to prevention, we can work together to reduce long-term pressures on our health system and build a healthier, more resilient Tasmania for generations to come. The new preventive health strategy will acknowledge that good health is shaped by far more than clinical care, but is also influenced by employment, education, housing, transport, food security and community connection.

Public consultation on the new strategy began in October 2024 with the release of a discussion paper and there's been considerable input from the community since, with over 5000 responses received. More than 2000 organisations were directly invited to participate in the consultation through Health Consumers Tasmania's co-design sessions, which were held in several regional communities across the state. I'm very pleased today to table the round one consultation summary report which will be available on the Department of Health's website. The response shows just how much Tasmanians care about prevention. People want a future where we plan for wellness, not just respond to illness. The consultation highlighted the importance of making healthy choices easier, creating safe and liveable environments, supporting earlier help closer to home and investing in prevention for the long term. Tasmanians also outline the need for connected communities, a skilled prevention workforce and good data for decision-making.

Feedback from round one will shape the draft strategy and first action plan, which will be released later this year for public feedback and will also inform the 2026-27 state Budget.

We expect to release the final strategy by May 2026 with the first action plan commencing on the 1 July 2026.

Ms HADDAD - Minister, I want to go back to the women's health funding. You spoke in your answer generally about women's health and some of the state-provided services and state-funded services in the NGO sector. I note that there is also funding being provided to the private sector at Legana and Latrobe, which you mentioned as well. You specified that they'd be providing bulk-billed appointments at Legana and Latrobe, I wondered whether, as part of the $3.8 million funding to The Bubble - a women's healthcare clinic in Launceston - will they be providing any free or bulk-billed appointments to women?

Mrs ARCHER - Well, like many GP services now, they are mixed billing practices and they consult directly with their patients around the billing that they are able to provide. Some of that is acknowledging that the - and that is the advocacy work that we also continue to do around Medicare item numbers, as I said, there has been some very positive movement from the last federal budget in relation to women's health services that's allowed for longer consultation times. That is a feature of that type of specialist women's health service that is in demand. I think the figures that I relayed demonstrate that that service is in demand and they have a waiting list for patients wanting to access those services. I think any general practice would say the ability to be able to have more clinicians seeing more patients does have an impact on their ability of how they are able to bill.

We also have to acknowledge that general practices are, in many cases, small businesses and, as with other small businesses in our community - and I note we provide support to private small businesses in the same way - issues around billing are ultimately a matter for individual practices. The state government is stepping into this primary care space and I think we're spending some $50 million on primary care initiatives because we know it assists patients to access care whatever their circumstances, wherever they are, and that increases capacity right across the entire health ecosystem as well and ultimately creates better outcomes for patients and hopefully avoids presentations in our hospital system as well.

Ms HADDAD - Thank you. Just to be clear on that first question again though, as part of that funding contract offered to The Bubble, was there any requirement from government that they would increase the number of bulk-billed appointments they provide? I understand that it's a clinic decision and that they do bulk-bill some, but I'm just wondering how it's going to increase access to women's health services in the north beyond those who can afford private care?

Mrs ARCHER - That does increase access to women's health services, whether people have capacity to pay or not. That is part of the health system. We've seen a situation recently, for example, where the Tasmanian state government has stepped in to provide support for private mental health services, for example. This is not an uncommon situation, and I know and I am certain that the proprietors of The Bubble are on the record saying they would love to do more to support women and to create more affordable access to women. Some of that is increasing capacity so they have more doctors, more nurses, more space, because at the moment they're sort of rostering doctors on. And this is a similar situation, for example, to what we saw at Beaconsfield with Dr Reddy and Firstpoint Health Care whether the state government was able to provide some support to them to increase capacity.

I acknowledge that they are a bulk-billing service, but they have been able to be able to do that because they are making a choice and Dr Reddy would also acknowledge that that is financially challenging at times and because they have been innovative as well to be able to have a more innovative model to be able to do that, so I believe we do have to recognise that general practices are working in the same sort of environment as other small businesses and have to be able to manage in that. They would want to do more where they where they can and that is part of that conversation between us and the federal government again. Not in a blaming way, but what can we do together to be able to increase - and what we want to see, I think, importantly, is that access to longer appointment times.

Bulk-billing is important, and affordability is important. And, as I said, we're also investing in a range of other women's health not-for-profit initiatives as well, but that also frees up capacity for those services as well to meet the need that they have.

Ms HADDAD - Thank you. Those contracts that you have with The Bubble and, and with Legana and Latrobe, those private clinics, are they going to be delivered as one-off capital investment contracts or is there a service level agreement that they will need to report on or acquit in terms of increased service delivery?

Mrs ARCHER - I will have to take the question on notice.

Ms HADDAD - Sure, thank you. Finally, I think it was during the election campaign, the Premier also talked about grants available to general practices for up up to $250,000, which I know is definitely going to be welcome in that space for other GP practices to be able to apply for grants of up to 250,000, but I have heard from GPs who note that that would be a competitive tender process, whereas The Bubble Legana and Latrobe were election commitments without a competitive tender process. Also, that $3.8 million, if you were to allocate that to those $250,000 grants that would provide that amount of money to 15 different GP practices.

Can you confirm that those $250,000 grants will be going ahead in a competitive tender process and where that funding is in the Budget and what the total funding is? In other words, how many $250,000 grants might be available to private GP clinics through that process?

Mrs ARCHER - A couple of points going back to your previous question around what what the process is. Latrobe is a no-interest loan that's being managed by the Department of State Growth. The Bubble is an infrastructure grant and other GPs like Legana are also an interest-free loan via the Department of State Growth.

Ms HADDAD - What did you say? What did you call The Bubble one, sorry?

Mrs ARCHER - The Bubble will be an infrastructure grant via the Department of State Growth.

Ms HADDAD - So they're all being managed by state growth?

Mrs ARCHER - In relation to the GP Sustainability and Viability Grants, that will be $8 million over 4 years.

Ms HADDAD - $8 million?

Mrs ARCHER - So it's been $8 million over 4 years, $2 million each year.

Ms HADDAD - And I might assume, it in this Budget or is it in next year's Budget?

CHAIR - Ms Haddad we will go to Ms Rosol now.

Ms ROSOL - I just want to go back to the Elective Surgery Four-Year Plan. In the previous four year plan, there were performance measures in there and I can't see any performance measures in here. I'm just wondering what your goal is for surgery waiting lists each year or at the end of the four years, how you will be measuring the success of this plan and if you have anything that you could table or share with us about how you will be measuring progress on this plan, please.

Mrs ARCHER - Broadly, we would like to see continued progress in driving down elective surgery waiting lists. I think we can all agree that's what success would look like. But I might throw it to Dale for some further information.

Mr WEBSTER - Through you, minister. In line with moving it into an ongoing businesses situation, the targets are now set through the Tasmanian Health Service Annual Service plan, which is a document issued by the minister to the Health service to say this is what you must deliver, so that's how it's reflected into the future.

Ms ROSOL - So are you able to share here what your wait list target would be for the end of the new four-year plan at all please or if it's something you could provide on notice?

Mr WEBSTER - Through you, minister. There's a number of measures, the first of which is the number of patients waiting over boundary and there's a target there, the average overdue wait time for those waiting beyond the recommended time for elective surgery, number of patients waiting that went on to the list prior to 30 June 2023.

The patients seen within clinically recommended timeframes and the number is in a different part of the document near the measures. There it is. So, under our priority five, the number of missions, elective surgery 21,930 is our target for this year and that under elective surgery also including endoscopies and we've got it targeted 13,073 for this financial year.

Ms ROSOL - So the goal for the waiting list at the end of the year, do you have that figure available also?

Mr WEBSTER - Through you, minister, that's not in the Service plan.

Ms ROSOL - Is that something we could take on notice please?

Mrs ARCHER - Yes, possibly. It would depend on demand, but it probably goes without saying that our goal is that Tasmanians can access the healthcare that they need as soon as possible.

Ms ROSOL - Yes, which is a great goal, but I just know there's been figures attached to that in the past, do just interested to know what they are now.

Just moving to HR processes we've talked about vacancy control and you've talked quite a bit about recruitment within the Department of Health. We've been hearing lots of reports about recruitment delays within the department where it's taking for some positions up to six months for a position to be filled - and that's the position's advertised, interviews are conducted, there's a successful applicant and then it sits in HR and doesn't get processed and the position doesn't get filled and just some questions around that. Given HR delays are leaving positions vacant for long periods, is the Department of Health using those delays as a form of vacancy control and as a way of managing positions and saving money.

Mrs ARCHER - No, would be my short answer to that, but the Secretary will be able to give you some information around how those processes are managed.

Mr WEBSTER - Through you, minister. On the question of does it save us money, it in fact costs us money to have those delays because it inevitably ends up in agency nurses, locums or agency allied health professionals. For the first time this year, the Tasmanian Health Service Service Plan actually sets a target for recruitment at 40 business days, because we do accept that the delays that we've been experiencing in our recruitment process, et cetera, are unacceptable, so we've focused on it.

As I said, the minister has set, through the Service Plan, a target of 40 working days for this financial year for us to get to. I would say to you that we then need to work on getting it down lower than that, but there have been significant delays. Some of that is due to the processes being inconsistent across the state, because of the way that THS has been apart together, those sorts of things. Some of it relates to delays in recruitment; for instance, we've been very successful in international recruitment, but that then has a delay built into it because we need to source visas and things like that; again, with interstate applicants, there's delays as well in relocation and things like that. All of those things we need to actually get rid of in our system, to get down to that 40 days because it costs us money.

Mrs ARCHER - Chair, I would just like to clarify on my previous answer, if that's all right. In relation to my answer to Ms Haddad's; the funding for The Bubble is an infrastructure grant delivered through the Department of Health, the others are interest-free loans delivered through the Department of State Growth.

In relation to the General Practise Sustainability and Viability Initiative, $2 million per year was allocated in the 2024-25 state budget for four years. Round one has already been awarded and round two is planned to occur later in 2025-26.

Prof RAZAY - I'd like to ask a question about what's the occupancy rate of hospitals. I think it's important. I feel it is probably above 90 to 95 per cent - a lack of beds is another reason. The reason why I'm asking is because studies show if we have an occupancy rate of more than 85, then it can have an impact on the morbidity. It's nice to know that because you can use it as a factor when you look at that situation.

Mrs ARCHER - I would note, as I have previously, that we do have a number of patients occupying hospital beds at the moment that don't need to be, that are medically fit to be discharged, and they represent about three wards in hospitals across Tasmania at the moment. I will see whether the Secretary would like to add to that, in terms of specific occupancy data, or do you want to take that on notice?

Mr WEBSTER - Through you, minister. For the four major hospitals, it's incredibly hard to calculate that figure because it includes emergency, et cetera. We do actually have it in quite a bit of detail across our Rural Health Network and rural beds, and I'm happy to share that.

Beaconsfield is 67.7; Campbeltown, 106.6, which actually means that if there is a vacant aged-care bed, we're using it as a subacute bed, so that's how we get to 106.6; Deloraine is 58.7 for last financial year; Esperance 56.1; Flinders Island, 30.5; George Town, 74.9; Health West, which is Queenstown, 43.2; King Island, 50.2; Longford, 55.2; MayShaw, 65, which is Swansea; Midlands Multipurpose Centre at Oatlands, is 78.5; New Norfolk District Hospital is 92.1; Scottsdale, 32.8, Smithton, 46.6; St Helens, 30.2; St Marys, 44.4; and Tasman Multipurpose Service, 78. So, across the state that's a 58 per cent occupancy rate on average, which is actually around 6.-something per cent higher than the previous year.

Prof RAZAY - But the major hospitals would be, I assume, more than 95 per cent, do you think?

Mr WEBSTER - On an average it would be, but some wards would be a lot lower than that. Some of them like maternity fluctuate almost on a daily basis. So that's why it's hard to calculate.

Prof RAZAY - That is so funny, how many hospitals run in the Tasmania with lower occupancy, because we should maximise the use of them. And that's another way to create beds.

Mr WEBSTER - Through you, minister. There is and we do try to push them out. Other factors around there is that, again, staffing levels in our district hospital can be difficult to maintain - you know, the further away from Hobart you are. But also is things like for instance, at King and Flinders, if there is a short term need for an aged care bed, then a sub-acute bed would be converted to that aged care. As we did in Campbell Town, we go the other way, we are taking an aged care bed for a subacute, and that is how we get to that 106 per cent.

Mr VERMEY - The government committed $500,000 over two years in the last year's budget for the Community Defibrillator Fund. Can you give an update on this fund and when the next grant round may be open?

Mrs ARCHER - Thank you. Yes, the Tasmanian government recognises the critical role automated external defibrillators play in improving survival rates for out of hospital cardiac arrests. Since coming into government in 2014, we've provided around 360 lifesaving AEDs across Tasmania. In the 2024-25 budget, we committed $500,000 in funding over 2 years for the Community Defibrillator Fund to deliver an additional 180 publicly accessible defibrillators.

Successful applications to round one were notified in May this year, with 90 AEDs delivered by early August. This means an extra 90 lifesaving defibrillators have been made available at publicly accessible sites across the state, this year in places such as community centres, sports clubs, shops and cafes.

I'm pleased to advise that round two of the Community Defibrillator Fund will open for applications next month on 15 December 2025, with the closing date of 31 January 2026. The

second round will see a further 90 lifesaving defibrillators delivered to Tasmania communities next year, and I encourage all community groups, sporting clubs, businesses and individuals, particularly in rural and regional areas, to apply for this life saving initiative through the Department of Health's website when it opens next month.

I would also like to take this opportunity to thank Ambulance Tasmania for their fantastic work in administering the Community Defibrillator Fund and acknowledge the critical role our Communication Centre staff, paramedics and volunteers play in providing lifesaving care across the state every day. We're grateful for their dedication, expertise and care in our greatest times of need.

I would also like to acknowledge the vital work of GoodSAM Responders. In mid-2024, Ambulance Tasmania launched the GoodSAM initiative which is an innovative AED register and community responder system. This mobile app connects trained responders in the community with cardiac arrest incidents before ambulance arrival and allows for easy AED registration. I can advise that more than 1100 publicly accessible AEDs are now registered on GoodSAM across Tasmania, along with over 330 GoodSAM Responders who are willing to assist in emergencies, and we look forward to seeing this register grow and continuing to increase cardiac arrest survival rates across the state.

Ms DOW - Minister, you talk a lot about the federal government's responsibilities when it comes to the issues with bed block across our hospital system. I would like to know what direct requests you have made to the federal government in relation to additional funding for our hospitals, but also for aged care and NDIS placements across the community? If you could itemise that for us and table any correspondence that you've sent?

Mrs ARCHER - Yes, sure. I will have to take that question on notice, but in broad terms, obviously this is a national issue and one that has been raised in those formal health ministers' meetings - particularly as we're in negotiations around the next national health reform agreement - regarding my participation in those. Also the participation of the Premier in those corresponding meetings around first ministers, and the Treasurer in his similar meetings.

I also met with the minister in Canberra recently in relation to this issue and reaffirmed that this is in the spirit that I talked about earlier, that we have a shared responsibility to these issues. We will continue to advocate on that, but yes, we can take on notice any specific correspondence as well.

Ms DOW - Thank you. Minister, I note on the weekend that there was an expression of interest process around your GP bulk-bill clinics that you made a commitment to in line with our TassieDoc policy at the last state election. I wanted to understand how those practices will be established, what the process will be around that expression of the interest and the criteria, and whether that will be based on need in specific areas, rather than just the availability of GP clinics taking on that project.

Mrs ARCHER - Thank you very much. Yes, on the weekend we opened expressions of interest for -

Ms DOW - TassieDoc. Great name.

Mrs ARCHER - For TassieDoc. It's a great name.

Ms DOW - Great policy.

Mrs ARCHER - It's part of those investments that we've talked about in relation to general practice and to primary care. The reason that we have opened that expression of interest - and I will ask the Secretary to give the information about the specifics around the policy - but obviously the intention is to provide those services to recognised areas of need. Importantly, what we also want to do is, in line with the response I gave earlier, is to grow our general practice workforce, not cannibalise it in the process. That will be one of the things we will be looking at - how can we grow the availability and accessibility of general practice across Tasmania in areas of need? Being open to innovative ways as well that might be delivered. Hence the expression of interest process, but the Secretary can give you more specifics.

Ms DOW - Just before we go to the Secretary, are you intending to utilise any government buildings to provide that service out of, or would it be primarily through engaging existing general practices?

Mrs ARCHER - We will see what comes from the expression of interest in the first instance. I'm certainly very open-minded to how that is delivered, but I'll ask the Secretary to make some comments.

Mr WEBSTER - Thanks, through you, minister. If I start there, as part of the expression of interest we've made it clear that we will consider the use of departmental premises for any new services. Critically, the first criteria is that the clinic model will be ostensibly a bulk-billing model. The premises are either owned or you can actually enter into an agreement with the department.

Service delivery can include GP outreach, not just in-clinic delivery. There's a commitment that you will operate for at a minimum of three years in this model. Service provision will include Saturdays and Sundays.

