

HOUSE OF ASSEMBLY

Friday, 26 July 2019

ESTIMATES COMMITTEE B

Chair:

Mr. S.J. Duluk

Members:

Ms N.F. Cook
Mr D.R. Cregan
Dr R.M. Harvey
Ms P.M. Luethen
Ms J.M. Stinson
Ms D.J. Wortley

The committee met at 09:00

Estimates Vote

DEPARTMENT OF HUMAN SERVICES, \$876,999,000

ADMINISTERED ITEMS FOR THE DEPARTMENT OF HUMAN SERVICES, \$190,838,000

Minister:

Hon. J.M.A. Lensink, Minister for Human Services.

Departmental Advisers:

Mr T. Harrison, Chief Executive, Department of Human Services.

Mr D. Green, Acting Chief Financial Officer, Finance and Business Services, Department of Human Services.

Ms N. Rogers, Director, Office of the Chief Executive, Department of Human Services.

Mr G. Myers, Principal Coordinator, Strategic Projects, Office of the Chief Executive, Department of Human Services.

Ms K. Hawkins, Director, Concessions and Support Services, Community Support Services, Department of Human Services.

Ms A. Hayes, Executive Director, Community and Family Services, Department of Human Services.

Mr M. Homden, Executive Director, Youth Justice, Department of Human Services.

Mr T. Lovegrove, Director, Screening Unit, Community Support Services, Department of Human Services.

Mr N. Ashley, Acting Group Executive Director, Disability and Reform Services, Department of Human Services.

Ms F. Curnow, Director, Community Services, Community and Family Services, Department of Human Services.

The CHAIR: Good morning. The estimates committees are relatively informal procedures and, as such, there is no need to stand to ask or answer questions. I understand that the minister and the lead speaker for the opposition have agreed to an approximate time for the consideration of proposed payments, which will facilitate a change of departmental advisers. Can the minister and the lead speaker for the opposition confirm that the timetable for today's proceedings, as previously distributed, is accurate.

The Hon. J.M.A. LENSINK: Yes, Mr Chair.

The CHAIR: Changes to committee membership will be notified as they occur. Members should ensure that the Chair is provided with a completed request to be discharged form. If the minister undertakes to supply information at a later date, it must be submitted to the Clerk Assistant via the answers to questions mailbox no later than Friday 5 September 2019.

I propose to allow both the minister and the lead speaker for the opposition to make opening statements of about 10 minutes each, should they wish. There will be a flexible approach to giving the call for asking questions based on about three questions per member, alternating each side. Supplementary questions will be the exception rather than the rule.

A member not on the committee may ask a question at the discretion of the Chair. Questions must be based on lines of expenditure in the budget papers and must be identifiable or referenced. Members unable to complete their questions during the proceedings may submit them as questions on notice for inclusion in the assembly *Notice Paper*.

There is no formal facility for the tabling of documents before the committee; however, documents can be supplied to the Chair for distribution to the committee. The incorporation of material in *Hansard* is permitted on the same basis as applies in the house, that is, that it is purely statistical and limited to one page in length.

All questions are to be directed to the minister, not the minister's advisers. The minister may refer questions to advisers for a response. The committee's examination will be broadcast in the same manner as sittings of the house are broadcast, that is, through the IPTV system within Parliament House via the webstream link to the internet and the Parliament of South Australia video-on-demand broadcast system.

I will now proceed to open the following lines of examination: the portfolio of Department of Human Services and administered items for the Department of Human Services. The minister appearing is the Minister for Human Services. I declare the proposed payments open for examination and refer members to the Agency Statements, Volume 3. Minister, please introduce your advisers, then make an opening statement if you so wish and then we can proceed.

The Hon. J.M.A. LENSINK: Thank you, Mr Chair. To my left, I have the Chief Executive of the Department of Human Services, Tony Harrison. To his left is Daniel Green, Acting Chief Financial Officer, Finance and Business Services. At the second table, we have Nancy Rogers, who is the Director of the Office of the Chief Executive; and Greg Myers, who is the Principal Coordinator, Strategic Projects, Office of the Chief Executive.

In the third row, we have Katherine Hawkins, who is the Director of Concessions and Support Services, Community Support Services; and Ann-Marie Hayes, Executive Director, Community and Family Services. We also have Michael Homden, Executive Director of Youth Justice; and Trevor Lovegrove, Director of the Screening Unit, Community Support Services. We also have in the gallery Nick Ashley, who is the Acting Group Executive Director, Disability and Reform Services; and Fiona Curnow, Director, Community Services, Community and Family Services.

The CHAIR: Thank you, minister.

The Hon. J.M.A. LENSINK: I will make a brief opening statement. Before we commence, I would like to take the opportunity to highlight some of the important services and supports provided to our community in 2018-19 through the Department of Human Services. In the past year, over 184,000 eligible South Australians received household concessions and rebates through the Department of Human Services, and another \$5 million was provided in grant funding to support financial resilience. In addition, 63,000 interpreting assignments and 1,455 translating assignments

were completed through the Interpreting and Translating Centre, with approximately 98 per cent of assignments completed to agreed or standard time frames.