This goes to the first part of your question, which is, the area of unmet need is one of the criteria. It must be a recognised area where service demand is not being met. Assessment of the effects on existing practitioners within the area, including the broader local government area, will be required.

Finally, we're looking at the Medicare compliance, which is also called the Section 19(2) effect. They are the criteria that we're entering into.

Ms ROSOL - Just going back to the issues in HR that are happening at the moment, I'm just wondering how many vacant positions there are within HR across the Department of Health, and then how many positions across the department that are waiting for processing by HR - so they've been interviewed, selected, but not processed yet.

Mrs ARCHER - How many positions or how many HR positions?

Ms ROSOL - How many HR vacant positions there are, and of those that have been interviewed, how many are waiting for processing?

Mrs ARCHER - Do you have that information available? No, I will have to take that one on notice, if that's alright, Ms Rosol.

Ms ROSOL - Great, thank you. I will go to ambulance responses now. When someone calls 000 for an ambulance, the emergency call takers triage the call and they assign it a priority level. Priority 0 and priority 1 calls are emergencies that are life-threatening incidents that require a lights-and-sirens response.

When a call is graded as a P0 or P1, it's supposed to be assigned an ambulance within three minutes. Can you tell us how many times ambulances were not assigned to P0 and P1 emergency calls within three minutes in both 2023-24 and 2024-25?

Mrs ARCHER - We will have to take that one on notice as well, Ms Rosol.

Prof RAZAY - Well, we might as well ask a question about mental health. I mean, Tasmania has one of the highest prevalences of mental health problem because of low socioeconomic areas, housing insecurity, homelessness, social isolation, and increased alcohol and drug use. You hear the stories about how our services are fragmented, there's difficulty in accessing bulk-bill GPs, psychology, and psychiatry. I like what you mentioned before, how we should concentrate on how we can provide community services in managing our mental health problem, and only in acute cases would they require hospital. How are we doing with managing mental health issues?

Mrs ARCHER - Thank you. Well, the government has committed record funding to transform Tasmania's mental health system, as I mentioned earlier, through a significant and ongoing reform program. With the investment, we're prioritising recruitment, including more clinicians and lived experience workers, alongside innovative new and expanded services.

In the first five years, 2020 to 2025, of the mental health reform program, we've reconfigured community adult mental health services into two new streams: acute care stream and continuing care stream. We launched the redeveloped Peacock Centre, including a mental health integration hub, Safe Haven, Peacock House, acute treatment unit, and Recovery College.

We've continued to reform child and youth mental health services, including: the establishment of new specialist programs in the early years mental health, out-of-home care mental health, youth mental health and youth forensic mental health; and continue to reform the older person's mental health service, including the establishment of new operational service models and implementation of the rapid access pilot in the north.

The 2030 Strong Plan for Tasmania's Future includes delivering more mental health services and facilities, including: a new mental health hub in Devonport which will also offer a Safe Haven, Recovery College and integration hub; two new purpose-built mental health precincts replacing the inpatient units at the Launceston General Hospital and the North West Regional Hospital, which will also include a Safe Haven, Recovery College and integration hub in the north after the new mental health precinct is constructed at the Launceston General Hospital; a new 27-bed mental health centre at St Johns Park that will include 15 short-stay mental health beds, a 12-bed residential eating disorders treatment centre, Safe Haven, integration hub and Recovery College, and a new purpose-built 40-bed older persons' mental health facility; establishing a statewide eating disorders community-based intensive treatment program; and continue to roll out the Tasmanian Suicide Prevention Strategy 2023-2027, with annual implementation plans published to drive priority actions.

We've commissioned an independent evaluation of Rethink 2020, which is the overarching mental health plan, and we've also launched the next stage of our plan: Rethink and Beyond, building on those strong foundations, and strengthening prevention and early intervention.

We will also deliver a new purpose-built medical precinct in the Huon Valley, including a mental health hub, by working with the local Huon community to determine the best site for that precinct.

Also important to note, in relation to that, is our commitment to delivering that coordinated and integrated mental health system that you referenced to improve the mental health and wellbeing of all Tasmanians. A key action of that has been the review of the role and function of the statewide mental health helpline, Access Mental Health, which commenced in May 2022. It provides a mental health support, triage and referral phoneline available statewide for the Tasmanian community, including new and existing consumers, families, friends, carers, medical professionals and a broad range of referrers.

Access Mental Health uses an automated telephony solution known as Genesis, which allows staff to direct callers to relevant endpoints, including mental health acute and continuing care teams and A Tasmanian Lifeline. A Tasmanian Lifeline is a telephone support service from Lifeline Tasmania specifically for Tasmanians, and members of the public can call A Tasmanian Lifeline from 8.00 a.m. to 8.00 p.m. every day of the year.

Access Mental Health assists with referring people to those public mental health services across Tasmania, and people can phone Access Mental Health to get in touch with community mental health teams.

Those phone contracts and referrals have increased since 2022-23, with 15,288 phone contacts and 7407 referrals recorded in 2024-25, which represents a 75.9 per cent increase in phone contacts and 47.9 per cent increase in referrals.

A staged integration of Access Mental Health and the Central Intake and Referral Service has commenced, and the Department of Health is strategically committed to progressing that integration, which should be completed by early 2026.

Mr VERMEY - I understand the department has a medical equipment fund. Can you please provide information about how this fund has been used in the last year, and any update on future use of this fund?

Mrs ARCHER - Yes, I can. Maintaining a modern, efficient and safe health system so our doctors, nurses and healthcare professionals can deliver the best possible care requires ongoing investment in the best possible medical equipment. Our government announced $40 million in the 2024-25 Budget for a medical equipment fund, to replace and upgrade medical equipment and purchase additional medical equipment in areas where clinical delivery has increased.

Our 2025-26 Budget continues with this vital investment, with $24 million allocated across the forward Estimates. In 2024-25 around $5 million was used to purchase equipment, with some examples including:

- $1.2 million for 10 anaesthetic machines for the operating theatres at the Launceston General Hospital;

- $401,000 for a steriliser for the North West Regional Hospital's central sterilisation department;

- $368,000 for suction and compressor units for oral health services statewide;

- $43,000 for an ultrasound for St Helens District Hospital's Emergency Department, in partnership with the St Helens Hospital Auxiliary and Tip Shop;

- $194,000 for an ultrasound machine for the Women's and Children's Services at the Royal Hobart Hospital;

- $87,000 for an MRI-compatible anaesthetic machine for the Royal Hobart Hospital's Department of Medical Imaging;

- $43,000 for patient beds for the Midlands Multi-Purpose Health Centre and Repatriation General Hospital;

So far in 2025-26, we have invested $1.2 million for theatre stacks in the operating theatres at the Launceston General Hospital; $14,000 for a lung function exercise bike in the Respiratory and Sleep Medicine Unit at the Royal Hobart Hospital; $9000 for an emergency trolley for the Emergency Department at the West Coast District Hospital; and $229,000 for theatre pendant lighting in the operating theatres at the North West Regional Hospital. We've also commenced the procurement of $400,000 for a heart-lung machine for operating theatres at the Royal Hobart Hospital and $1.2 million for magnetic resonance imaging upgrades for the Royal Hobart Hospital's Medical Imaging Department.

Ms DOW - Just one quick one and I'm going to pass to my colleague, Ms Haddad. Back to you, minister, on the TassieDoc clinics, when do you expect the first one to be established?

Mrs ARCHER - Expression of interest is open now as we mentioned and those expressions of interest close, I think, on 21 January. We will then obviously assess those expressions of interest and see what comes from that. But certainly, we're hopeful that we may be able to establish the first of those next year.

Before we move on, I've just got an update for the question from Ms Rosol on ambulance response times that we took on notice. The Secretary's got information.

Mr WEBSTER - Through you, minister. In 2024-25, 70 per cent of 31,520 incidents of P0 and P1 were were dispatched within three minutes. I don't understand that bit, but I will come back to it. That compares to the previous year where there were 30,783 and 71 per cent less than or equal to. I see what they're saying. The stats thing don't add up, so I will just give you those two.

CHAIR - Does that answer your question?

Ms DOW - Well, yes. Is that something we could still take it on notice?

Mrs ARCHER - We will still take it on notice, yes.

Ms HADDAD - Just regarding the question from Mr Vermey about the equipment fund, I'm told that there are two MRI machines in the Royal Hobart Hospital which are kept pretty busy most of the time and obviously can't always keep up with demand. I had few questions about that. How often or do you have, or can you take on notice how many MRIs that would otherwise be done at the Royal Hobart Hospital need to be outsourced to the private sector? I will come back to the next bit if you have an answer to that first part or I can take it on notice.

Mrs ARCHER - I will just see if there's a response lurking in that pile of paper. I will take it on notice.

Ms HADDAD - Just regarding that, and I might not have the right terminology because I don't know much about MRI machines, but what I'm told is that they're both safe to use, but while one of them is still safe to use, it's out of date. I'm sure that's not the right terminology for how you talk about an MRI machine. It's safe to use for scans, is what I'm told, but the result of it being, I suppose, beyond its date is that scans done on that machine can't be billed to Medicare. I wondered if you know whether or not that's true, and if so, how much Medicare revenue is being foregone by the state by having that machine still in use and not replaced?

Mrs ARCHER - We will take that on notice as well.

Ms HADDAD - Finally, and I understand if this needs to be on notice as well. Just in terms of that equipment fund and more broadly, I'm assuming that the relevant business unit would have put up requests to government for a new MRI machine. In fact, I'm confident that they did before the machine became past its date. I wondered if you could provide any information to the parliament around how many business cases were put up to government by that business unit and when, prior to the date of the machine becoming out of date? Just recognising that apparently a significant amount of revenue that would be being lost to the state. Had those scans be billed to Medicare, there would be a significant revenue source into the THS.

Mrs ARCHER - I probably need to take the specifics of that on notice, but note that that last item that I mentioned there before was that we've commenced the procurement of $1.2 million of MRI imaging upgrades for the Royal Hobart Hospital.

Ms HADDAD - So it could include that machine being replaced?

Mrs ARCHER - It could do, yeah.

Ms HADDAD - If it doesn't, you've already taken on notice, but if it does, it would still be good to know how much revenue has been lost to the government or how many scans have been conducted on that machine after it becoming past it's used by date - for want of a better word - and prior to its potential replacement?

Mrs ARCHER - No problem. Yeah, we will take that.

Ms HADDAD - I will try and write those down in a way that makes sense

Ms ROSOL - I'm just going back to the ambulance responses questions that I was asking before. What was the total number of paramedic shifts that were worked in 2024-25? And what was the total number that went unfilled? And if you could give those figures in raw terms, please, not in percentages. The total number of paramedic shifts that were worked in 2024-25 and the total number that went unfilled - shifts that went unfilled. Do you want to take that on notice?

Mrs ARCHER - I don't have it down to that level of detail, but I will see whether the Secretary has it. I have number of incidents and response times but not - yeah, do you want to go ahead?

Mr WEBSTER - Through you, minister, and apologies for the delay there. In 2024-25 we had a total - I will do it by area. At the comm-centre, there were 1035 shifts unfilled through the financial year. In the north-west there were - sorry that doesn't, I will have to come back to that one. In the north it was 1236, in the south, 3926, and in - unfilled, these are unfilled shifts. North-west - I'm going to get one of my team to quickly add it up, which is 2822 in the north-west, unfilled shifts.

Ms ROSOL - So that was the unfilled shifts. Then the first part of my question was the total number of paramedic shifts, if you've got that figure, please. Is that a figure that you'd be able to get on notice or? Yeah, okay, you may take that on notice? Thank you.

Following up on that, how many single response shifts were worked by paramedics in 2024-25?

Mr WEBSTER - Total number of shifts, firstly, is 51,465.

Ms ROSOL - That's statewide?

Mr WEBSTER - I believe so. Across the three regions, that doesn't include the comm-centre.

Ms ROSOL - Not including comms?

Mr WEBSTER -We will get a breakdown by region and comm-centre.

Ms ROSOL - Great, thank you. Just the single response shifts, how many of them were worked in 2024-25?

Mrs ARCHER - I will take that one on notice as well.

Ms ROSOL - Great, thanks.

Mr WEBSTER - Through you, minister. On that, we have a number of roles that are single response roles, like Intensive Care Paramedic, versus those which are paramedic responses, say from a Branch Station Officer, where a volunteer isn't available.

Ms ROSOL - Is that something that you could put into the question on notice?

Mr WEBSTER - Yes.

Ms ROSOL - Great, thank you for that.

Prof RAZAY - I might as well ask a question relevant to you. It seems like we have an increased vacancy, it's generally Tasmania where there is actually nearly double over the last two years vacancies, and we've got the lowest unemployment rate as well. We are finding shortages of finding skilled workers. Is it related partly, to the way we are working now? I noticed people now don't work up to retirement time at 67, at the age of 50 they might decide to go part time. What you notice is we're losing these skilled workers early, and you create more jobs but we can't fill them, is that a valid comment?

Mrs ARCHER - I think there's a range of reasons, dependent across all areas. Did you want to provide some more specifics, Secretary?

Mr WEBSTER - Through you, minister. Yes, that that is the case, the increasing use of part-time, but it's also increasing choice by some of our health professionals to actually be locums, if you like. The 'locumisation' of our workforce, in that people are choosing new doctors straight into their fellowships, that are choosing while they're younger to actually use the opportunity to be locums to travel. Also older doctors in their fifties and sixties, who are choosing to come out of the workforce full-time and go part-time and/or go into a locum positions. It's actually a combination of factors that are leading to what I would call the increased 'locumisation' of our workforce, right across the world and a number of OECD countries.

Prof RAZAY - That has actually increased the cost on our health system, hasn't it?

Mr WEBSTER - That's one of the drivers of the additional costs of our system.

Prof RAZAY - One of them, yes.

CHAIR - Mr Vermey, we will finish with a question from you, before we take a 10 minute break.

Mr VERMEY - Excellent. Minister, the government has committed to a process to set up a new meningococcal vaccine program in our first 100 days. Can you please provide an update on this incentive?

Mrs ARCHER - Thank you for the question. I welcome the opportunity to provide you with an update on this important initiative. meningococcal disease is a rare, but serious and sometimes fatal infection caused by meningococcal bacteria. Vaccination is effective and is the best way to protect against meningococcal disease.

The government will offer a meningococcal B vaccination program to all infants from July next year, providing additional protection for our youngest Tasmanians. The vaccination program will be offered to all babies from six weeks to 12 months, and a catch-up immunisation for children over 12 months, but under two years. Currently, the meningococcal B vaccine is available on the National Immunisation Program (NIP) for Aboriginal and Torres Strait Islander infants and for people with specified medical conditions that increase their risk of the disease at all ages.

The meningococcal ACYW vaccine is available on the NIP for all infants at 12 months and teenagers through the school-based immunisation program from year 10. The meningococcal B vaccine is also available on the private market and parents and carers are encouraged to discuss vaccine recommendations with their GP.

While I note that the commitment was initially due to commence from January next year due to the 2025 state elections extended caretaker period, the timing for the 2025-26 state Budget was delayed, compressing the usual six-month development process into two months. As a result, the 2025-26 Budget is, by necessity, an interim budget designed to maintain funding for essential services. I can assure members that our government is absolutely committed to this initiative and will provide support for it through the 2026-27 state Budget when it's delivered in May, and that planning work has already commenced.

CHAIR - Thank you. We will take a break. It's now 5.41 p.m., so we will be back at 5.51 p.m., so a 10-minute break. See you then.

The committee suspended from 5.41 p.m. to 5.51 p.m.

Ms DOW - Minister, I want to take you to the North West Regional Hospital and to the current situation with parking, which is terrible. It's very difficult for people to find a park, and having to walk long distances. Your government has time and time again made promises about parking, but is yet to deliver the next stage of upgrades. Can you please update the committee on when those parking spaces will be available for people at the hospital.

Mrs ARCHER - Yes, I will ask the Secretary whether he can give the latest update on where we are at with the North West Hospital redevelopment.

Mr WEBSTER - We have approximately 630 additional car parks expected to be delivered at the North West Hospital. The majority of those will be under buildings in undercrofts and basements, those sorts of things, as we develop the master plan. To date, we've put in additional 43 car parks. The intention is that each time we build a new building, we add to the car parking up there. The next building to be built is the mental health precinct, so that adds another -

Ms DOW - Minister, I think that's great that they're going to be incorporating new builds, but the master plan is quite extensive. There is huge lag time with the development of those buildings. What sort of interim solutions have you or the department looked at as a way of making sure that (a) staff can get parking and (b) that people visiting the hospital and attending the hospital for appointments can get a park?

Mr WEBSTER - A number of initiatives, including looking at offsite parking then having buses to the site for our staff so that we can do that, working with Metro to increase the number of services going to the site, and working with council in terms of the local area in terms so we're not impacting residents and how we manage across those residents. Also maximising any land that we have. For instance - I'm going to get this wrong, I will just call it the far end from the main entrance - there was a space there which we've gravelled to add car spots to. In the interim, we're trying to maximise every spot that we have as well as moving staff away from the site and bussing them in to maximise the available spots for the public coming onto the site.

It has been recently exacerbated, for instance. by the boom gate for the North West Private Hospital and those sorts of things, so we're trying to work through those issues as well.

Ms DOW - The parking on that site is very compromised as well. You said that you've looked at a couple of options, are any of those in train or when can we expect that there will be some of those interim solutions in place through your work with council and utilising transport for staff to the site?

Mr WEBSTER - I'm told, someone typed for me, that we are very close to an additional 20 spaces, working with Burnie Council. That's the next step.

Ms DOW - You don't have a timeframe on that?

Mr WEBSTER - No.

Ms ROSOL - I'd like to ask some questions about the reportable deaths review in Launceston. In 2024, the Department of Health appointed an expert panel to review deaths at the Launceston General Hospital that had not been reported properly to the coroner. Following the review, the department referred a number of matters to the coroner. Since that time, have you received any updates or information from the coroner on their review of these matters?

Mrs ARCHER - The Department of Health is committed to ensuring that every Tasmanian receives the best possible healthcare in a safe and supportive environment. In January 2024, testimonies provided to the Parliamentary House of Assembly Select Committee Inquiry into the transfer of care delays hearings alleged instances of unreported deaths to the coroner and falsification of medical certificates at the Launceston General Hospital. On 20 February 2024, an independent clinical panel was established to investigate these allegations. The panel was led by former CEO of the Australian Commission on Safety and Quality in Health Care, Adjunct Professor Debora Picone. The focus of the panel was to review whether deaths had occurred that should have been reported to the coroner and whether any follow-up actions were required. The panel was also asked to review death reporting policies, protocols and systems within the Tasmanian Health Service to ensure compliance and effectiveness and to ensure they meet legal and clinical standards. On 26 June 2024, the panel delivered its final report to the Department of Health and the full report was published on 28 June 2024.

In accordance with the panel's recommendations, 29 cases that had previously not been reported to the coroner but were found by the panel to be reportable under the *Coroners Act 1995* were referred to the coroner's office. All 29 cases remain under investigation by the coroner's office, which has appointed an independent clinical nurse consultant to provide a comprehensive review of each case. In supporting the families of the cases, the Department of Health is continuing to maintain an open disclosure process and is corresponding with senior next of kin on a monthly basis. The panel also made a series of additional recommendations to enhance documentation, protocols and systems to strengthen the reporting of deaths across the Department of Health, all of which continue to be implemented in full. The Department of Health has also informed the Registrar of Births, Deaths and Marriages and referred the report to Tasmania Police, Australian Health Practitioner Regulation Agency and the Integrity Commission for assessment.

The department is now examining its death reporting processes, medical records and associated complaints prior to 2019 to identify further learning and improvement opportunities. Significant progress has been made with clinical orders, governance and system improvements. The department acknowledges the impact of this process on affected families and remains committed to providing information and ongoing support. If future cases are identified and required to be referred to the coroner, the department will engage with families via the same open disclosure process.

Ms ROSOL - Thank you, minister. Staying with Launceston General Hospital, I have a question about the air conditioning there because it looks like quite a few of the wards are going to remain very hot over the summer. Is there a work plan for fitting the air conditioning across the wards that you would be able to provide for us? And, can you provide an update on progress with those works?

Mrs ARCHER - Thank you. Our number one priority is obviously the safety and comfort of patients and staff and we're committed to fixing the air-conditioning issue at the Launceston General Hospital. The Tasmanian government is upgrading the air conditioning system that services D Block and Ward 4O, the maternity ward at the Launceston General Hospital. These upgrades will deliver air conditioning directly into patient rooms, improving patient comfort in high ambient temperatures as well as minimising potential risks to staff and patients.

Due to the disruptive nature of the works in the patient rooms, it is necessary to decant patients from the wards, to meet service delivery and infection control requirements. On Ward 4O, works are being achieved via a room-by-room closure, resulting in a decrease of up to four beds at any one time. Works may be paused if demand dictates the need for all beds on Ward 4O to be operational. As the Ward 4O works do not involve a detailed decanting strategy like the one required for D Block, the contract was executed and works were able to commence earlier than the D Block wards.

On Ward 4O, external works commenced in June 2025 and internal works commenced in August 2025 and are expected to be completed by mid 2026. D block works are contingent on a number of wards being decanted, i. e. relocated for the duration of the D Block works. The Launceston General Hospital entered into an agreement with Calvary Healthcare in October 2025 to temporarily relocate the rehabilitation ward to Calvary's Melwood Unit at the St Luke's Hospital campus. The relocation successfully occurred on 14 October 2025. Services provided in Ward 6D were then relocated to the vacated rehabilitation ward on 16 October. These services will remain in this location for the duration of the D Block works. Other services provided in D Block wards will be temporarily relocated within D Block while the heating, ventilation and air-conditioning works are undertaken in their home ward. Internal works commenced on Ward 6D, in D Block on 21 October 2025, and it's expected to be completed in February 2026. The remaining three floors in D Block will follow progressively throughout 2026.

Ms ROSOL - Can I ask a quick question about that progressive work? Once they've finished a ward, can the air conditioning be used then on that ward or do you have to wait for the whole of D Block?

Mrs ARCHER - No, it will be able to be used as it goes. There have been some additional measures put in place by the department, some additional cooling measures, including the

provision of 15 portable air conditioning units for use in D Block and/or ward 4O corridors, the replacement of window seals and upgrades to window tinting, cleaning of heating ventilation and air conditioning source, and also the installation of sunblock blinds in D Block.

Prof RAZAY - Thank you. Regarding the Registration to Work with Vulnerable People, especially with children, how are we doing regarding health workers' response to that?

Mrs ARCHER - The Department of Health applies the required registration for Working with Vulnerable People for Child and National Disability Insurance Scheme services. It welcomes the extension of registration for Working with Vulnerable People in 2026 as a further check of workers providing services to broader client groups.

The Department of Premier and Cabinet implemented the routine disclosure of the suspension of state services due to allegations of child sexual abuse in March 2021. Since December 2023, Department of Premier and Cabinet has also been publishing monthly updates of the assessment and actions by relevant heads of agencies of all current and former Tasmanian State Service employees referred to in the commission of inquiry report, including alleged perpetrators.

Prof RAZAY - So, they are all required to register now?

Mr WEBSTER - Through you, minister. Currently the requirement is for National Disability Insurance services. We have a number of those, such as our child therapies and the health executive, because we're a board, under the NDIS, for instance, but also our child and paediatric units and the paediatric outpatients, et cetera. There's no general requirement within Health, but the Department of Justice, who have coverage of the act, are rolling out the recommendations of the COI. So we expect that all health services, not just the department, will become a required registration service in the next period.

Mr VERMEY - Minister, illicit tobacco and vaping is a serious public health issue. I'd like to know what recent reforms in this space means for Tasmania.

Mrs ARCHER - Thanks very much for the question. You're correct, tobacco and vaping are serious public health issues. Smoking kills more than 500 Tasmanians each year, and reducing the rate of smoking continues to be a priority. Our government's increasing our efforts to help young people who smoke to quit and also continues to encourage young people to remain smoke-free. While we have seen smoking rates decrease in the past decade and fewer young people taking up smoking, there is more to do.

Tasmania has led the way and ensured strong tobacco control laws relating to tobacco and e-cigarettes in terms of licensing, advertising and age restrictions, but we also acknowledge the growing concern within the community around the sale of illicit tobacco and vapes, which is why we're cracking down and taking strong action to address this.

A memorandum of understanding (MOU) between the Department of Health and Tasmania Police is now in place to strengthen the ongoing work of the Department of Health to detect, deter and disrupt the sale of illicit tobacco and illegal vapes across the state. The MOU formalises arrangements and enhances coordination and information sharing, ensuring that our enforcement efforts are coordinated, intelligence is shared, and resources are deployed effectively.

It builds on our nation-leading reforms, including the Public Health Amendment Vaping Bill, and reinforces our commitment to protecting young people and reducing smoking rates across the state.

We're also committed to drafting new legislation providing for substantially increased penalties, including expanded on-the-spot fines and prosecutorial powers, and extended closure orders for businesses found to be selling illicit tobacco. This work is already underway, and we expect draft legislation will be released early next year for consultation.

We will also continue to advocate to the Australian Government for continued national reform efforts to curb illicit tobacco and vape sales and for deeper coordination with agencies, such as the Australian Border Force and the Therapeutic Goods Authority.

All illicit products seized are destroyed and reported to the Australian Border Force and the TGA as the Commonwealth regulators of illicit tobacco and vaping products. I note that the Commonwealth has also strengthened their efforts in this regard and have formed a national taskforce as well. The Tasmanian Department of Health also shares information with Biosecurity Tasmania, the Australian Border Force and Australia Post to help prevent illicit products from entering the state.

I understand that six tobacco control officers have been employed through public health services.

Ms HADDAD - On that last question you answered, it's encouraging to hear there are new public health officer positions employed. We supported those changes when your government brought them to the Chamber. Part of the complexity in reducing smoking and vaping is also community campaigns and community funding.

It's my understanding that there's an anticipated cut in the funding that the government provided to Quit Tasmania as part of the Cancer Council for their anti-smoking campaigns - a 50 per cent cut to the anti-smoking campaign, and also cuts to the youth-focused anti-vaping campaign that was being run by Quit. They've described those cuts as catastrophic and said that they will cost not only money but also lives. We all know we've got some of the highest smoking rates in the country and that vaping rates are increasing year-on-year. Why was that funding halved despite those high smoking rates? What alternative prevention methods measures are you putting in place to offset that funding cut?

Mrs ARCHER - The department has funded quit smoking activities by the Cancer Council Tasmania on a recurrent basis for the last 20 years to deliver actions to reduce smoking and, more recently, vaping. A new three-year funding agreement from 1 July 2025 to 30 June 2028 provides $1.12 million per annum to deliver campaigns to remind people about the dangers of smoking and to provide support for people to quit. This is in addition to the $1.4 million that Cancer Council Tasmania receives to implement the smoking and vaping cessation activities project until 30 June 2027.

The top-up of funds to achieve higher reach and intensity for adult-focused campaign advertising has concluded, returning to the base level of $405,051 per year. The time-limited funds for youth-targeted anti-vaping campaigns concluded on 30 June 2025.

However, at the same time the Australian Government has implemented two major reforms - *Public Health (Tobacco and Other Products) Act 2023* to prohibit advertising and strengthening packaging requirements on tobacco and vaping products, and amended Customs and Therapeutic Goods frameworks to increase tax and reduce the availability of e-cigarette products and restrict supply to pharmacies. The Australian Government established Federation Funding Agreements and Tasmania will receive $1.4 million from 2023-24 to 2026-27 to implement the smoking and vaping cessations activities projects, with payments linked to performance milestones and annual performance reports.

The department is funding Cancer Council Tasmania to expand operating hours from 8.00 a.m. to 8.00 p.m. weekdays.

Ms HADDAD - That new federal funding, or I guess we're partway through it, that you mentioned - $1.4 million from the 2023 to 2027 financial years. Do you anticipate that you'll reactivate those contracts with Quit Tasmania for the contracts you described as having concluded, the extra funding for smoking cessation and the youth-specific anti-vaping campaign funding, out of that federal funding?

Mrs ARCHER - As I mentioned earlier, as well in relation to the preventive health strategy, we will open consultation on that draft strategy soon, with a view to funding action items in next year's budget. We would certainly encourage engagement with that strategy, particularly around these sorts of issues, and I've met with Cancer Council Tasmania and have encouraged them to participate in that process.

Ms HADDAD - Thank you. Finally on this, before we move on in the committee, has the government, through public health, got any specific monitoring that they're doing about the increase in vaping, particularly amongst young people? I think there's some figures to say that it's gone up from four per cent of young people vaping in 2017 - high school student-age people - and by 2023 it was 17 per cent. I understand what you said about Cancer Council being able to compete for those funds under the preventative health strategy, but what other work is the department doing specifically around tackling vaping?

Mrs ARCHER - Obviously, in relation to vaping, vaping is unlawful without a prescription, for example, in Tasmania, so where we are seeing smoking rates in young people, they are in relation to illicit vapes. There are the actions I outlined previously they were undertaking around cutting or curbing access to illicit vaping products. Then, of course, there are those education strategies as well, and what we look to do through the preventive health strategy.

Ms ROSOL - I have some questions around sustainability in the Department of Health. The Long-Term Plan for Healthcare in Tasmania 2040, which was released in June 2023, includes sustainable and environmentally responsible services as one of four priorities for action, and that includes being an environmentally sustainable health system that recognises, acts upon and measures its impact on climate change. As part of that, I understand that there is the statewide health environmental sustainability subcommittee. In 2022-23 the committee met 67 per cent of the expected times. In 2023-24, the committee met only 55 per cent of the times they should, and in the 2024-25 annual report, there's no information about subcommittee meetings that I could find.

How many times did the statewide health environmental sustainable subcommittee meet in 2024-25. That failure of the committee to meet as often as it should, is that a reflection that the department is not committed to environmental sustainability or a strategic response to climate change?

Mrs ARCHER - I will just refer to the Secretary for some specific information.

Mr WEBSTER - Through you, minister. We're just getting the number of meetings and number of participants, but the fact we didn't publish it in our annual report doesn't actually mean we've withdrawn from that space.

Ms ROSOL - It is a pattern of not meeting as often as expected.

Mr WEBSTER - In 2024-25, we, in fact, joined a collaborative with a number of other health services under Monash University to look at how we go about providing long-term health sustainability, including climate change, et cetera. That report is due for release; it's been delayed a couple of times. That will guide our future.

In addition to that, in the past, the committee you referred to has been sitting under our public health service - very separate, or separate leadership, from our Tasmanian Health Service, where we can have the most impact. Part of what we've done in recent times is actually move it so the leadership sits within the Tasmanian Health Service. So, if you like, we're reinvigorating it in line with - as you said, it can get lost in our in many things that we're doing, but sustainability has to be something that we value within the service.

Second, it's incredibly important because we are massive users of single-use products across our services. We want to reduce that footprint for a number of reasons. First, it's not a great way to do it, but you're also adding to clinical waste going into landfill, et cetera. The plan, working with other health services, is to determine what are the best ways for us to reduce our footprint going forward and reinvigorating that committee and putting it under the THS instead of public health is certainly one way of doing that.

Ms ROSOL - Can I clarify, because, looking through all the information that I could find in documents and on the website, anytime sustainability is mentioned, this priority action - I believe it's No 4 of 6 - it only talks about financial sustainability, not environmental sustainability. A follow-up question is: how many staff have been employed in sustainability within the Department of Health and the Tasmanian Health Service in dedicated sustainability roles? How many staff have been employed and how many staff are now employed? Looking at environmental sustainability, not financial sustainability.

Mr WEBSTER - We may need to take the number of staff in that space on notice if the minister is okay with that? All of my answer there was talking about environmental sustainability.

Ms ROSOL - Yes, it doesn't match what is documented.

Mr WEBSTER - We do have a financial sustainability program running within the department, which is related to how we make ourselves more efficient, how we maximise our revenue. The question from Ms Haddad about our MRI machine, for instance. That's a completely separate issue for us. I know it has a similar name, but the -

Ms ROSOL - It comes under the same action in the plan -

Mr WEBSTER - Yes, I realise that.

Ms ROSOL - even though they're two separate things and I can't find any information about environmental sustainability, and I was looking on the Department of Health website in New South Wales and they have reams of information about what they're doing in this space, but I can't find any information about Tasmania. A kind of beginning question is how many employees are employed specifically in a dedicated role for that? I appreciate that question will be on notice.

Mr WEBSTER - The minister will look at that. Rest assured, despite the website, we are committed in this space and working with that collaborative was about reinvigorating this space because we realised that we'd slowed down.

Mrs ARCHER - We will take the question on notice.

Prof RAZAY - I'm going to ask you a question about environmental sustainability, too. We are the largest employing agency in Tasmania, and Tasmania prides itself of having the most clean energy in Australia. What surprises me, is only 3 per cent of energy comes from rooftop solar panels. Here we can say, look at our Health Department's massive buildings. What are we doing about that in introducing clean energy?

Mr WEBSTER - Most of the energy provided in Tasmania is renewable, clean energy, but there are district hospitals with with rooftop solar that reduces the the footprint of those hospitals. For instance, the St Helens District Hospital has some rooftop solar.

Importantly, if you go to the rooftops of a number of our buildings, you will find that they are used for other plant and machinery, which is incompatible to then adding these sorts of things to them. It is a difficult area for us in terms of our majors, but certainly we will consider it in our in our facilities, but we are reassured that we are a renewable state.

Mr VERMEY - Minister, I'm interested in finding out more about the government's work in the pharmacy space and how helping pharmacists to treat more conditions will benefit Tasmanians. What kind of a training does this involve?

Mrs ARCHER - Thank you for the question. The government is a strong supporter of the pharmacy sector, and we are committed to ensuring that Tasmanians can access timely, appropriate care where they live.