Over 174,000 screening applications were received and finalised by the DHS screening unit. Over \$12 million was distributed through the family and community development fund, enabling non-government organisations to provide vital support to children and families across the state. A further \$25 million was provided in funding through the South Australian HACC program, enabling approximately 300,000 hours of service across the community.

Through Grants SA, approximately \$3.2 million was distributed in grant funding for 274 community projects. Many problem gamblers were also assisted through the 28 gambling help services across South Australia, which received funding through the Gamblers Rehabilitation Fund. Over 500 young people were supervised on youth justice orders, receiving support to help them make better choices for their future.

A particular achievement of the year has been changes that support easy access to concessions and a better customer experience. For example, customers can now advise of a change of energy retailer or change of address over the phone. The application process has also been streamlined. Simplified forms are being progressively introduced, including a single combined form for all household concessions. I am pleased to advise that these changes have reduced the processing time for applications from between two to three months to less than 48 hours.

On 1 July 2019, the Child Safety (Prohibited Persons) Act 2016 came into operation, introducing a working with children check that replaces the DHS child-related employment screenings and assessments of national police certificates. To prepare for the implementation, a wideranging communication strategy is underway. A stakeholder kit was also released in May 2019, which provides information and tools for organisations about the new check.

On 15 March, it was announced that the government is launching a new effort to reduce child abuse and neglect by building a connected system of evidence-based support services for families with multiple complex challenges. This has included consolidation efforts, including funding, services and staff into a new unit within the Department of Human Services. These changes commenced on 1 July. A major co-design process is now underway across the state to support the reforms.

In 2018-19, DHS also continued to develop the 'Young People Connected. Communities Protected.' state plan to strengthen connected supports for young people across the youth justice continuum. An initial consultation and engagement phase concluded on 14 November 2018. Since that time, engagement has continued with young people, Aboriginal communities and key partner agencies. The plan will be finalised early in the 2019-20 financial year.

Finally, I would like to highlight the positive advances that continue under the Ceduna service reform, where we continue to track positive improvements in a range of indicators across health, drug and alcohol usage and public safety.

The CHAIR: Thank you, minister. Member for Hurtle Vale, are you leading?

Ms COOK: Good morning.

The CHAIR: Good morning. If you have an opening statement, please make it. If not, it is straight to questions.

Ms COOK: No, my opening statement is: good morning, everybody, and thank you for your attendance. I have a question: can I read the omnibus questions once only this morning throughout the period of Human Services and other portfolios?

The CHAIR: Correct.

Ms COOK: I will do it later on, if that is okay. I am happy to go straight into questions. Referring to Budget Paper 4, Volume 3, page 73, is the minister aware of the Ministerial Code of Conduct?

The Hon. J.M.A. LENSINK: Yes.

Ms COOK: Upon being a minister, what steps did the minister take to familiarise herself with the Ministerial Code of Conduct?

The Hon. J.M.A. LENSINK: I read it.

Ms COOK: Has the minister always complied with the Ministerial Code of Conduct?

The Hon. J.M.A. LENSINK: Yes; I am quite certain.

Ms COOK: Is the minister aware of the specific obligation under the code of conduct to avoid situations where her private interests conflict, or appear to conflict, with her public duty, and has she at all times complied with that obligation?

The Hon. J.M.A. LENSINK: If you are referring to the article that was in the paper today, yes, I am, and that situation has not arisen.

Ms COOK: Has the minister's office maintained the minister's register of interests with the cabinet office in accordance with section 3.4 of the Ministerial Code of Conduct?

The CHAIR: Member for Hurtle Vale, could you just bring me back to the budget line item, please?

Ms COOK: Budget Paper 4, Volume 3, page 73, ministerial office resources. It speaks directly to the—

The CHAIR: Resourcing of the office, as in staff?

Ms COOK: Yes. The code of conduct speaks directly to the oversight of the office and how the minister performs her role within this. If the minister has no problem, she will not have an issue answering any of these questions.

The CHAIR: It is not a conversation for me and you to have. You ask the questions, I determine if they are appropriate and the minister can answer from there. Minister, if you are happy to answer—

The Hon. J.M.A. LENSINK: I am just a little bit surprised that, given this portfolio has a number of areas of great interest to the public of South Australia, the opposition would choose to raise this issue when, clearly in that particular instance, I did not have a conflict of interest. It is typical muckraking we have become used to from the Labor opposition, rather than focusing on genuine issues. There are a number of genuine issues within this portfolio space. I suppose it is not up to me to determine what direction the Labor Party may choose, but I often hear from Labor members that they are concerned about vulnerable people, and I am not getting that vibe at the moment.

Ms COOK: Can I continue?

The CHAIR: Yes, you can, member for Hurtle Vale.