On World Pharmacists Day, 25 September, I reaffirmed our commitment to expanding the role of community pharmacists as part of our ongoing plan to improve access to care. A key element of this work is the introduction of postgraduate training scholarships that will support pharmacists to achieve a full scope of practice credentials. This advanced training will enable pharmacists to treat a broader range of common conditions including ear infections, reflux, rhinitis, shingles, eczema and minor wounds, providing more care directly within the community. The first scholarships are expected to be available in early 2026, aligning with course enrolments. Successful applicants will receive up to $7000 in support provided in two instalments, $3500 at enrolment and $3500 on completion. Expanded treatment options are expected to be available from late 2026 as pharmacists complete their training. Further

information regarding the scholarship program, including detailed eligibility criteria and the online application process, will be communicated directly to pharmacists and relevant stakeholders, and will soon be available on the Department of Health website.

I'm also pleased to say we will continue to increase access to more pharmacy services for Tasmanian women by approving appropriately credentialed pharmacists to deliver hormonal contraceptive service by the end of this year. Credentialed pharmacists will be able to assess women and girls aged 17 and above and where appropriate, initiate, change or continue hormonal contraceptives. This is a significant component of the government's scope of practice reforms, to help Tasmanians receive the care that they need sooner and to alleviate those pressures on the other parts of the health system.

These reforms are a result of the Pharmacy Scope of Practice review, and we have committed to implementing all 12 recommendations of the review to improve access to care.

In addition, an expression of interest process opened last weekend for community pharmacies to apply for grant funding to open for longer, including evenings and weekends, and to enhance access to services for local communities. By supporting pharmacies to extend their operating hours, we'll ensure Tasmanians have more access to healthcare options late at night and on weekends. The program will aim to achieve equitable access to services by prioritising pharmacies in parts of the state where there are current service gaps and unmet health needs. Consideration will be given to providers in rural and remote areas such as the west coast and the central regions of Tasmania, where access to pharmacies with extended hours is currently limited. The expression of interest is advertised on the Tasmanian government tenders website, and, like the GP clinics, expression of interest is due to remain open until 21 January 2026.

Mr VERMEY - Minister, what extra training does this involve as well for the pharmacists?

Mrs ARCHER - It's a 12-month training program for pharmacists to be able to achieve full scope of practise.

Mr VERMEY - So they would do a medical sort of upskilling.

Mrs ARCHER - Yes, that's right.

Ms DOW - My question is in regard to the emergency rotary wing helicopter services employed by the government. I would like to understand what aircraft StarFlight have, and whether that differs to what Rotor-Lift had?

Mrs ARCHER - Yes, in part it does, and I will ask the Secretary to add to this. In part, Rotor-Lift have actually been utilising the Bell helicopter that was part of the StarFlight fleet as well.

Ms DOW - Is it true to say, minister, that the new service only has larger aircraft?

Mrs ARCHER - No, I don't think that's necessarily true. They have significantly enhanced capability, I think is probably a more accurate way to describe that, including

technology, if you like, that was not previously available. The secretary might add to that, but even things like winching capability, infrared capability …

Mr WEBSTER - Through you, minister. The the new aircraft flying from 12 January will have availability of three Bell helicopters, versus at the moment we have one Bell and two Kawasaki - I can't remember the numbers of these, by the way.

Unknown - BK 117, 412.

Mr WEBSTER - There you go, and Bell 412. However, the Bells will be in place for a period of two-three years, and then replaced with Airbus frames after that. They're brand new at that point.

As the minister said, the Bell helicopter has capability now - the one we have - to do winching from the ground up into the airframe. Whereas the BK helicopters lost their accreditation for that through the Civil Aviation Safety Authority (CASA) - registration or accreditation, whatever the terminology is - some time ago. We haven't been able to use the BK helicopters and that basic winching of a stretcher from the ground up into the helicopter, but the Bell has that capability, which is why we already have it and the three Bells from 12 January will have that.

In addition to that, the additional Bells that we're getting will have the capability to do infrared searching, as the minister said, which we currently don't have. We have to do line-of-sight searching - someone sitting there looking out of that helicopter, literally, whereas with the infrared we can be looking for someone up to two kilometres away. It really is a significant enhancement of the rescue side and from the retrieval side it's significant enhancement with being able to winch stretchers up into the helicopters.

Ms DOW - From the point of view of helipad infrastructure across the state, do these new aircraft meet the spec of those current helipads? Will there be issues around weight and their ability to land at those?

Mrs ARCHER - Well, one of them is currently landing at those around the state, so, no.

Ms DOW - Okay. I wanted to ask you about the transition plan, to understand why you're building a new base and why there is the requirement for an interim base?

Mrs ARCHER - In parallel to the tender for the rotary-wing aircraft, the Department of Health ran an expression of interest process to develop a new southern emergency air base independent of any operator, and the successful proponent of that was Cambridge Aviation Precinct, also known as Cambridge Aerodrome. In the short term, the new service will have immediate use of a temporary facility, before moving to a new purpose-built site for the dedicated use of the new rotary-wing aircraft at the aerodrome. That work is currently underway, and will be operational when the new contract takes effect on 12 January.

Ms ROSOL - I'd like to ask some questions about bed block. I know that you've spoken about the federal government being responsible for a lot of what's happening in health, due to the lack of funding and suggested that bed block is because of that lack of funding. I think we all agree that the federal government has an important role to play and should be doing more, but that doesn't mean that there isn't more that we could be doing here in Tasmania.

The Department of Health's annual report shows the number of patients being discharged from hospital on the weekend is below KPI targets, and discharge numbers prior to 10.00 a.m. are also below KPI targets. Would it be true to say that it's lack of staffing that's having a negative impact on the ability to plan and deliver discharges for patients?

Mrs ARCHER - I suspect that there is a range of reasons, but I will ask the Secretary to provide some context.

Mr WEBSTER - Through you, minister. The pattern of doctors being on our wards affects the two KPIs that you just said. As part of addressing some of this, we're introducing programs called Criteria Led Discharges. In other words, specialist medical practitioners, instead of them being present before the discharge, they actually create a criteria for the registrars and for the nursing staff that says if the patient reaches these levels of criteria, then they're able to be discharged rather than be on presence to monitor that. That's had a large degree of success in our surgical wards, for instance, and we're trying to now put that across all wards across our system. It won't be applicable to every patient, but it's really important that we acknowledge that we don't have 24/7, seven days a week specialist medical practitioners in our hospitals. We do have registrars and junior doctors present over those times. It's important that we actually create the criteria to allow for that.

Do we have enough staff? We actually have introduced, over the last few years, a number of staff, such as discharge planners, et cetera, to increase the ability to do this. We continue to push for criterion-led discharge as a primary method. Secondly, working with our discharge planners to actually work with our allied health professionals in terms of getting the person and their family ready for discharge, because that becomes an issue. You've already mentioned aged care and NDIS. Again, they're very complex discharges that we have to negotiate well in advance.

One of the things that we've introduced as part of the suite of things, for instance, is we now on admission, we ask our doctors to actually set an expected date of discharge so that it gives our allied health professionals, our nursing staff, the ability to say, 'Okay, if the expected discharge is 1 December, here's what needs to be achieved in terms of socio-supports or medical supports outside of the hospital,' and that helps as well. All of these things are a work in progress, I have to say. As it says in the annual report, we haven't achieved the measures in the last financial year, but we continue to do that.

Ms ROSOL - Follow up question then to that would be around the transit lounges, which I understand have been created. I can remember them when I was nursing. The transit lounge is a way of helping to decant people off the ward before they leave. According to the annual report, the occupancy is supposed to be at 80 per cent, but the actual results are that the transit lounge occupancy is sitting at only 20 per cent. Why is the transit lounge occupancy so low? It's created to help discharges happen and it's not being used, are there staffing issues there or what are the issues that are preventing the transit lounges from being used to their capacity?

Mr WEBSTER - Again, through you, minister. What I would say - and I've asked for the hospitals and primary care space to review transit lounges. As a model, we've tried it over a number of years, and when you get that type of result, it starts to question: is it worth investing in them? I've also asked for a review of that data because I don't believe it's right for the LGH. I think you worked at the LGH. You can tell it's actually a really busy space. The 20 per cent figure for there just doesn't fit with what's occurring at the LGH. It may be it's because of the

number of hours that you're expected to be to get to the 80 per cent and those sorts of things. I think there is a problem with the data.

Having said that, I think there's also an issue with the idea of the transit lounge is that's where you go when you're almost ready to go home and there might be a bit of monitoring left and a bit, - you know, you got to get your pharmaceutical and things like that. There is a reluctance to do that in case the person has to come back and things like that. There's a number of factors that's working against our transit lounges. Having said that, I don't believe the data. I think it is still too low, particularly, say, at the Royal, and we need to work to either improve it as a model or come up with a new model - is what I would say. I'm admitting to you that we're not very successful with transit lounges in their current format, but they are very well staffed.

Ms ROSOL - Okay, because I was going to say I've heard reports that they're often closed or or unused because of staffing. You're saying no, that's not the case, by the sound of it?

Mr WEBSTER - Again, through the minister. I wouldn't say to you that they're never closed because of staffing issues. If we don't have the safe staffing level, we won't - there are periods where they're not open. But what I would say is that is not contributing to the low usage of the transit lounges. There are a number of other factors. As I said, in terms of the LGH, I just don't believe the data because I've never visited the transit lounge at the LGH and it hasn't been busy. Whereas I can tell you if you visit the Transit Lounge at the Royal, it doesn't look that busy. Again, that just might be when the times of the day you're visiting, things like that. I've asked for a look at the data, but a look at the model as well.

CHAIR - I remind everybody to please speak into the microphones. Over to you, Prof Razay.

Mrs ARCHER - Maybe just before Prof Razay, I think the Secretary's team has an update for Ms Rosol on the statewide Health Environmental Sustainability Committee meetings.

Mr WEBSTER - Yes, through you, minister, the committee has met three times this year with a fourth meeting scheduled for 5 December. They're all of the scheduled meetings.

Ms ROSOL - Is that 2025-26.

Mr WEBSTER - No, it's 2025, sorry.

Ms ROSOL - So it's a calendar year not overall?

Mr WEBSTER - That's in the calendar year. Yes.

Ms ROSOL - So there's still some data missing.

Mr WEBSTER - Yeah.

CHAIR - Over to you, Prof Razay.

Prof RAZAY - Thank you. According to the rest of the Treasurer's speech last week, record compensation have increased and have increased dramatically, driven by increased client and psychological injury. I think this is a big issue also in Health Department, is it true that there are more than 700 claims there, which are costing around $49 million? That's a lot of claims. What are the reasons for the increase in claims recently?

Mrs ARCHER - So the total number of new workers compensation claims received for the 2024-25 financial year was 727. New claims for 2024-25 have increased by 16.3 per cent compared to the previous financial year when 625 new claims were received. 72 per cent or 527 of new claims in 2024 were for physical injuries. 28 per cent or 200 of new claims in 2024-25 were for psychological injuries.

At the end of the first quarter of the 2025-26 financial year, 192 new claims had been received, slightly lower than the same time last year when 198 new claims had been received. 67 per cent or 128 of new claims for the first quarter of 2025-26 were for physical injuries and 33 per cent or 64 were for psychological injuries.

These proportions are broadly in line with 2024-25. The cost of physical claims in 2024-25 increased 38 per cent and the cost of psychological claims increased 44 per cent compared to the previous financial year. Increased costs are attributable to increased psychological claims and a general trend of rising costs. The Department continues to focus on a collaborative, transparent and worker centric approach to managing claims and return to work plan. Key focus areas have included early contact and support for workers, supporting capability development for managers and supervisors, to allow them to effectively support workers, applying a holistic approach to supporting workers recovering from injury, ensuring support for optimal treatment regimes that aim to provide the best treatment outcome.

In relation to work health and safety, the Department is committed to ensuring the physical and mental health safety and wellbeing of all workers, visitors, patients and clients with a focus on continuous improvement. To support this commitment, the Department has endorsed a 10 Point Plan for Safety and Security, which sets out the key components of a system to keep staff, consumers and visitors safe and secure.

It has reviewed and is currently developing an improved safety reporting and learning system. It's implemented a system to capture workplace inspections and associated hazards and enable proactive risk mitigation. It's reviewed, developed and updated WHS training and implemented reporting for WHS core learnings and the department continues to build on wellbeing initiatives through the Wellbeing Hub. Launched in May 2024, the Hub is housed on the Department Intranet providing employees access to evidence based information to support their own and their teams wellbeing and this year the Department launched the Six Weeks of Wellbeing Event, a statewide initiative giving staff access to a range of activities, events, resources and opportunities for connection.

Just before we move on, the Secretary's just advising me he wishes to clarify an earlier answer in relation to unfilled shifts.

Mr WEBSTER - My apologies, Chair and Ms Rosol, through you, minister. The figures I gave were 15 months' worth of unfilled shifts, rather than 12 months, so the 12-month figures are comm-centre 809 - this is 12 months to 30 June 2025- the north 851, north-west 2139, and the south 3248.

Ms ROSOL - The total shifts figure, the 51,000, was that for the 15 months as well, or was that for the 12 months?

Mr WEBSTER - My apologies. Through you, minister, that was for 12 months but only on the three regions. It didn't include the comm-centre, which is why we are updating. Also, if I could correct a second answer - this one's a positive story. The GoodSAM Responder number is 584, not 325.

Ms DOW - To take you back to StarFlight, minister, to be very clear, and for the record, there are no issues with any of the aircraft that are going to be deployed by StarFlight to land at any of the helipads across the state?

Mrs ARCHER - No.

Ms DOW - Before, when we spoke about the elective surgery plan for the state, you talked about the importance of preoperative care. As a new minister with new eyes over this portfolio, would you reconsider the closure of the hydrotherapy pool at the North West Regional Hospital? In actual fact, that was used very well for many years for therapeutic care - not only that but for preoperative care across the region. Would you consider reversing the former minister's decision?

Mrs ARCHER - I will ask Dale to make some comments about that. I did visit the North West Regional Hospital not very long ago and did talk to clinicians about the facility and, I guess, the risks and benefits of the facility - but I will ask Dale to make some comments.

Mr WEBSTER - We haven't stopped our hydrotherapy program, but we haven't used the particular pool at the North West Regional for a number of reasons, starting with infection prevention control, and then a number of things, because we weren't using it, with maintenance, et cetera, of that pool.

Our allied health professionals are still using a number of other facilities across the north-west to provide hydrotherapy type services. Indeed, we're expecting an additional pool to come online at - and I'm going to get the name wrong - but it's an education support school in the north-west as well, which includes two hydrotherapy pools through the north-west support school structures.

Ms DOW - So, through you, minister, those developments and redevelopments are many years away, and there is an immediate need for people to be able to use that facility. What procedures and policies will you have in place to ensure that the public - How are you going to have the public accessing those facilities as Department of Education facilities, where the students will be using those facilities as well? During the election campaign, the Premier made an announcement about this. It felt a lot like it was just to make the issue go away and there wasn't a lot of thinking through of how it would actually work in practice. Have you given thought to that, because it would really mean that people would only be able to access it after hours, and that's not going to be good for a lot of elderly people.

Mr WEBSTER - Through you, minister, these will be additional hydrotherapy pools, but there are existing hydrotherapy pools. For instance, there's one at Latrobe, there is one at the veterans' centre in Ulverstone, and there is another one in Burnie already. We're already using those. With the additional -

Ms DOW - Which one are you using in Burnie? You don't know?

Mr WEBSTER - Off the top of my head, I don't know where it is. My apologies. We can find out. Importantly, the support schools are an additional two in the north-west. How we use those is, firstly, we will be using them primarily for children, because that aligns with the use of those services. Because they are support school services, there is opportunity to use them through other periods of the year when the support schools are not there. We will be working with DECYP to create a model where we can use those facilities as required, but at the moment we don't necessarily have a need for additional hydrotherapy in the north-west. There are a number of pools across the north-west.

Mrs ARCHER - I think it also important to note that the assessment of that facility was conducted by experts in relation to best practice and safety concerns around that, which is what has ultimately led to the closure of the facility.

It's also important to note that those clinical experts, some of whom I met when I was there, who include physiotherapists, have recommended that that former pool site be converted into a multifunctional space. That would also enable those clinicians to treat more patients as well - not with hydrotherapy, but with other associated allied health supports.

Ms DOW - But reverse the decision?

Mrs ARCHER - Well, I will follow the advice that's recommended that it be closed for safety concerns.

Ms ROSOL - I would like to ask some questions about non-emergency patient transport, so the pre-booked transport services that transfer patients between hospitals or discharged people to aged care facilities. How much did the Department of Health spend on privately contracted non-emergency patient transport (NEPT) in 2024-25?

Mr WEBSTER - Through you, minister, and my apologies, these align with the contract years rather than the financial years, so if you bear with me. In October 2023 to September 2024 we spent $4,015,861 on NEPT in the private sector, and from October 2024 to March 2025 we were at $2.385 million.