Ms COOK: For what period did the minister hold shares in Healthscope?

The Hon. J.M.A. LENSINK: Mr Chairman, I do not think this is a matter for this committee. I have responded to the concerns that were raised in public, and I just do not see that there is any value in this particular line of questioning.

Ms COOK: Mr Chair, the professional conduct of the minister and the compliance with that professional code of conduct speaks directly to the capacity of a minister to oversee this—

The CHAIR: Before we continue, I would like to get some understanding in my mind. Member for Hurtle Vale, are you saying something around share ownership has something to do with the administration of the department?

Ms COOK: It has something to do with how decisions are made within that department and within cabinet.

The CHAIR: And this so-called share ownership is to do with the performance of the Department of Human Services?

Ms COOK: Under the guidance of somebody who owns shares that might have something to do with the Department of Human Services and its procurement.

The CHAIR: I am struggling to find on page 73 the word 'share' or 'procurement'.

Ms COOK: There are lots of things not included in budget papers, sir. You know that.

The CHAIR: Indeed, and if I bring all members back to my opening statement, questions need to be identifiable in the budget papers and line items of the budget papers. On page 73, we can talk about child and family support programs, family preservations, early intervention and research, data published by the Office of the Commissioner for the Public Sector and, of course, matters administered by the minister in her portfolio, in her department.

Ms Stinson interjecting:

The CHAIR: I am not sure what the point of order is, member for Badcoe.

The Hon. J.M.A. LENSINK: I cannot even understand what particular allegation the Labor Party is trying to make.

Ms COOK: Well, if you let me go, I will get it finished real fast.

The Hon. J.M.A. LENSINK: We will let the Chair be the judge of that.

The CHAIR: Member for Hurtle Vale, I will give you some latitude but not too much more.

Ms COOK: Can we ask that question again then: for what period did the minister hold shares in Healthscope?

Mr CREGAN: Point of order, Mr Chairman: this question does not relate to a budget line item.

The CHAIR: I uphold that point of order. If we are looking at conduct, I can understand the question around the conduct of the minister in performing her duty—completely understandable—but the minister's share interest is not relevant to this portfolio.

Ms STINSON: Can I make a point of order, sir?

The CHAIR: Yes, member for Badcoe.

Ms STINSON: The ownership of shares absolutely goes to the execution of procurement of contracts, of basically everything the department does, so how it cannot relate is beyond me. Clearly, there is a connection between the minister and her behaviour, her possible ownership of shares and whether that conflicts with the operations of the department.

The CHAIR: I find that very hard to follow. If we are—

The Hon. J.M.A. LENSINK: I am—

The CHAIR: Minister.

The Hon. J.M.A. LENSINK: I am not sure whether they have spoken to the Leader of the Opposition, actually, because I thought that he was taking a rather aspirational tack with the Labor Party in terms of people having shares. They have made some broad suggestion that ministers should not own shares. Now, we have a particular Ministerial Code of Conduct—

Ms STINSON: No, that's not right; that's not what they said.

The Hon. J.M.A. LENSINK: Can I finish, please?

The CHAIR: Member for Badcoe!

The Hon. J.M.A. LENSINK: Please do not interrupt me.

The CHAIR: The minister has the call.

The Hon. J.M.A. LENSINK: I have the call, thank you. There is a Ministerial Code of Conduct, I have complied with it, so I am not quite sure what the question is.

Ms COOK: I am prepared to accept that you are saying that you have complied with this and, if this is the case, then we will move on really fast. I have a few questions just to confirm that that is the case. It speaks directly to any breach in the code of conduct. If we go to page 73, in the top paragraph it states:

Government business is a broad term that captures both public non-financial corporations (government controlled entities that are engaged mainly in the production of marketable goods and/or services) and public financial corporations [etc].

So if the minister has any interest in any of the said businesses, corporations or companies, then it is in the public interest to understand how those decisions are made and whether the minister absolves herself from any participatory role within making those decisions, and I am happy—

Mr CREGAN: Point of order, Mr Chairman: no budget line item has been identified—

Ms COOK: I did identify a budget line.

Mr CREGAN: —and these are questions for question time. They are plainly questions for question time.

Ms COOK: I don't think she needs a human shield.

The CHAIR: Member for Hurtle Vale! Listen, I love estimates—

Ms COOK: Yes, it is great fun.

The CHAIR: I really do. I wish we could do it all the time; and I am here until 6.15pm. So we can harp on this point all day or not—it does not really bother me either way. I must say, the member for Torrens is very shrewd—and I think page 73 of Budget Paper 3 is what you are referring to, member for Hurtle Vale?

Ms COOK: Yes.

The CHAIR: If you would like to finish your question, I will take one or two more on this, the minister will answer and then we are moving on to substantive issues, because we are not going to waste the committee's time.

Ms COOK: No, this will not be a waste of time. Thank you, sir. Can we answer the question: for what period did the minister hold shares in Healthscope?

The Hon. J.M.A. LENSINK: As well as complying with the Ministerial Code of Conduct, these matters are a matter for the public record through the disclosure through parliament. If the member wants to examine those records, which are a matter of public record, then that is her obligation. I do not think I have much more to say, Mr Chairman.

Ms COOK: Thank you, minister. I have examined the public records. In saying that, and not providing us with a date, I can only assume that you continue to be a shareholder from 1 July 2018 of shares in Healthscope, which is on the public record—

Mr CREGAN: Point of order: this question is clearly in the nature of argument and it is developing a line of questioning which I say to you is out of order, and I ask you to make a ruling.

The CHAIR: Yes, I uphold the point of order and I will further go on to say—

Ms COOK: I will rephrase it.

The CHAIR: —that every member of parliament's register of interests is on the public record and, as the member for Hurtle Vale will know, we all have to complete our record of interest for the new financial year by the end of this month and lodge it with the house. Of course, the member's personal register of interests is not a subject within these budget papers, so I uphold that point of order. Do you have another question?

Ms COOK: Thank you.

The CHAIR: Another question, not a variation on the last one, member for Hurtle Vale.

Ms COOK: Did the minister sell her shares in Healthscope after 1 July last year?

Mr CREGAN: Point of order, Mr Chairman.

The CHAIR: I have already ruled on that, but it is on the member's register of interests, which we all have to update by the end of this month. I have ruled on that and that question is out of order.

Mr CREGAN: Chairman, I seek the call.

The CHAIR: The member for Kavel seeks the call—waiting patiently. Member for Kavel.

Mr CREGAN: I refer to Budget Paper 4, Volume 3, page 76. Can the minister please advise how the review of ConcessionsSA has been—

The CHAIR: Member for Kavel, could you avail yourself of the microphone there?

Mr CREGAN: Can the minister please advise how the review of ConcessionsSA has resulted in improvements to customer access and experience?

The Hon. J.M.A. LENSINK: I thank the member for that question. In 2018, a review was undertaken of the operational administration of the major household concessions managed by ConcessionsSA to identify potential efficiencies and improvement opportunities. The review recommendations continue to be implemented in delivering better outcomes for customers.

In the 2017-18 budget process, \$200,000 was allocated to assist in implementing recommended system enhancements. This funding was used to enhance customer database systems, resulting in more efficient validation of customer's Centrelink status and processing of concessions applications.

The review of ConcessionsSA examined the application, verification, payment, audit and reconciliation processes of the major household concessions to identify process efficiencies, alternative approaches to delivering services and potential long-term efficiencies in concessions administration. A program of reforms is well underway to progress the priority recommendations, which include reducing red tape and simplifying the concessions application process for customers, including improvements to the online application process and implementing administrative efficiencies to simplify processes and reduce manual handling.

Current improvements have led to a much easier process for customers to advise of changes to their personal circumstances affecting their concessions. For example, customers can now advise of a change of energy retailer or change of address over the phone. In the same call, ConcessionsSA hotline staff check to ensure customers are receiving the full suite of concessions for which they are eligible and there is no need to reapply for those concessions. The application process for concessions is also being streamlined. Simplified forms are being progressively introduced, including a single combined form for all household concessions.

The department is also reducing the requirement for customers to provide copies of Centrelink cards and supporting documents, such as copies of utility bills. Instead, back-end systems have been improved—for example, with Centrelink and the Department of Treasury and Finance—to validate information and reduce the red tape burden on customers. As a result of these first improvements, as I mentioned in my opening statement, the processing time for customer applications has been reduced from between two to three months to less than 48 hours. This has resulted in the achievement of staffing efficiencies with a reduction of 11.5 FTEs at 30 June 2019.

Ms COOK: Going back to the same budget paper—Budget Paper 4, Volume 3, page 73—and also in regard to Budget Paper 3, page 73, did the minister comply with section 4.6 of the Ministerial Code of Conduct and sell her shares within 14 days of becoming a minister?

Mr CREGAN: Point of order, Mr Chair: this relates to a matter on which you have already ruled.

The CHAIR: I will allow that question.

The Hon. J.M.A. LENSINK: Can you repeat the last part of it?

Ms COOK: Selling your shares, did that occur within 14 days of becoming a minister?

The Hon. J.M.A. LENSINK: My understanding of the Ministerial Code is that ministers do not have to sell their shares.

Ms COOK: Minister, did you make any profit out of the sale of your shares if you did, in fact, sell them?

The CHAIR: That is completely out of order. Whether someone makes a profit or a loss on a share depends on purchase price and sale price. If you are inferring the minister made a profit from a transaction of her decision, that is completely out of order. Whether someone makes a profit or loss on a share depends on the sharebroker and the decision—

The Hon. J.M.A. LENSINK: It is a private matter, Mr Chair.

The CHAIR: Yes, completely—

Ms COOK: Healthscope shares went up from 2018, the beginning through to the middle.

The CHAIR: That question is out of order, member for Hurtle Vale.