Ms ROSOL - Thank you. I'm curious because I know that the department employs staff in non-emergency patient transport. Are there patterns to when private services are used? For example, days of the week, times of the week? Are there times when employed Department of Health employees would be able to do that if they were given overtime? That's a huge amount of money to be paying to private transport services.

What type of employment is used for the Department of Health non-emergency patient transport staff? Are they employed as day workers, as shift workers? What could be changed so that we could reduce the need to use private services here, and use the staff that we have, I assume, to have a much cheaper service?

Mr WEBSTER - Through you, minister. We use a mix of Ambulance Tasmania staff and the private providers. The usage is determined on a case-by-case basis, with hospitals intersecting with the dispatch area within Ambulance Tasmania about what units are available.

It will depend on, for instance, if we need to move a large number of patients for surgery from the North West Regional Hospital or the Launceston General Hospital, then we'd be using a large number of NEPT providers in that circumstance. It does depend. We do revisit the model on a regular basis, but the issue with having 100 per cent of it in-house, if you like, is that there will be times where we're not using the staffing component that we have, because there isn't the need on those particular days, and there would be need on other days. We try to balance the load across the system using the private providers, such as Private Ambulance Tasmania, and many have been in place in Tasmania now for a very long period of time.

We wouldn't advocate that we insource it 100 per cent, because it does provide us with the ability to balance the load depending on when we need the patient transport to occur.

Prof RAZAY - Earlier we spoke about the change in the workforce, how people want to work part-time or casual or early retirement. That has an impact by increasing locums and costs. Is the department taking notice of that and changing the way we employ people, for example, especially in the central area? Would you offer people a permanent job rather than wait for a few years, for example, just to attract people and keep them in their job?

Mr WEBSTER - Through you, minister. Absolutely. In fact, a number of initiatives implemented by ministers over a period of time - for instance, when we employ our paramedic graduates, we now make them permanent rather than put them through a 12-month program and then make them permanent. We've done the same with our transition to practice as well. The idea of the length of training contracts with doctors is the same. In all circumstances, our preference is to lock in highly valuable health professionals for the long term, which includes permanency. That's been our pattern over a number of years now.

Ms DOW - Minister, when can we expect construction to commence on the King Island Ambulance Station?

Mrs ARCHER - I will just check, but I think the development application may have been lodged recently.

Ms DOW - It has - it's more about the construction date.

Mrs ARCHER - The Secretary's advised that he anticipates construction to commence early 2027.

Ms DOW - We spoke about the new mental health facilities at the North West Regional Hospital. Originally, construction was meant to commence at the end of this year, or during this year. I understand that's been pushed out to 2027. Why is that, when there's such a need for that facility?

Mr WEBSTER - A number of reasons, including complications in the planning - not the formal planning process, the clinical planning process for the North West, including with the master plan, where we're going to locate it, and then design. In the master plan it relies on other buildings being around it to connect it back to the hospital, and obviously we're going with mental health first, so we've had to work through the planning with clinicians about how we're going to operate it. It's only 150 metres, but it's a fair slope up to that part of the site, and things like that. There have been delays in the clinical -

Unknown - Good exercise for them, Secretary.

Mr WEBSTER - Happy to do that, but not make the patients do it. There has been a delay in the clinical planning side of it. That has then led to delays in the design and getting through the formal planning and construction phase. Unfortunately, it sort of slipped because of those factors. As you said, it's an essential item for the North West, and in addition to that, we've added the community mental health hub to Devonport in the meantime, which will come online in 2027.

Mrs ARCHER - It is anticipated that the tender for the construction works will be released in mid-2026, with construction works expected to commence in late 2026, to be completed by early 2028.

Ms DOW - The other thing I wanted to ask you about is in relation to mental health in the home beds for young people on the north-west coast. I understand that you have six operational beds at the moment in the community. Does that service extend beyond the parameters of Devonport? I have reason to believe that it doesn't extend as far as Circular Head, where that service is really desperately needed and actually was established in response to that. Could you give me the span of where the service extends to?

Mrs ARCHER - I will ask the Secretary to answer that specific question. I did visit the Devonport service very recently and was very impressed with the service that is provided there, and very pleasingly hearing reports of young people who have been able to avoid hospital presentations that they would otherwise have made, in relation to the footprint of the service. I will ask the secretary to elaborate.

Mr WEBSTER - Through you, minister. Just trying to get that piece of information on what is the exact footprint of Youth Mental Health Hospital in the Home. I would say that the objective is to expand it further than the six beds. I should explain that six beds are actually 12 patients if you like because it's occasions of services how it's measured rather than beds.

Ms DOW - Through you, minister. There was a target of increasing to 12 this year. That has been met?

Mr WEBSTER - Through you, minister. So, no. It's still at six, but I'm just pointing out that 6 = 12 and 12 = 24. Does that make sense? It's occasions of service versus beds. If it's a bed, one person is in it. If it's a hospital in the home bed, it's actually two people, if you like, is how it works. 2.25 people, they tell me.

Mrs ARCHER - I will provide a little more information on that while we're looking for that number. We have boosted the capacity of Mental Health in the Home on the north-west coast, almost doubling it from 7 to 12 beds. The Mental Health Hospital in the Home in the north-west has a specific focus on young Tasmanians aged 16-25. Since its launch in July 2024, the service has assisted 79 young patients in accessing specialist care and support within their place of residence. As of September this year, it's received its 100th referral.

We might need to take that on notice the specific footprint.

Mr WEBSTER - Through you, minister. The specific footprint is still Devonport unfortunately. The expansion will see it expand.

Ms DOW - When will that occur? I will put it on notice.

Mr WEBSTER - The second part of that is the Mental Health Emergency Response which was deliberately changed for the north-west, so it had a great footprint than the Pacer in the south, for instance.

Ms ROSOL - Going back to the non-emergency patient transport. I asked a fairly specific question there and I think it got lost in things and I didn't get an answer. The Ambulance Tas staff who staffed that, are they employed as day workers or as shift workers, and is there the capacity for them to be flexible and do more, so that we don't have to rely so much on the private services?

Mr WEBSTER - Through you, minister. I'm convinced that there are seven day workers, but I'm not sure of the span of hours, if you like. We're just finding out the span of hours on each day.

Ms ROSOL - Do you want me to put it on notice?

CHAIR - Do you have a second question?

Ms ROSOL - I do have a second question. It is a different topic.

Mr WEBSTER - I've got the answer. There's seven days, but we actually have an on-call and for the evenings. It's a mix of permanent and casual staff so we can actually have that level of flexibility.

Ms ROSOL - Thanks. I want to ask a question about the Auditor-General's report into community service organisation funding released in May because it wasn't great. It said that there are ineffective funding frameworks and arrangements. Their funding of community service organisations isn't strategic, it doesn't follow best practice, it doesn't manage risks. As part of all that, the department wasn't able to produce a list that contained all the funding agreements that were administered. What actions are being taken to address the problems and do you have a list available now with the funding agreements that you could provide to us?

And then, will the findings be used to justify cuts to community service organisations? For example, will you cut funding agreements or not fund new agreements with the justification that they don't align with strategic plans? Because that was one of the findings of the Auditor-General's report. Sorry, that was an omnibus question.

Mrs ARCHER - I will ask the Secretary to respond to the first part of your question. In relation to the second part of your question, of course, we give regard to the Auditor-General's report. When it comes to funding allocations for community organisations, we continue to engage in that in the way that we have and will. I also point, again, to the work that's being undertaken on the preventive health strategy, mostly because I want to really encourage community sector organisations to engage with that. We want the work that we're doing, both by ourselves and in partnership with community organisations, to align with those strategies to avoid duplication, and, importantly, to be able to identify where those gaps are and to meet them. I will ask the Secretary to speak to the Audit office report.

Mr WEBSTER - Through you, minister, the department accepted the recommendations of the report and we are going through implementing those. The first step of that was to centralise our grants team, back to the future, as Ms Haddad would attest.

Ms HADDAD - I can tell there used to be a database. It was in finance one, it was very comprehensive.

Mr WEBSTER - We have it.

Ms HADDAD - Great.

Mr WEBSTER - We're centralising it, so that we do have a team that's dedicated to grants under centralised management. We're chuckling because this was Ms Haddad's job before she came into parliament, we recreated that job.

Ms HADDAD - Not at the time of the Auditor-General's report, I'd like to tell you, I was here by then and I was very sad to read it.

Mr WEBSTER - There is a whole-of-government framework being developed around CSO funding arrangements, which includes long-term contract strategy and we're participating in that activity to make sure that we're aligned with it. In the meantime, we're aligning our process with proper commissioning and monitoring processes. We are getting the annual reports and we're actually monitoring against KPIs and things like that.

In addition to that, we went through a risk-management process to look at where our risks in this process is, and make sure that we're addressing those risks. We've done all of that already and we look forward to continuing to build on that. Unlike in previous years, now that we've centralised it, we do have a centralised list of all of our providers.

Ms ROSOL - Is that something publicly available, or that could be tabled? I'm not sure of the process with that.

Mr WEBSTER - I would take some advice, because obviously it has funding details of particular individual organisations, just to make sure that we're not breaching any confidentiality on that. At a broad level, we have 221 funding agreements, across 154 organisations to a value of $68,688,835 in 2025-26

Mrs ARCHER - Might need to encourage Ms Haddad's return.

Ms HADDAD - What are you saying? No, I'm quite happy here. I do have some follow-up questions on that if there is time.

Prof RAZAY - We don't seem to be doing well with hospital discharge summaries, just over half are completed within 48 hours, and that's important. Discharge summaries that delay the patient leaving hospital mean fewer beds will be available when we need them most. Therefore, we need to find a way to encourage doctors to do so, fully. It is a long-term problem, it's not a new one.

Mrs ARCHER - I think the Secretary referenced some of this in his previous answer but I will just throw you again, on that specific issue.

Mr WEBSTER - Through you, minister. In terms of discharge summaries, and it is a long-term project to get our number up. Importantly, that's where expected data discharge can help because we can start building the summary from the day the person's in the hospital, which, hopefully, can then speed up that release. It's important because we need - for the continuation of care of each patient who's referred out to GPs or referred back to an aged-care facility, they need that discharge summary. We are looking at what we can do to improve it. Ultimately, with our digital health transformation, our Bluegum program, we're looking at being able to do this with our electronic medical record, by transferring the information to other practitioners in other parts of the system in real time.

Ms HADDAD - Minister, I know we're being a bit jovial about my previous job, but the Auditor-General's report was pretty damning and saddening for anyone to read, especially those who worked in it before.

That former unit that the Auditor-General's report was referring to also had, in addition to the grants management function, had a quality and safety auditing function, which was specifically trained staff who would, conduct quality and safety audits of all funded organisations on a three-yearly basis. The Auditor-General pointed out that those audits stopped in July 2019. I know your department's accepted all the recommendations, but could you speak specifically to what risks have been identified since those quality and safety audits ceased in 2019 and how quickly they will be reinstated?

Mrs ARCHER - Yes. Thank you for your question and, yes, I acknowledge we were jovial about that, but it is a serious business and, as the Secretary said, one that we take very seriously and the department has accepted those recommendations. I will ask the Secretary to speak specifically to the issues that you've raised around that unit.

Mr WEBSTER - Through you, minister. Specifically, we have restarted the quality and safety audits. What we did was, starting with the desktop audit, identified any of the high-risk CSO contracts that needed to be looked at immediately, and those audits - or those risk assessments we should probably call them, against quality and safety standards - have commenced with CSOs. In addition to that in our process with CSOs we're telling them about their obligation to advise us about risks and any events that occur that may change their risk profile and up the need for them to be visited more quickly. That program has started already.

Ms HADDAD - Thank you, that's good to hear. One of the things that we've heard from community sector organisations, since the dissolution of the old DHHS and the communities department beginning then disbanding, those contracts are scattered quite far and wide across different departments. Some are in DPAC, some, I think, are in State Growth, many are in DECYP and many still remain in your department, 321, the Secretary said. Some organisations, however, have said that they don't even know who they're funding agreement manager is. They don't hear from funding agreement managers and for some, that's been for quite some time, through departmental restructures and changes. What work is being done to make sure that there is a cohesive network of funding agreement managers across at least your department. But also, the Secretary referenced DPAC's work on the whole community sector commissioning. What efforts are being put into making sure that there's consistent funding agreement management from government to those funded organisations now?

Mrs ARCHER - Yes, and in part, you've acknowledged some of the reasons that have led to that disaggregation, if you like, and we have heard today about changes, for example,

with whether that's Closing the Gap implementations or other things that will impact on that. What we seek to do is a more integrated approach, but I'll ask the Secretary to talk about what work is being done to date.

Mr WEBSTER - Through you, minister. In the Department of Health by centralising, we're revisiting them and going back through every contract to make sure we do have contact with all of our 154 providers. At the whole-of-government level, it's important that that framework acknowledges that different parts of government are contracting different organisations; it's not just one organisation with multiple contracts. So, we need to make sure there is a consistency with their reporting, for instance - we don't want them to be required to report in March to DECYP, and in September to Health. Those sorts of things need to be coordinated, but also the KPIs within that are coordinated.

Ms HADDAD - Yes, and is that in Health or is that the DPAC work?

Mr WEBSTER - That's the DPAC work to get that part of it. We've done it, if you like, across our commissioning frameworks that we're developing in our contract frameworks to make sure we have consistency because we have 221 agreements across 154 organisations, so some people will have multiple contracts and it's important that we get some alignment of those and not add to the administrative burden because they have one report for this bit of the agency, so that's all part of bringing it together. We have our work underway and the whole-of-government work is also underway.

Ms HADDAD - It's longstanding work to try to align some of those contracts. I will ask the Community Services minister later in the week as well but it's a shared frustration across the whole sector that it's taking so long.

I'm aware of the work happening in DPAC, but do you have a rough idea of how many FTEs in your departments are working specifically with that DPAC unit on that whole-of-government work to align NGO contracts, five-year funding agreements, outcomes-based purchasing, all that work that's been on foot for a long time now, since 2014, I think. DPAC's taking the lead on that but it's difficult for them because, obviously, of all the line agencies that hold the funding agreements too.

Mr WEBSTER - Through you, minister, the new grants unit sits within our Systems Management Reform team. A number of people are involved from the Deputy Secretary level in terms of a steering committee. Importantly, what we're trying to do is share what we're doing into DPAC so that they're seeing what we're doing and if we go off the track they can bring us back, but equally, they can learn from what we're doing because the Auditor-General's report certainly gave us the impetus, but in fact, as you can tell by the fact that we put our unit together in March, we'd already acknowledged that we needed to work better with the community sector. It's both all of the people in the unit and in the management of SMR are involved in some way in that work but we don't have a dedicated number of resources working with DPAC, we're just sharing it across.

Ms HADDAD - Understood.

Ms ROSOL - I want to ask a question that's been raised with me by a number of medical professionals and it's a public health question. It's to do with antibiotic resistance. We know that globally antibiotic resistance is a public health challenge, and antibiotic usage in food

production increases that risk substantially. With the use of florfenicol now in the salmon farms in Tasmanian waters, my understanding is that there is the potential there for antibiotic resistance to increase. The florfenicol goes into the fish. There's been research that's shown that Tasmanian farmed salmon bought from Melbourne supermarkets have antibiotic resistant bacteria in them. That's been found in research by Monash University and when humans then eat that fish, the antibiotic resistance genes can pass into human pathogens and that can be part of increased antibiotic resistance happening. Did Public Health provide advice on the potential impact of florfenicol use and antibiotic resistance?

Mrs ARCHER - The Environment Protection Authority is responsible for the monitoring of antibiotic residues in the environment and ensuring that the use of antibiotics in finfish farming doesn't cause environmental harm. Then the Department of Natural Resources Tasmania overseas the regulatory requirements relevant to the use of antibiotics to treat fish and the controls in place to ensure that treated fish comply with antibiotic residue limits which are prescribed in the Australian New Zealand Food Standards Code.

Questions about commercial seafood safety or management of antibiotic residues are obviously a matter for the Department of Natural Resources Environment Tasmania.

You talk about the existence of antibiotic resistant bacteria in fish for sale and I think that goes to a part of the issue of why florfenicol has been approved for use -

Ms ROSOL - What about the pathogens, though? It's about the the genetic resistance to antibiotics in the pathogen. I understand it's not the residue that's the issue, it's the potential for antibiotic resistance to develop because of the genetic changes that are happening in bacteria. Has Public Health offered advice on this?

Mrs ARCHER - The Australian Pesticides and Veterinary Medicine Authority has approved the use of florfenicol for the treatment of *P. salmonis* and salmon producers have subsequently commenced treating the fish. The Department of Public Health advice on relation to the public health risks does sit within the role of Public Health in the Department of Health, and there is ,like there is with antibiotic treatment in any veterinary way or in line with primary production regulations. There are withholding periods for human consumption.

In relation, I do want to provide some specific information about antibiotic resistance. I mean, antibiotic resistant germs are a -

Ms ROSOL - Big problem.

Mrs ARCHER - Yeah, and they're a big problem like right across -

Ms ROSOL - Yeah, globally

Mrs ARCHER - contemporary health problem. They should be used when necessary and when there is a clear medical or veterinary reason. There is a shared responsibility, I think, to use antibiotics appropriately. Obviously, the ongoing monitoring of those things informs future Public Health advice as well. But those decisions are taken, as it says, when it is considered necessary. I think in this case it has been considered necessary to avoid the mass mortality events that we have seen in the past. Do you want to add to -

Mr WEBSTER - Through you, minister. In relation to the specific Public Health provider advice, yes, we did, and that advice was actually published through a media release -

Ms ROSOL - That was around residues though, this is about the antibiotic resistance potential.

Mr WEBSTER - Then as part of that release in the additional information for that a number of documents are referenced including the national strategy on antimicrobial resistance and what needs to be done under that. It wasn't just the media release, but there were a number of attachments to that media release that came further information and background and referenced other documents.

Ms ROSOL - Thank you.

Prof RAZAY - I must congratulate you, at last, we have seen that preventive strategy, but you know what I am feeling? Well, it's about time to talk about ageing as well. Looking at all these photos, 55 of them, they were rather activities and young people and only five pictures of senior people. I feel those are the most important we should focus on because they have got the highest chronic health problems and if you target them then you will get the most benefit from physical activity. To my surprise, seniors are not physically active, nearly half of them don't even walk half an hour a day. I would have preferred a few pictures of our seniors, imagine them walking or being on a bike or eating healthy food. That's my main thing, the other thing is how can we - these people, the public, are well - how do you think it's going to be effective, this strategy?

Mrs ARCHER - I take your point in relation to the older people in Tasmania and obviously we want to improve health outcomes for Tasmanians irrespective of their age and also recognise that when we talk about preventive health, we're talking across the full spectrum, as you and I have talked about previously of that physical health, but also, wellbeing, social connectedness and those things as well.

It is a 20 year preventive health strategy and the point that you made around what people might be doing now is what we're seeking to address in some way. We want to encourage a whole new generation of Tasmanians to take control of their health, to have an early intervention approach, to have a preventative approach at the same time as obviously providing the those acute health services that Tasmanians lead as well. We also do have the older Tasmanians Action Plan as well which are also sits alongside the Preventive Health Strategy.

The vision of Healthy Tasmania is that Tasmanians, all Tasmanians, have the opportunity to live healthy, active lives in their communities and to support connection to people, place and culture. We're coming to the end of that five-year period and we're launching the next stage, the 20-year Preventive Health Strategy. We have that progress informed by the research and evaluation that has been conducted by the Menzies Institute, and that evidence will help guide our actions and ensure that we have that foundation to build on.

The strategy is being shaped by Tasmanians, for Tasmanians. We've had some 5000 interactions, which I think is very heartening, to see the level of engagement that Tasmanians have with the idea of prevention and preventative health. This draft consultation paper, we hope to have more feedback in relation to that, to inform that strategy and have those action plans in place for next year's budget as well.

It goes to, in part, the question that Ms Haddad asked before, and one of those many things that has changed the landscape we're operating in - which I think is a positive thing, but we have to get them to talk to each other on the way through - is having that whole-of-government approach. Yes, it is about health and healthcare, but it's also about embedding those things across our community. You and I have spoken previously about infrastructure, for example, that supports communities to engage in active transport options, for example, or food security in communities as well. So, moving towards a whole-of-government approach and interacting with Tasmanians right across the full range of their lives.

Prof RAZAY - I am hoping - just comment - like in previous health strategies is that it's not just for the converted - the ones who are already interested in it. We need to get it into the most disabled and especially the low socioeconomic communities. Those are the people we can change things for.

Mr VERMEY - Following on from Prof Razay's earlier question about mental health, I would like some more detail, to understand. The public consultation is open on the new mental health strategy for Tasmania. What's been achieved through the current strategy?

Mrs ARCHER - The government's long-term plan for mental health, Rethink 2020, has transformed Tasmania's mental health system. We spoke earlier about that and how we're building a contemporary integrated model of mental health care, so that people can get more holistic support, with over $564 million invested in the last decade.

Part of that is that we've worked to refocus mental health services from mainly hospital-based settings to now deliver supports that reach out to Tasmanians in the communities where they live. The Youth Mental Health Hospital in the Home is an example. In partnership with the Mental Health Council of Tasmania, Primary Health Tasmania and our community sector, but most importantly people with lived experience, we've delivered initiatives that are making a difference through Rethink 2020. These include the establishment of the 12-bed Peacock Centre, which includes co-located, community-based services, and the establishment of Access Mental Health, which is the mental health support, triage and referral phoneline I referred to earlier.

We're working in collaboration with the Australian Government to implement a network of Medicare mental health centres across Tasmania. This includes three new Medicare mental health kids' hubs across the state, as well as the statewide rollout of our mental health emergency response service, which is providing mental health care for people in crisis more effectively and more quickly.

We've established the Youth Mental Health Hospital in the Home in the North West, which has recently increased to 12 beds, and we've launched the Mental Health Council's lived experience training hub, which provides training pathways for people with lived experience of mental health issues, suicide or alcohol and other drugs. We've continued to implement the statewide Tasmanian Eating Disorder Service, including community-based intensive treatment services across the state. We've also commenced a rapid in-reach service for residential aged care facilities in the north and north-west.

Now, we're currently developing the next stage of the plan, Rethink and Beyond, which I launched in recent weeks, which builds on these foundations and has a focus on strengthening

prevention and early intervention. That consultation is now underway after a recent stakeholder roundtable that brought together lived experience representatives, peak bodies and sector leaders. In the coming months, we'll continue with that statewide public engagement to make sure that the new strategy reflects the needs and voices of Tasmanians, and importantly, that it also aligns with other Tasmanian strategies like the Tasmanian Suicide Prevention Strategy and the alcohol and other drugs strategy as well.

Ms HADDAD - Minister, I wanted to ask you for an update about the Mother Baby Unit, specifically the commitments that were made about the south. In February this year, the former minister, Mrs Petrusma, said that scoping work had begun to open a new facility at St Johns Park and that she 'hoped it would be finished and built' - were her words - within nine months or earlier. We're around about nine months on from that commitment the former minister. I'd just like to ask for an update on when that unit will be open and how many beds it will have?

Mrs ARCHER - Thank you. Following the closure of St Helens Private Hospital in mid-2023, the Tasmanian government worked to establish a new public Mother Baby Unit at the Royal Hobart Hospital to ensure continuity of care and support for women and infants during this critically important period. That unit is currently supporting mothers requiring intensive support with their new baby, including psychosocial needs of the mother and the baby, and with a new cohort of staff, including staff from St Helens Private Hospital.

Recent funding from the Australian Government will allow the service to expand to six beds plus two virtual beds at St Johns Park in New Town.

Ms HADDAD - Virtual, sorry, did you say two virtual beds?

Mrs ARCHER - Plus two virtual beds.

Ms HADDAD - And six at the Royal.

Mrs ARCHER - The unit will be renamed the Intensive Residential Parenting Unit, with the new building designed to allow for delivery of the full range of child and family health nursing scope of practice to Tasmanian families.

The new Intensive Residential Parenting Unit at St Johns Park will allow for comprehensive parenting support for families, including assistance with sleep and settling, parent-infant attachment, parental anxiety and early childhood behavioural concerns, delivered by Child Health and Parenting Service nurses and a multidisciplinary workforce including specialist mental health supports. Then Dale is going to tell me when that is going to -

Mr WEBSTER - Through you, minister. In addition to that, because the minister didn't keep reading, four additional residential parenting beds in the north, which will open soon.

Ms HADDAD - Yes, I did have questions about that as well.

Mr WEBSTER - But physical work to build the southern unit started last week, with current build time line being mid-2026.

Mrs ARCHER - I think the hold-ups were specifically around the planning. There were significant planning challenges with that site which have now been resolved, allowing for work be undertaken.

Ms HADDAD - Do you have how many beds it will be once it's completed?

Mr WEBSTER - Through you, minister. Six, with the two virtual beds.

Ms HADDAD - The six, plus two, and the Royal Hobart Hospital beds will be decommissioned once those six are open at St Johns? Then the Secretary mentioned the four beds in Launceston. It would be good to have an update about that as well and also about the statewide phone support line that Tresillian have been funded to provide as well?

Mrs ARCHER - The Tasmanian government made an election commitment to partner with Tresillian Family Care to establish both the four-bed intensive residential parenting unit in Launceston and a satellite service to Burnie, and the statewide parenting support line and virtual care service. The residential care centre is scheduled for a very imminent opening, this month, which is very positive.

The Child Health and Parenting Service continues to partner with Tresillian, which launched the Tasmanian parenting support line on 1 July 2024. The service provides advice on baby settling, feeding and postnatal mental health, via 1300 TAS BUB, from 7.00 a.m. to 11.00 p.m. daily. Up to 30 June 2025, 3204 calls were received with 1411 opting to continue onto Tresillian Family Care and 1793 opting to transfer to Health Direct with an acute illness concern. The virtual care component of the Tresillian Tasmanian partnership has commenced with a collaborative and strong referral pathway to CHaPS.

Gidget House will also be co-located with Tresillian Mother and Baby Unit at the Launceston health hub, and the funding of our partnership is $10.25 million over four years, including $9 million for the new parent residential care centre in Launceston and $1.25 million for the statewide parenting support line and the virtual care service.

Ms DOW - Has the health hub received that funding?

Mrs ARCHER - The health hub received the funding for Tresillian?

Ms DOW - Yes.

Mr WEBSTER - Through you, minister, the funding is for Tresillian, who will be leasing space at the health hub.

Ms DOW - Has Tresillian received that funding?

Mr WEBSTER - Through you, minister, they will once they actually start delivering the contract.

CHAIR - Minister, we will go back to tobacco and the Tobacco Action Plan - according to the Tasmanian Tobacco Action Plan 2022-26, one-third of secondary school students between 12 and 17 years of age tried a vape in 2022. That was an increase from 13 per cent in 2017, i.e. a 20 per cent increase. I go back to the question Ms Haddad asked about your

department de-funding Quit Tasmania's education, and this education is seen as the best and highest priority for reducing the impact of vapes, and for children to take up vapes. This is a crisis, so how can you, hand on heart, say you're ahead of the curve when it comes to reducing access to vapes for children?

Mrs ARCHER - As I said previously, there are a range of responses that the Tasmanian Government is taking, including taking strong action in relation to illicit vapes because vapes are only available on prescription lawfully in Australia, so taking action in relation to illicit vapes. I agree that education is an important part of that. As I noted earlier, the funding that was provided to the Cancer Council previously was a time-limited funding.

That is not to say that the government won't consider future action in relation to that issue. As I said, I have met with Cancer Council Tasmania. I have spoken quite extensively today about the 20-year preventative health strategy and would very much encourage the Cancer Council to engage with that process. In addition to that, as previously indicated, there is also Commonwealth funding that is available for education programs as well.

CHAIR - Yes, and that was part of the Commonwealth alterations and the legislation that was brought in. Again, I impress upon you, why would you defund Quit Tasmania and put them in a situation - as a leading provider of information and a very successful provider - why would you put them in that sort of situation, where there is some uncertainty with a successful program that they're providing?

Mrs ARCHER - As I said, it is time-limited funding. It's not unusual that the government has time-limited funding across a range of areas. The Healthy Tasmania five-year strategic plan includes targeted actions to address smoking and the use of e-cigarettes, actions include strengthening tobacco control laws to reduce the visibility and availability of smoking products. For example, removing cues like price boards and notices in retail outlets; regulating new and emerging tobacco industry products; delivering a smoking prevention package for young people, to encourage young people to be smoke and vape free.

Some completed actions include 'Do you know what your vaping?' posters, fact sheets and social media campaigns, which were launched in June 2023; 'Vaping, Youth and Health' e-learning package developed for Tasmanian schools which was launched on the 27 May 2024; a clinicians' guide to supporting young people to quit e-cigarettes, which was launched in August 2024; and Quit Tasmania launched their youth-focused anti-vaping campaign called 'Don't Let It In' in November 2024.

CHAIR - Which was the last financial year. We will go on to the next question.

Prof RAZAY - We're back to your preventive strategies, you gave us some really good reading here. Some of the actions include design plans of walking and safe paths. That's so important, especially for old people, to even design paths where they feel they're safe away from the traffic. More importantly, pavements. How often do we see old people walking on the pavement, some of them with Zimmer frames, and you look at it and see it is full of cracks and an uneven surface. We know that most falls happen at shopping centres because of uneven surfaces, and they break their hips. That's why we need to invest in a safe pavement. Do we have resources to promote this?

Mrs ARCHER - Yes. This is the point that I talked about earlier, that preventative health strategy is a whole-of-government approach. Looking across, not only the health system, in prevention and early intervention, across mental health and wellbeing, but also looking at infrastructure, for example, looking at urban planning and food security, and across a whole range of measures across the whole of government. That is certainly the intended approach of that strategy, to ensure that we are embedding that approach across the whole of government and applying that whole-of-government lens to that going forward.

Mr VERMEY - Minister, I'd like to know more about what the Department of Health is doing to improve the heart health of Tasmanians.

Mrs ARCHER - Yes, I will just find that. While I do, the Secretary and the department have an answer for Ms Dow on the hydrotherapy pools that are currently being used in the north-west.

Mr WEBSTER - Through you, minister. There are six pools being used for hydrotherapy in the north-west: the Wynyard Fitness, Splash Devonport Aquatic and Leisure Centre, Burnie Council Pool, TLC Aquatics - I don't know where that is - Mt St Vincent Nursing Home, and the Latrobe Hydrotherapy Pool, based at Strathdevon Nursing Home.

Mrs ARCHER - I'm sure that swimming is also very good for your cardiovascular health. Cardiovascular disease remains the leading cause of death in Tasmania, and I understand that too many people have been unable to access cardiac rehabilitation because of barriers such as travel, mobility challenges or limited local services. Cardiac rehabilitation is essential to recovery and long-term wellbeing.

We're addressing this through the delivery of the Cardihab app, which is transforming how Tasmanians access this vital care. By enabling patients to complete their rehabilitation safely and effectively in the comfort of their own home, Cardihab removes distance and mobility barriers, while supporting people to heal in a familiar low-stress environment.

Home-based rehabilitation has significant health benefits and patients recover more confidently when surrounded by family and routine. They're also more likely to maintain healthy habits when these are built into their daily life. Importantly, delivering rehabilitation digitally also reduces pressure on our hospitals and our emergency departments. When patients can recover at home with strong clinical oversight, hospital resources are freed up to care for those who need inpatient treatment the most. This is a smart, person-centred healthcare that strengthens the entire system.

I'm advised that the Cardihab's digital model delivers the same health outcomes as traditional cardiac rehab, while achieving higher participation and completion rates. The service has been available through referral from the Tasmanian Health Service since 2021, following its transition to central program management in early 2024. The Care@home program enrolled 140 patients in Cardihab supported care plans during the 2024-25 financial year and a total of 422 Tasmanians have taken part in the program so far.

I'm very pleased to report that more than 94 per cent of participants have provided feedback that they feel supported and motivated as they work towards recovery, and many credit the app with helping them build daily exercise routines, understand their heart condition better, and to stay engaged throughout their rehabilitation journey. Above all, Cardihab reflects

our commitment to health equity by ensuring that every Tasmanian, no matter where they live, can access high-quality cardiac rehabilitation.

Ms DOW - Building on the response around cardiac services, a number of years ago there was a review done of statewide cardiac services by the Health department and that review was never released publicly. Will you commit to releasing it?

Mrs ARCHER - I might seek some advice from the Secretary about the report.

Mr WEBSTER - The report you referred to was done by A/Prof Andrew MacIsaac. It looks at both the private and public sector; therefore, we saw it as containing a bit of commercial-in-confidence information that limits its release. However, the result of it is the development of a cardiac network and a cardiac strategy, for which we are currently going through the consultation process. The summary of that report was released, rather than the full report, because of the the nature of what was in there.

Ms DOW - Is that available?

Mr WEBSTER - On the website. The cardiac strategy that we're going through was released earlier this year -

Mrs ARCHER - It will also be available on the department's website.

Mr WEBSTER - Also available on the website. It really shows the importance of setting up the cardiac network. Dr Paul MacIntyre has taken a role in leading the clinical side of rolling out the cardiac strategy.

Ms DOW - Further to that, minister, and it may be in the strategy - I haven't read it, so I don't know - there is a cath lab available at North West Private Hospital. It's being operated by the Charles Clinic and there has been some discussion around public access to angiogram services in the north-west and the fact that people are quite often waiting in valuable beds to be transported up to Launceston to have an angiogram.

Will the government give consideration to, or will they enable people from the north-west to be able to have an angiogram through that service that's available at the North West Private Hospital? And, if not, why not?

Mr WEBSTER - The North West Private Hospital Catheterisation Lab, which opened a number of weeks ago, is a full private facility and is reliant on private patients and their model of care is around private patients. I can't rule out we would never, ever put a patient across there, but it is built on a private model and we are pursuing through our cardiac strategy in the Northern Heart Centre, which is a full facility, including, importantly, level 5 ICU support services for any high-risk services. Whilst I can't rule it out or in, I would point out that the North West Private Hospital was based on a a full workload of private patients and public patients weren't factored into the modelling for that particular cath lab.