Ms COOK: In the same budget area—Budget Paper 4, Volume 3, page 73—and also Budget Paper 3, page 73, how can the minister, as the Minister for Human Services, hold Healthscope shares, given that the Department of Human Services interacts with said company?

The Hon. J.M.A. LENSINK: I do not know that they do. I am not aware that they do.

Ms COOK: Is the minister aware that Healthscope provides services in the areas of direct relevance, such as individuals with acquired brain injuries, disabilities, complex conditions and those who have left hospital and require additional support at home?

The Hon. J.M.A. LENSINK: The decision to purchase services from Healthscope—I am sort of a little bit surprised: I have been over and over and over trying to explain the NDIS to the Labor Party. The people who make decisions about the services that they purchase are participants who receive their funding through the National Disability Insurance Agency. They make those decisions to purchase services; that has nothing to do with me. The providers under the National Disability Insurance Scheme are not regulated by me, they are regulated by the Quality and Safeguards Commission. They are also registered with the Quality and Safeguards Commission.

Ms COOK: Minister, did you believe at all at any point that you had a conflict of interest in regard to holding shares with Healthscope while you are a Minister for Human Services.

The Hon. J.M.A. LENSINK: Did I believe? Did I believe—

Ms COOK: Do you understand—well, believe, define 'believe'.

The Hon. J.M.A. LENSINK: Do I believe in God?

Ms COOK: Do you understand through your reading of the code of conduct and your knowledge that you hold shares in a company that also provides services to people who are directly connected to your portfolio or indeed within the cabinet as a cabinet minister—do you understand that that is either an actual breach of the code of conduct or it would be perceived as such?

The Hon. J.M.A. LENSINK: That is the member's interpretation—

Mr CREGAN: Point of order: the minister has consistently answered that she has complied with the code. These questions relate to the same subject matter, and they are becoming repetitious.

The CHAIR: Thank you, member for Kavel. I will allow some further questioning at the moment.

The Hon. J.M.A. LENSINK: I can only say that that is the member's interpretation.

Ms COOK: Has the minister—

The Hon. J.M.A. LENSINK: Not mine.

Ms COOK: Has the minister sought any guidance or advice from the Premier in relation to her share portfolio and any potential conflict of interest, and has she declared any of that to the cabinet?

The Hon. J.M.A. LENSINK: We are required to provide a disclosure to the Department of the Premier and Cabinet, and I have complied with that.

Ms COOK: To manage any potential code of conduct breach within that, have you taken steps under section 3.6 of the Ministerial Code of Conduct?

The Hon. J.M.A. LENSINK: There is a specific process through cabinet.

Ms COOK: And you have undertaken that?

The Hon. J.M.A. LENSINK: I cannot comment on cabinet processes.

Ms COOK: Have you sought advice outside of cabinet on how to manage a conflict of interest regarding shareholdings?

Ms LUETHEN: Point of order: I would like to draw attention to whether this line of questioning is—

Ms COOK: We have already done that.

Ms LUETHEN: —related to the line of estimates—

Ms COOK: Nice try though.

The CHAIR: Order! Listen, like I said, I love estimates. We are going to be here till 6.15. We can continue to be slightly civil and probing—

Ms COOK: We are having a chat.

The CHAIR: —or we can not follow good manners. We all want to lift the standards of parliament, do we not, knowing that thousands of South Australians are watching us at the moment.

Ms COOK: We do. It is not like we are shouting or anything.

The CHAIR: Thank you for your point of order, member for King. Minister, if you could just—

Ms COOK: It is a chat.

The Hon. J.M.A. LENSINK: Look, I have complied with the code, and I have nothing to add.

Ms COOK: Minister, when any decisions or discussions related to procurement through any of your share companies that you have had an interest in or currently hold an interest in have come to cabinet, have you left the cabinet room for the duration of any of those discussions?

The Hon. J.M.A. LENSINK: Mr Chairman, I will just have to take this as advice from the member, who is reiterating what is in the code and what is well understood through the code.

Ms COOK: Did the minister or her office ensure that the cabinet office maintained a record of the declaration of a conflict of interest?

The Hon. J.M.A. LENSINK: We maintain a register, which is very similar to the register of interests that we are required to maintain as members of parliament, and I have complied, as I understand, with the processes of cabinet.

Ms COOK: Did the minister hold shares with Healthscope at the point of time that any matters regarding SA Pathology were discussed in cabinet?

The Hon. J.M.A. LENSINK: My understanding is that no decision has been made on SA Pathology, so that is not a relevant item.

Ms COOK: Did you comment regarding—

The CHAIR: Sorry, the member for Newland has been patiently trying to seek my attention. Sorry, member for Hurtle Vale. The member for Newland has a question.

Membership:

Mr Picton substituted for Ms Wortley.

Dr HARVEY: My question relates to Budget Paper 4, Volume 3, page 76. Can the minister please provide an update on the government's strategy for delivering a new child and family support system?