Ms DOW - There are examples of other services, ophthalmology, for example, in the north-west where you use a private clinic to provide a public service. What I'm hearing from you is that you haven't ruled that out but, at this point in time, it's not something that the department's looking at.

Mr WEBSTER - We have a range of services, and I mentioned earlier in fact, the persistent pain service we currently are outsourcing as well. We do some activity through the Charles in Launceston as well. I won't rule out that we won't use it, but it's not built on a model that has private patients in it. As I said, the important thing is that it is a high-risk intervention and the private hospital, under the arrangements under the Health Services Establishment act have had to put in a number of things to make it work as a high-risk activity. At the moment, at our regional hospital in the north-west, we don't provide intensive care services at a level 5, which is why we have a cath lab at the LGH, which is a level 5 service. In fact, there are some services that are provided there that are then provided at our level 6 hospital in Hobart.

Ms DOW - I guess the other thing, though, is that, yes, that may be a risk, but there' also a risk, isn't there, of people dying before they get access to an angiogram waiting to be transferred to Launceston. There have been cases that I'm aware of in the north-west where that's happened, I think.

Mr WEBSTER - Through you, minister. Unfortunately, we probably do have cases such as that. It's important that we have our processes in place that we avoid that. The Launceston General Hospital is equipped to deal with that type of intervention within our system. We have what is called the 'delineation framework' - it was set up in 2006 at first - which decides what is safe to deliver in each of our hospitals. We do need a level 5 ICU to match with a level 5 interventionist service.

CHAIR - Minister, in August 2025, the National Climate Risk Assessment, released by the federal government, identified major challenges to the health system, including a risk of heatwaves, bushfires, flooding, and bushfire smoke, all of which reduce people's capacity for good health and wellbeing. The Premier was asked similar things about this this morning. There's also the increased risk of death or serious disease. These changes are not far away either. We have already seen the impacts of bushfire smoke and people moving to Tasmania to get away from fires and floods or heatwaves on the mainland.

How is the Tasmanian health system planning to cope with these changes and what has been included in the 2025-26 Budget to help plan for these risks and set Tasmania up for a strong climate future and prevent poor health outcomes?

Mrs ARCHER - Thank you and I will acknowledge that there are impacts right across both in terms of health, the health system, preventative health and, of course, all of those whole-of-government approaches that I talked about earlier, including whether that is a mitigation strategy and those sorts of things as well. I will ask the Secretary whether he would like to give specific advice in relation to the Department of Health and their preparedness or strategy for dealing with that.

Mr WEBSTER - Through you, minister. The department has a long-term Emergency Planning and Response Unit, whose core role is to plan for how we respond in emergency situations and ongoing and they are constantly updating our plans.

In addition to that, we have actually just undertaken a full round of training of all of our people that may be involved in the management of emergencies across the Department of Health have gone through extensive training to make sure they have the skill set during an emergency response units, like a bushfire, et cetera. In addition to that, one of the things that we learnt from the COVID-19 emergency was the need for us to actually undertake regular

exercises so that we actually are prepared when something like that happens, in addition to just having the plan sitting on the shelf. Those exercises have commenced and both exercises where people are in a room doing the planning, but also desktop exercises, et cetera, and added to by the level of training and, of course, we are members of the State Emergency Management Framework as well and we contribute to that. There's a number of things across that.

Most recently we've reinstated roles in our three regional spaces to make sure we actually have emergency planning at the regional level as well as the state level.

CHAIR - Further to that, in regard and we've heard from Professor Bowman who talks about fire and the risk of catastrophic fire, in the event of a catastrophic fire in Hobart, would the emergency services of the Royal and the department be able to cope with that?

Mr WEBSTER - Through you, minister. In fact, one of the exercises that's been done in the last few years is a catastrophic fire around the surrounding areas of Hobart. It obviously means that you close down other services that you're delivering on a day-to-day basis to switch over into an emergency situation and that's why we need to exercise. We need to exercise how do you actually move from business as usual to emergency command and control situations so that you can actually respond to something like a catastrophic fire at the Hobart level that indeed be closing services.

Say fire surrounds New Norfolk. What impacts would that have in terms of aged care and health delivery in in there? The idea of it is our plans are statewide as well as regional, but also, we practice to make sure that we can put them into place should that occur, so we plan to that level.

CHAIR - We have a plan, good. Prof Razay.

Prof RAZAY - Thank you. What's our hospital readmission rate regarding general patients and mental health patients? How long following discharge as well? Because some people, if they readmit early, that means there is pressure to be discharged quickly rather than - keep them, sort them out.

Mrs ARCHER - We will have to take - We do think we have that information, but we will have to take it on notice.

Mr VERMEY - Minister, I'm interested in healthcare services for children and their parents and how the department supports families in this regard during critical early years of a child's development.

Mrs ARCHER - Well, thank you for the question. We support children and their parents across a range of areas. One of the most important ways that we do that is through the Child Health and Parenting Service, which Tasmanian families will know as CHaPS. It is one of our valued community-based services. In fact, you and I visited a CHaPS recently to talk about free early childhood healthcare for infants and children aged zero to five and their families. CHaPS play a really important role in giving every child the best start. They deliver growth and developmental assessments, health-focused early intervention referrals and also strong links to other childhood services.

Really importantly, the team also provides extra support for families navigating perinatal mental health challenges, sleep and settling concerns, breastfeeding difficulties, family violence and other risks that may affect the wellbeing of a child or their caregivers. Their compassionate, family-centred approach is deeply appreciated by communities right across the state.

This year, CHaPS commenced a really great new initiative, which is a Universal Child Health Assessment at 18 months of age. The Kids Love to Learn assessment focuses on early literacy through the lens of the child-caregiver relationship, recognising that caregivers are a child's first and most important teachers. Since the program began in July, more than 430 assessments have already been completed and many more are booked across CHaPS' 70 Community Clinic locations. We know that early literacy is a key foundation for lifelong learning, and this new assessment, as part of Tasmania's Lifting Literacy Plan, is intended to help more families experience the joy and confidence that comes from reading together.

In May 2024, CHaPS also implemented the Sustained Nurse Home Visiting Program, under the Child Youth Wellbeing Strategy. That builds on the exceptional work that's already underway, with 197 families receiving additional early parenting support in the 2024-25 financial year. CHaPS connect sessions have continued statewide, offering practical guidance on growing, learning and play.

In 2024-25 alone, CHaPS provided 54,046 occasions of service, received 8645 calls to its 1300 line, supported 17,753 individual clients and held 33,822 appointments for 8247 babies under 12 months. CHaPS is a really extraordinary service and it's one that strengthens families, supports communities and helps every child in Tasmania thrive.

Ms DOW - Through my electorate office, I've had a lot of inquiries about the new TML pathology service that's been set up in the north-west, and I did write to the Secretary some time ago about that. One of the questions that I put to the Secretary was around the accreditation of that new service. I wondered if you could confirm as to whether TML do meet in accreditation.

Mrs ARCHER - Thank you, I will refer to the Secretary for his advice.

Mr WEBSTER - Through you, minister. The process of a new laboratory service is that they register provisional accreditation and then they get audited by the National Association of Testing Authorities (NATA) once they've been set up and are fully operational, and then move on to accreditation level. My understanding is that those audits haven't occurred as yet, but that's probably about six weeks out of date. Someone will feed that info, if it has happened. The next step would be that accreditation visits or audits to verify their accreditation. What they do to get registered is they have a paper audit from NATA to make sure they've got the full range, then there's a physical visit as well that follows once they're actually established, because they can't audit the labs when they're not operational. They got visited in late September and they're waiting for the report. They haven't had the report from NATA, but they've had the visit.

Ms HADDAD - I want to talk to you about Breast Screen and the government's commitments around Breast Screen, particularly the last election. What timeline has the government set for delivering new mobile screening units and regional upgrades, please?

Mrs ARCHER - In relation to new mobile screening units, we have previously provided advice to the parliament, which is unchanged. That it will be delivered by I think it was September next year. That has been through that procurement process and has been ordered for the replacement of *Luna*. In relation to broader breast screening sites. In addition to that, we're also establishing the interim site at Devonport, which will enable the other mobile unit, Ida, to be redeployed to other areas; obviously, that's in the interim while the new replacement is on its way. Just in relation to - were you asking me about new permanent breast-screening sites? I attended recently the build that's underway for the diagnostic breast-screening clinic here in Hobart. Work is underway on that and I think is intended to be completed in the first quarter of next year - April next year. We have also made commitments to four new permanent breast-screening sites, Huonville, Glenorchy, Devonport and Triabunna.

Mr WEBSTER - Kingston.

CHAIR - Huonville?

Mrs ARCHER - There is a Kingston one because I previously provided advice on that as well, but I might ask the Secretary if he has any further advice on progress of establishing those permanent sites.

Mr WEBSTER - Through you minister. We have a permanent site in mind for Devonport and we're just going through the process of making sure that we we can secure that site and there will be co-located with other services there. So that -

Ms DOW - Is that at the community health centre?

Mr WEBSTER - The temporary one will be at the community health centre, but the new one will be part of the the development we're doing at 6-10 Still Street, I want to say? Yes, I have that right, which is that the mental health hub, oral health, and hopefully diagnostic, I'm sorry, breast screening. We're in discussions with council for the site at Triabunna because they deliver health services at Triabunna. In terms of Huonville, or Kingston? I can't remember which one it is now.

Ms HADDAD - Or is it Kingston servicing Huonville?

Mrs ARCHER - I think it was Kingston, or Kingborough.

Mr WEBSTER - Kingborough. We obviously have a build going on down there and we'll look at our build first and then we go out from there. Glenorchy, we will be looking at our existing health centre at Glenorchy and whether it can be modified for this purpose.

Ms DOW - Obviously there are a number of areas across the state, then, that won't be covered as part of that. What were the criteria that determined those sites? Was it just that you had existing capital works projects that you could piggyback onto? Obviously, areas like the north-east, the east coast, and the west coast or Circular Head.

Mrs ARCHER - Yeah, I'm going to ask the Secretary.

Mr WEBSTER - Through you minister. It really was about a large enough catchment that you would actually - the permanent centre would get a large number of appointments,

because, for the smaller centres, we will continue to have our mobile processes. We're not expecting that because we're at Glenorchy the whole Derwent Valley will come to Glenorchy. We will still have a mobile service. It's looking at when we take the current bus to Glenorchy, we're booked out for the period that we're there. And then we look at who comes to the Hobart centre and there's a large number that are in the postcodes in and around Glenorchy. So, it makes sense to have the site there.

With Triabunna, again, it's trying to put a catchment area together that would work for that area. Then Kingston again, a hub, because, you look at Hobart, we're attracting from Kingston and beyond, so let's go to Kingston. Devonport, again, there's enough with Latrobe beside it and and Ulverstone beside it, again, there's a catchment there. Importantly, it then frees up the mobile services to spend more time in smaller centres, rather than having to spend more time in these larger centres where there is justification of a unit, in the same way as our most recent expansion was at Rosny. We were at Rosny two to three days a week because there's enough in the eastern shore that come there.

CHAIR - Minister, it's good to see the release or are you tabling the 20-year preventative health strategy consultation from round one? You talked about the funding for preventative health strategies and significant funding, or you talked about there was some funding. Can you tell me what percentage of the overall Health budget is spent on preventative health?

Mrs ARCHER - To date, through the Healthy Tasmania work, do you mean?

CHAIR - And in forward Estimates, what's likely?

Mrs ARCHER - Yeah, I think we probably have.

CHAIR - Would you like to take that on notice?

Mrs ARCHER - We are currently at 3.13 per cent of the Department of Health Budget and the government has also spent $270 million in other portfolios on health, school nurses, for example. As I said, while a lot of the fundings for preventative health, it's not necessarily included in the calculation. It recognises that over 70 per cent of health outcomes are shaped by factors outside the direct control of the health system, and when those systems are under strain, the pressure lands in health. That is, I think part of the focus of the preventative health strategy. It is also recognising that that's a whole-of-government response. There has been commentary on a five per cent target, for example, and the government has quite intentionally not committed to that because I don't think we want to lock ourselves into that. You really want to look at exceeding that across a whole-of-government situation is the point that we're trying to get to.

CHAIR - Minister, I think you're really well aware of the benefits of preventative health and we could be the healthiest island in the world. So, given the relatively low amount of spending of the overall budget for health and the importance of those positions in relation to preventative health, can you commit that all the positions relating to preventative health will be quarantined from any vacancy control measures, including strategy and policy positions?

Mrs ARCHER - I think what we're looking to do is, as I've said a few times today, we have this draft consultation out for comment, now. It has been very exciting to see the level of

engagement that Tasmanians have had with that. It is an enormous opportunity and certainly one that I have a very strong commitment to.

As for ruling things in and out, what I'm very keen to do is to look at it as a 20-year strategy to see how it can work differently, and what we might be able to do. I wouldn't want to pre-empt that, I suppose is what I'm saying, by ruling things in and out. I want to see what comes back on the final consultation and I really want to continue the strong engagement that people have had with that, both in the community but also the opportunity for the parliament to do that and to have input into that as well. I know there is a strong interest in this across the parliament, so I don't want to rule things in and out, but I'm very committed to this 20-year strategy. I think it's a very bold strategy and something significant to go out beyond election cycles. I'm very keen for that to deliver on the promise of that without ruling anything in or out.

Prof RAZAY -We will have to finish off on dementia, how about that? Over the last quarter of a century, all states have had action plans that have been updated several times. It was shocking to have Dementia Australia's CEO say two years ago that the Australian knowledge of dementia still hasn't changed much and the stigma towards it is the same. What will it look like with our preventative health strategy, I don't want to in 20 years' time say, 'What have we achieved?' and we hope we learn lessons from the Dementia Action Plan.

Mrs ARCHER - Thank you, Prof Razay, and I acknowledge both your very strong interest in this and your significant expertise as well. We did respond, partially, to questions on dementia earlier and acknowledged that the Australian Institute of Health and Welfare (AIHW) update to the Dementia in Australia report found that dementia is now the leading cause of death of Australians and accounted for almost 17,400 deaths across the nation in 2023. AIHW in 2024 estimated that there were 425,000 Australians living with dementia which equates to 16 people with dementia per 1000 Australians. With a growing ageing population, and this is certainly true for Tasmania, the number of Australians living with dementia may exceed 1 million by 2065.

I am very proud that our government has created a standalone portfolio to facilitate healthy ageing and that includes reducing the dementia burden in Tasmania. On 2 December, I will be co-hosting a parliamentary Friends of Dementia round table and a lunch with co-conveners, yourself, and member for Bass, Ms Rosol. I look forward to members of this place joining us to meet with Dementia Australia representatives and advocates to learn what we can do to inspire and support the creation of a dementia friendly communities action plan for Tasmania.

In addition, one of the government's recent election policies, as I mentioned earlier, is to provide a new training program to enhance dementia care across Tasmania, which is working with Dementia Australia to provide the training model, D-Esc, to staff across our four major hospitals and community nursing teams. D-Esc is a workshop that provides virtual-reality training on de-escalating behavioural emergencies related to dementia and this innovative training will reduce the risks of harm.

CHAIR - Minister, the time for scrutiny has expired so we will take a short break. I want to thank the committee for being here for this long session. It is very unhealthy sitting for so long, but I thank the minister and thank the committee.

The committee suspended from 8.15 p.m. to 8.20 p.m.

CHAIR - The time being 8.20 p.m., we can start the recording. The scrutiny of the Ageing portfolio will now begin. I welcome again the minister and other witnesses of the committee. Would you like to introduce everybody, minister? Thank you.

Mrs ARCHER - Thank you very much, Chair, I have the Secretary of the Department of Health, Mr Dale Webster still with us, and the Assistant Director of Community Services for DPAC, Kristy Broomhall, joining us at the table as well. Everyone else is hiding out the back, and Jennifer Duncan, the Deputy Secretary, Health, is also joining us.

CHAIR - Thank you. Would you like to make a brief opening statement?

Mrs ARCHER - Yes, thank you, Chair, and thank you to committee members for the opportunity to appear before you today as Tasmania's first Minister for Ageing. I know we've only got 30 minutes and it's been a long day, so I will keep my opening remarks brief.

I'm very proud to appear here today as the Minister for Ageing, which reflects our strong commitment to ensuring older Tasmanians are supported to live well, stay connected and age with dignity. Since becoming minister, it's been a pleasure to meet with relevant stakeholders and hear their views on how we can further assist older Tasmanians to live enriching and healthy lives.

In January this year, we launched A Respectful, Age-Friendly Island: Older Tasmanians Action Plan 2025-2029 - of which I do have copies here to table - which outlines our vision for a state where older Tasmanians are valued, connected and supported. The plan was informed by extensive community consultation, and reflects key themes raised through that engagement, from tackling ageism and promoting inclusion to supporting active participation and safety for older Tasmanians.

The Budget provides funding to oversee implementation of the plan and to deliver priority actions, including establishing a governance group. I'm pleased to advise the committee that expressions of interest for community members to join the governance group will open shortly, with the first meeting anticipated in April 2026.

We're also progressing Lifelong Respect, Tasmania's strategy to end the abuse of older people 20232029, which I will also table, reinforcing our commitment to safety, dignity and respect.

More than $3 million has been allocated in this Budget to deliver elder abuse prevention initiatives, including support for the Tasmanian Elder Abuse Helpline, the Elder Relationship Service, and the community awareness program delivered by the Council on the Ageing Tasmania (COTA), the Migrant Resource Centre and Welcome Cultural Services.

Additionally, while aged care policy and funding sits with the Commonwealth, we're focused on improving health and wellbeing outcomes for older Tasmanians, which includes improving the experience of older people in our hospitals and expanding community-based care options.

As members are aware, we do continue to see significant issues in our hospital, where there is, on average, three full hospital wards of Tasmanians awaiting discharge into an aged care facility or for NDIS access and supports. Through no fault of their own, these Tasmanians are stuck in our hospitals, and all states and territories are united in calling on the federal government to intervene and fix these issues as a priority.

Ageing isn't just about growing older. It's about living well, feeling valued and staying involved. Through this budget we're investing in the services, infrastructure and partnerships that will help older Tasmanians thrive in communities that respect and celebrate their contribution.

Ms DOW - Minister, in your election policy supporting our seniors, you committed to running an expression-of-interest process for aged care providers to construct and operate three assisted living facilities on greenfield government-owned land in the north, north-west and the south. What are your timeframes on this expression-of-interest process? When do you think it will commence and what resources are in this budget to support that process?

CHAIR - I'm going to take that as three questions, just because of the shortness of the period.

Mrs ARCHER - You're asking in relation to the aged care capital assistance program?

Ms DOW - No, it's Supporting Our Seniors.

Mr WEBSTER - This is a Crown land promise and is being managed through Crown land division by Natural Resources and Environment Tasmania. They have started the process of identifying land, so we're expecting progress in this throughout 2026. So even though it relates to the aged care portfolio, any expression of interest around Crown land has to be managed through the Crown land area, so they have to kick it off. We have been engaging with them already with a view to speeding this process up.

I think I said in an earlier answer, we have a need, an urgent need, to build new aged care facilities within Tasmania, and the Commonwealth have a program of supporting that. The Commonwealth have an objective of 10,000 a year, so we want to have this out there as soon as possible.

Mrs ARCHER - I have written to minister Duigan on this issue and I'm awaiting a response.

Ms ROSOL - Last week the Treasurer described older Tasmanians who are ready for discharge from hospital but unable to access an aged care facility as 'bed blockers'. I've heard from the language that you used in your opening statement, you talk about the importance of older people being valued and connected and supported and treated with dignity and respect. So, in your role as both the Minister for Ageing and the Minister for Health, how will you address this stigmatisation of older people, and what action will you take to ensure that respectful language is used about older people?

Mrs ARCHER - Well certainly, I have signed a pledge with COTA Tasmania as well around exactly that - destigmatising language. That's a piece of education, I think, for all

Tasmanians, and we spoke earlier about the importance of being inclusive in the language that we use.

My focus in relation to this issue is exactly as I said, in recognising that in this case, older Tasmanians, but not necessarily older Tasmanians are, through no fault of their own, stranded in hospital. That's a reasonable way to put it. It is an issue. We do have an issue of bed block, but we don't seek, and I don't seek, to blame the people who are not responsible for not being able to be discharged for that issue.

I've been very clear about that. I am generally, I think, very careful about the language that I use, and make every effort to be inclusive and respectful. I can be responsible for the language that I take, but we lead by that example and certainly that's something that I undertake to do, that I actively try to do, and I think we can all play a part in that. That's exactly the point of some of the strategies that we're talking about to make sure that all Tasmanians feel welcome and included in Tasmania.

Prof RAZAY - Just looking at abuse of older people, I think it's so relevant, especially regarding people with dementia. They're exposed to not just physical and sexual, social abuse but also financial abuse, and how it's important to protect them, especially going through guardianship. We have to ensure their rights are protected.

Mrs ARCHER - Yes, that's absolutely right, and that is the commitment that the Tasmanian government has through that plan I have spoken about. I think it is important to notice that this is, you know, a whole-of-community issue as well, and one that we can all play a part in addressing. So as part of the over $3 million that we've committed to deliver the plan, the Tasmanian government funds a suite of services that assist older Tasmanians and their families to respond to the abuse of older Tasmanians, including advice, referrals, counselling and mediation. Some of those services include the Tasmanian Elder Abuse Helpline, the Elder Relationship Service, the 'it's okay to ask the question' Tasmanian elder abuse awareness campaign, and I think that is an important part of what you're saying. We need to make sure that people can recognise where that is occurring, and that includes through awareness-raising programs delivered through COTA Tasmania, the Migrant Resource Centre and Welcome Cultural Services as well.

Mr VERMEY - Minister, can you outline how the 2025-26 State Budget supports the implementation of the Older Tasmanian Action Plan 2025-2029, and what key investments are being made to improve outcomes for older Tasmanians?

Mrs ARCHER - Thank you very much for the question. The 2025-26 State Budget makes a clear and targeted investment in the wellbeing, safety and inclusion of older Tasmanians, with dedicated funding to deliver both the Older Tasmanians Action Plan 2025-29: A Respectful, Age-Friendly Island, and also Lifelong Respect: Tasmania's strategy to end the abuse of older people 2023-29.

Together, these frameworks guide the government's work to ensure that older Tasmanians are valued, respected and supported to live well in their communities. The Budget provides $10,000 per annum for four years to support strong governance and oversight of the action plan, including the establishment of the Older Tasmanians Ministerial Advisory Council. This Council will include older Tasmanians, peak organisations, service providers and senior

agencies, and will play an important role in advising on implementation priorities and ensuring coordinated, cross-sector delivery.

Further to this, from 2026-27, the government has committed $271,000 from 2026-27 to deliver specific actions under the plan, representing a total investment of more than $813,000, dedicated solely to implementation activities. These allocations sit alongside broader ongoing investments that strengthen capability and stability.

From 2021, the government has invested almost $2 million to go to Tasmania for programs, advocacy and service support. That commitment continues in 2025-26 with COTA's peak body funding, Seniors Week, digital inclusion initiatives, elder abuse prevention activities, and targeted project funding, directly aligned with the action plan's outcomes.

Reducing and responding to elder abuse remains a core focus. In 2025-26 Advocacy Tasmania will receive $197,393 to operate the Elder Abuse Helpline, along with $20,000 for the delivery of free, confidential advocacy services.

Relationships Australia is funded $200,000 to deliver their Elder Relationship Service, which provides counselling and mediation for older Tasmanians experiencing or at risk of abuse. Finally, recognising the diversity of Tasmania's ageing population, the Migrant Resource Centre Tasmania and Welcome Cultural Services each receive $100,000 to deliver culturally responsive elder abuse awareness programs, including translated materials and targeted outreach.

Overall, the 2025-26 State Budget demonstrates that the government is backing older Tasmanians with substantial and meaningful investment, ensuring older Tasmanians are supported through targeted, evidence-based programs that enhance their wellbeing, reduce vulnerability and strengthen community connection.

Ms DOW - Southern Cross Care have announced the closure of the Rosary Gardens aged care facility in New Town, with intentions to sell the site. Has the Department of Health considered purchasing that site for residential care or any other purpose?

Mrs ARCHER - Thank you for your question. I'm aware of Southern Cross Care's announcement regarding their decision to close the Rosary Gardens aged care facility in New Town, in June 2026. Of course, this was a decision made by Southern Cross Care as a private business, but I do fully understand how that news would be concerning for both current residents and their family and friends. I acknowledge Southern Cross Care's commitment to work with those residents, families and guardians to ensure that they're able to transition to other appropriate accommodation.

Speaking generally, and despite aged care being a federal responsibility, we want to increase the number of aged care homes around the state. This is why, at the recent election, the government committed to undertaking an expression of interest for aged care providers to construct and operate three assisted living facilities in the north, north-west and south on greenfield government-owned land. That process to identify land is underway, and I look forward to progressing that.

In relation to whether the department has considered purchasing the site, I understand that there have been discussions with Southern Cross Care regarding the Rosary Gardens site

as a potential location for the new older person's mental health facility, but at this stage no agreement has been reached, and no purchase has been made.

Ms DOW - When would you expect those discussions to conclude? Will there be some type of end point to that?

Mrs ARCHER - I will ask the Secretary if he'd like to make some more comments in relation to those discussions.

Mr WEBSTER - Through you, minister. Obviously, we would want them to conclude as soon as possible, but certainly before June of next year. Importantly for us, is that if it is the older person's mental health unit that we're moving there is we have residents that we need to engage with and families that we need to engage with. In those respects, we're only in discussions, we're not making an announcement. But when we do that, we will actually engage with our clients and consumers and their families as one of the first steps of that process. If we are doing this, it needs to occur within the next few months.

Ms DOW - I'm just speaking about access to special services. In each region of the state, minister, there's access to a specialist geriatrician service. In the north-west, it's provided by Outreach. Is the government doing anything around incentivising recruitment of a geriatrician to the north-west region? I understand that there is a private practising geriatrician at the North West Private Hospital. Given our ageing population, high incidence of Alzheimer's, Parkinson's and other diseases associated with - not always ageing, what steps is the government taking to make sure that there is access to geriatric services in the north-west?

Mrs ARCHER - I might ask the Secretary to make some comments.

Mr WEBSTER - Through you, minister. A geriatrician is one of the key services that we see that we're short in the north-west and we have advertised a number of times to try and attract people to the north-west. We do actually have, in addition to our award, we actually have a north-west allowance that's paid to hopefully attract specialists to the north-west. It continues to be a major problem that we are unable to attract them.

In terms of, as you said, outreach services, that's our, if you like, our work around. What we are doing is increasing our telehealth presence at each of our district hospitals in the hope that we can actually connect people using that methodology. But it is important that we keep up our efforts to recruit a geriatrician, or multiple geriatricians preferably - and we've just lost one recently in the north - to the service so that we can actually increase our services in this important area rather than reduce it at the moment.

Ms ROSOL - Just a question from stakeholders around the Seniors Card communications. There's been some recent changes in with the Seniors Card, and they've relied on a website for update, but there are many older people who aren't online or they're not very confident with online information. Will you commit to plain language letters and outbound calls for major changes affecting seniors rather than web only updates that they find difficult to access?

Mrs ARCHER - I might just refer to the Secretary.

Mr WEBSTER - Through you, minister, I'm advised that Seniors Card is administered through Service Tasmania and, unfortunately, we don't have direct access to them at the moment, but we are developing an age friendly version of the concessions guide going forward. And, of course, the concession guide is actually published in hard copy as well and available through Service Tasmania offices, so not just online. As it's updated, it will be rebadged and re-available in there.

Mrs ARCHER - And certainly something you could keep available in your office as well.

Ms DOW - Yeah, thank you. Just in terms of, again, this might come under another portfolio, I'm not sure, but just around take ups of concessions for cost-of-living measures for older Tasmanians. The information about that is kind of across many portals because it affects many different areas and older people report that the complexity of that and they're not aware of some of what's available to them, which I think gets back to those communications being online, that kind of thing. With those cost-of-living measures, how much of those reached older Tasmanians? Are you able to track how much reach older Tasmanians by postcode and program and what was left unclaimed of that?

Mrs ARCHER - Did you have some specific examples of programs?

Ms ROSOL - I don't have specific examples of the programs, no. I guess it's just an awareness that older people aren't accessing what's available to them, and if you have any kind of oversight of that and any way of assisting in that area and having -

Mrs ARCHER - I'm happy to take it on notice and see if we can find some more information. Certainly, in relation to some programs like Ticket to Wellbeing, they had a very, very strong take up of that program, which is good and positive.

Just as an aside, I suppose, note that some of the questions that you're asking, I think kind of speak to that navigation aspect as well and that is some of the important work for example that COTA Tasmania does in helping older Tasmanians to navigate what services are available and having that, you know one door approach as well.

Prof RAZAY - Get back to the prevention of dementia, if we want to prevent the disease, most importantly, give people hope, because with hope you can change people. For example, if you say to our seniors, if you walk three kilometres a day, you reduce the risk of dementia by 25 per cent - 'I can do it and it costs nothing.' This is what I feel even with the 20 year prevention strategy, if you can put something in there like a hope for people, if you walk so much, look how much you reduce the risk of heart disease or strokes. That actually can stimulate people to respond to you.

Mrs ARCHER - I think that was one of the very positive benefits from the government's investment, for example, in seniors week activities, because whilst on the face of it may seem like one week out of the year, what it actually does is provide people with that introduction to activities and programs in their area that we hope that they will undertake all of the time, not just in that week that provide that introduction. Provide the connection, provide inclusion in communities and help people age really well in place where they live.

Prof RAZAY - That's why you plant seeds and you hope that will spread around.

Mrs ARCHER - If you water it.

Mr VERMEY - By 2035, it's predicted that one in four will be over 65. What measures do we see that we need to put in place to have the support for jobs to be able to look after and help people getting into that age bracket?

Mrs ARCHER - Do you mean to support older Tasmanians in terms of the health workforce?

Mr VERMEY - Yes, and it mightn't mean directly, but as they're getting older we need more people around supporting in healthcare and other sort of services and if we've got one in four, that's going to take a fair bit of workforce, you'd say to potentially, unless we're getting them doing three kilometres every day, crack that whip behind them.

Mrs ARCHER - Well, I think yes, we do want to do that. We want people to be able to age well and age in place and age successfully in place. I think that is important and that is part not only of our ageing strategy but also preventive health strategy. I might just ask Dale to respond, I think in terms of general workforce because I think it is an issue that cuts across everything you do.

Mr WEBSTER - It certainly does. At the national level, all governments participate in what's called the Health Workforce Task Force, which is about A, predicting our future needs but then coming up with real time and real examples of how we can actually address them. Importantly, in aged care, there is the overlap with with nursing, there's the overlap with pharmacy - and I mentioned before how we're trying to get GP registrars to intersect with geriatrics and things like that. We have a workforce there. Importantly, it's also acknowledging that these are areas where, throughout TAFE sector, we can train people. The development of the health campus at Alanvale is a good example of investing in that to upskill a whole workforce - needs to move into this space.

The other side of that is that that's focusing on the care bit, but the other side of it is the in-home services that may be required that will allow someone to stay within the home care area. The federal government just announced additional packages in this space; for those packages to be delivered we need more workers in that space.

It's also working with other sectors like the cleaning industry, about how do we actually grow their workers and things like that. It's actually getting those inputs right so that we can actually grow our workforce. We're working across sectors to make sure that we're actually delivering right across the board and Health Workforce Task Force is the leading edge of that, but then there's the local activity as well.

CHAIR - Thank you. We have four minutes left, so Ms Dow.

Ms DOW - Thank you. You talked a little bit about, obviously, the requirements for the workforce to support ageing people, but there's quite an ageing demographic across our workforce as well. What are you doing as a government to continue to support people to be working longer and contributing to our economy, given that the high percentage of our population that will be ageing need to remain productive?

Mrs ARCHER - Yes. Well, some of that is around the initiatives that we have already talked about tonight in terms of supporting older people, supporting older people to live well, to age in their communities, to reduce stigma. I think that is one of those enduring still barriers that people face is in relation to stigma for accessing or remaining in the workforce. These are part of the strategy that we're undertaking to present a positive face to ageing in Tasmania and to positively highlight that and acknowledge that. Of course, that is partly about healthcare and intersection with healthcare, but that it's about so much more than that and it's about communities, it's about connectedness, it's about people having the choice to be able to continue to work if that's what they want to do, to be able to live at home if that's what they want to do, or to make another choice if that's what they would like to do. I think it's across that whole spectrum. I think that is part of the work that we're doing and the reason I think for establishing a dedicated Minister for Ageing as well.

Ms DOW - A lot of that work will be dependent on your ability to work with the respective ministers across portfolios, for example around housing. How do you propose to have a whole of government approach? How are you doing that? It's easier said than done when they're, you know, extensive government departments and layers of bureaucracy.

Mrs ARCHER - I think that's true, but it is also - and I think we have other examples to guide us as well, so for example, we spoke earlier about Closing the Gap, for example, and that is one of those areas of responsibility that is shared across government and that there must be a whole of government responsibility for that. I see that both preventative health, for example, and ageing strategies are similar and this goes, I think, to the issue that Ms Haddad raised earlier to around moving towards a more integrated approach, avoiding, I suppose, duplication and also meeting the gaps where the gaps are and having a more integrated, whole of government approach because it's probably more efficient and creates more productivity. But importantly, it's better for people and I think that's certainly the approach that the government committed to.

CHAIR - The time for scrutiny has expired. I'd like to thank you, minister, Secretary and committee, as well as staff, for keeping everything running so smoothly. We're back here tomorrow at 9.00 a.m. and the committee will grill the Treasurer.

The committee adjourned at 8.50 p.m.