The Hon. J.M.A. LENSINK: I thank the honourable member for his question. The 2016 Nyland royal commission found that one in four South Australian children are reported to child protection by the age of 10. The majority, some 85 per cent of families notified to child protection in a sample from Western Adelaide in 2014, had multiple complexities recorded on their case notes. These included domestic and family violence at 75 per cent, parental substance abuse at 58 per cent, and mental health concerns at 51 per cent. We also know that one in three children in out-of-home care are of Aboriginal origin.

From 1 July 2019, \$42.4 million transferred to the Department of Human Services from the Department for Education and the Department for Child Protection to consolidate delivery of the in-scope Child and Family Support Services, (shortened to CFSS) programs in DHS together with existing in-scope DHS community programs. The total funding for the programs managed by DHS for the CFSS, collectively known as Safer Family Programs, total around \$45 million. Around \$15 million of these are commissioned NGO services. There were 232.1 FTEs transferred to DHS, that is 231.3 from Education and a 0.8 FTE from Child Protection.

The Early Intervention Research Directorate (EIRD) has been allocated \$3.31 million in 2018-19, which includes a carryover of \$1.01 million and \$2.3 million in 2019-20 and 2020-21 indexed ongoing funding. As at 17 June 2019, there were 6.4 FTE positions in EIRD. There is \$5 million per annum held by the Department of Treasury and Finance in contingency for early intervention and prevention programs and services, with \$3 million allocated over three years for the Northern Intensive Family Support pilot.

There has been \$810,000 allocated over two years to the Tiraapendi Wodli Priority Action Plan for Aboriginal families in the Port Adelaide area, \$120,000 per annum allocated to Grandparents for Grandchildren SA Inc. for up to three years, \$2.2 million to be funded over two years for an intensive support pilot for Aboriginal families in the western suburbs, and \$1.6 million allocated over two years for family group conferencing. The application of the remaining funds will be determined through the implementation phase of this new reform.

We have a new division within the Department of Human Services, which brings together community services, EIRD and the Safer Family Programs, to ensure linkages and connections to support the overarching goal. The state budget allocated \$2.3 million in 2019-20 to extend the Child and Family Assessment and Referral Networks (also known as CFARNS) pilots, which are a key part of the new child and family support system. The CFARNS were established in response to the Child Protection Systems Royal Commission report and are being piloted in northern, southern and western metropolitan Adelaide and Mount Gambier.

CFARNS teams work with children and families to provide a coordinated, targeted and culturally appropriate early intervention approach to improve the safety, health, development and education outcomes where risk factors exist. This funding ensures ongoing service provision while evaluation of the pilot phase is completed. We have also been engaging in intensive round tables with the stakeholders to develop these services going forward and look forward to further programs being announced in this space for the benefit of complex families in South Australia.

Ms COOK: That is a great program and I am looking forward to seeing how that rolls out, providing some long-term outcomes for the community. Referring back to Budget Paper 4, Volume 3, page 73, as well as Budget Paper 3, page 73, sorry to repeat a few themes but I am just trying to confirm completely that, within section 4.6 of the Ministerial Code of Conduct, the minister offloaded any shares that she might hold that would provide a conflict in regard to making decisions as a minister within that 14 days of her becoming a minister.

The Hon. J.M.A. LENSINK: Mr Chairman, I have responded to this question.

The CHAIR: I think we have been down this path.

Ms COOK: I am sorry, I have missed it.

The CHAIR: Bear with me. The minister has provided pretty fulsome answers, I think.

Ms COOK: Was it a yes or a no? I will check *Hansard*, I guess.

The CHAIR: Member for Hurtle Vale!

The Hon. J.M.A. LENSINK: That is why we have *Hansard*.

The CHAIR: The correct word is 'dispose' of shares.

Ms COOK: Thank you. Well, I do not know. I do not have shares.

The CHAIR: We all do in our super funds. The minister has answered that question fulsomely. If you have another question, member for Hurtle Vale, I am more than happy to hear another question.

Ms COOK: Brilliant, thanks very much. On the same lines, did the minister comply with section 3.5 of the Ministerial Code of Conduct and declare a conflict of interest every time cabinet considered any matters regarding the privatisation of services or the outsourcing of services to private contractors such as Healthscope, regarding public hospital services?

Mr CREGAN: Point of order, Mr Chairman: this does not relate to the budget line item.

The CHAIR: Public hospital services are certainly not in the Department of Human Services' lines. That is this afternoon, starting at 2pm, with the Minister for Health and Wellbeing.

Ms COOK: Sorry; I am new at this, really. You cannot say anything about any other thing? So I could not talk about a police officer or—

The CHAIR: For example, member for Hurtle Vale, this is the budget estimates for human services—

Ms COOK: I am in the right place, then.

The CHAIR: —so it is appropriate to ask questions in relation to the human services portfolio. A question in relation to, for example, transport and infrastructure, would be relevant for Tuesday.

Mr PICTON: Point of order.

The CHAIR: Yes, what is the point of order?

Mr PICTON: This is a question that relates to the minister's conduct, which is referenced in the budget in terms of her office and her resources that are allocated by the parliament for her to conduct her business.

The CHAIR: I do not disagree with you there, member for Kaurna, except the final part of the question was in relation to public hospitals, and public hospitals are not administered under this budget line.

Mr PICTON: Point of order, Chair: you can try to protect the minister all you want—

The CHAIR: I am not protecting the minister.

Mr PICTON: —from seeing if there is a breach of the code of conduct here, but the opposition has very serious questions as to the minister's conduct—

The CHAIR: Member for Kaurna, I am ruling—

Mr PICTON: —as to whether the minister has breached the Ministerial Code of Conduct in this matter. You can try to silence the opposition, Chair, as you seem hell-bent on doing—

Ms LUETHEN: Point of order.

Mr PICTON: —but we will continue to ask these important questions.

The CHAIR: Member for Kaurna, the member for King—

Ms LUETHEN: The member is interjecting.

The CHAIR: He is, member for King. Thank you for your point of order. I know—

Mr PICTON: Point of order: I was raising a point of order.

The CHAIR: Yes, I am ruling on your point of order and I do not uphold your point of order. If you question, there is a procedure for remedy if you do not agree with my ruling. I am happy to be back here on Monday morning at 9.30am and you can debate my point of order. The question from the member for Hurtle Vale related to public hospitals. Public hospitals are not administered in this budget. That starts at 2pm. The question is out of order. If the member for Hurtle Vale has another question, I am happy for her to ask.

Ms COOK: I can change simply that last part of it from 'public hospitals' to 'any kind of public service'.

The Hon. J.M.A. LENSINK: Mr Chairman, I have responded to these questions.

Ms COOK: Okay, I will ask another question. That is fine; no problem. I do not really understand the response, but I will keep going.

The CHAIR: I think what the minister was trying to imply was any public service is actually not a budget estimate either. We are looking at the Department of Human Services.

Ms COOK: Well, any human service—anything to do with human services.

The Hon. J.M.A. LENSINK: Sorry; I am not quite sure. Was there a question there?

Ms COOK: I will ask another question. In regard, again, to the same budget lines, has the Department of Human Services met with any Healthscope representative in the past 16 months?

The Hon. J.M.A. LENSINK: I do not know. We will have to take that one on notice.

Ms COOK: Okay, good. Is the minister aware that section 3.7 of the Ministerial Code of Conduct can require the minister to stand aside or resign as a result of her failure to declare or appropriately manage a conflict of interest?

Mr CREGAN: Point of order, Mr Chairman.

The CHAIR: Yes, member for Kavel?

Mr CREGAN: That clearly does not relate to a budget line item to be considered in estimates.

Ms COOK: It is the same line of questioning.

Mr CREGAN: We have travelled this ground repeatedly today.

The CHAIR: We have.

Ms COOK: And it is nearly done.

Mr PICTON: Point of order on the point of order, sir.

The CHAIR: Yes, what is the point of order on the point of order?

Mr PICTON: The minister is accountable to this parliament. This budget estimates is to examine the government's proposals for spending money. The opposition is entitled ask questions about how the government is doing that and about whether there are conflicts of interest and breaches of the Ministerial Code of Conduct in the way that the minister is performing her duties. This is a responsibility of the parliament to ensure that the government's money is being spent wisely, and we will continue to ask these questions.

Mr CREGAN: This is debate.

Mr PICTON: I think it is entirely appropriate that they shall be able to be asked.

The CHAIR: You raise some very valid points. The spending of taxpayers' money is vitally important. Minister, I will ask you to answer the question how you see as appropriate.

The Hon. J.M.A. LENSINK: As I said, I think in response to the first question, I have read the Ministerial Code of Conduct, so I thank the Labor Party for their advice.

Ms COOK: Regarding the same budget lines, has the minister disposed of any and all shares that have any connection at all to any services provided by the Department of Human Services?

Mr CREGAN: Point of order, Mr Chair.

The CHAIR: Yes, member for Kavel.

Mr CREGAN: Matters previously raised.

Ms COOK: Over and over again.

The CHAIR: It has been previously raised. I will allow this question.

The Hon. J.M.A. LENSINK: I took some pre-emptive steps in opposition actually to dispose of shares, before I became a minister, which I thought may lead to a conflict. I am not aware of any that I have held since.

Ms COOK: This is possibly the last question on this line.

The CHAIR: Surely not.

Ms COOK: The same budget line—possibly, depending on the answer. Is the minister aware—

Mr CREGAN: Which budget line item?

Ms COOK: The same, absolutely the same. We have not moved.

The Hon. J.M.A. LENSINK: You are actually required to say that at the start of questions.

Ms COOK: Budget Paper 4, Volume 3, page 73 and Budget Paper 3, page 73. Is the minister aware that under the Ministerial Code of Conduct it is a breach to trade in shares?

The Hon. J.M.A. LENSINK: I have read the Ministerial Code of Conduct and complied with it, and I have nothing further to add.

Mr PICTON: Following on from that, this is on Budget Paper 4, Volume 3, page 73, resources.

The CHAIR: Is this a supplementary?

Mr PICTON: It is a new question, Chair. Has the minister complied with the Ministerial Code of Conduct provisions specifically under section 4.6 of the code where it says that ministers cannot trade, buy or sell those shares during the term of their appointment?

The Hon. J.M.A. LENSINK: I am aware of that.

Mr PICTON: Thank you. I am sure you are aware of it, but have you complied with it?

The Hon. J.M.A. LENSINK: To the point that the shares in question were held, they were normal tradeable shares. A private equity firm approached the company. A decision was made by the board, the shareholders were questioned—I was not a participating member in that decision—and the board effectively made a decision that they would accept the private equity firm's offer, so they paid out all of the shareholders. In my view, the reporting of the story this morning is inaccurate in that I did not trade shares. It was, in effect, a forced sale of which I had no choice in the matter.

Mr PICTON: So that was not a sale that you actively did. It was when the takeover happened and effectively that is when you were divested from your shares, and that was only in June, last month?

The Hon. J.M.A. LENSINK: That is correct.

Mr PICTON: Is the minister aware of the other requirements under section 4.6 of the code, which states:

The Premier may approve, on a case-by-case basis:

- investment by Ministers in managed funds or managed fund trust arrangements (provided that the portfolio of investment is broadly diversified...)
- investment...in superannuation...funds;
- the receipt and divestment by Ministers of shares and interests pursuant to a will or as a result of demutualisation of a company or other exceptional circumstances.

So there are potentially exceptional circumstances; however, the Ministerial Code of Conduct requires the Premier to approve that. Was that something that the Premier approved?

The Hon. J.M.A. LENSINK: I thank the member for his advice and I have nothing to add.

Ms Stinson interjecting:

Mr PICTON: That is right, it was not advice. I am asking whether the Premier approved your divestment of those shares under the Ministerial Code of Conduct.

The Hon. J.M.A. LENSINK: I have nothing to add to this, Mr Chairman.

Mr PICTON: So are you saying that you cannot answer the committee as to whether that was approved under the Ministerial Code of Conduct?

The Hon. J.M.A. LENSINK: I have just said that I have nothing further to add.

Mr PICTON: Why do you have nothing to add, minister?

The Hon. J.M.A. LENSINK: Because I have nothing to add.

Mr PICTON: Is that because you did not comply with the Ministerial Code of Conduct?

The CHAIR: Member for Kaurna—

Ms LUETHEN: Point of order.

The CHAIR: Member for King.

Ms LUETHEN: It is a repetition of questioning.

The CHAIR: Indeed. I think, member for Kaurna, the minister has provided an answer.

Mr PICTON: I also ask the minister whether her failure to answer this question is inconsistent—

Mr CREGAN: Point of order, Mr Chair.

The CHAIR: Member for Kavel, I uphold your point of order. It is not a question, member for Kaurna, as you know.

Mr PICTON: A new question.

Ms STINSON: A point of order, Chair: you just upheld a point of order without the member for Kavel making a point of order.

The CHAIR: That is true. I have known him for so long, I knew what he was going to say.

Ms STINSON: It would be lovely if the opposition knew what the point of order was and what your decision was, sir. You cannot uphold a point of order you have not heard. How ridiculous!

The CHAIR: For the sake of *Hansard*, could you repeat your point of order, member for Kavel?

Mr CREGAN: With pleasure, Chair. The member opposite had put a question to the minister which provided in its question the minister's answer. It was argument, it was out of order, and I was grateful that you ruled accordingly.

The CHAIR: Thank you, member for Kavel. Alas, time has expired. There being no further questions, I declare the examination of proposed payments for the portfolio of Department of Human Services completed.

Membership:

Ms Wortley substituted for Mr Picton.

Departmental Advisers:

Mr M. Buchan, Chief Executive, South Australian Housing Authority.

Ms B. Hallsworth, Executive Director, Strategy and Governance, South Australian Housing Authority.

Mr N. Symons, Director, Finance, South Australian Housing Authority.

The CHAIR: Minister, do you have an opening statement?

The Hon. J.M.A. LENSINK: Yes, I do; 1 July last year saw the commencement of the new South Australian Housing Authority. Over the last 12 months the authority has made significant progress in reorienting its operations to work in partnership with the wider housing and homelessness sector to have a greater focus on customer outcomes. To do this, the authority has been strengthening its governance structure to deliver the state government's housing reform agenda, with a strong focus on customer service, affordable housing, business partnerships and a long-term strategy.

Change is ongoing and progressive. We are keeping our partners and our customers updated along the way. The authority will be progressing its agenda over the next 12 months through collaboration and engagement with the housing and homelessness sector and South Australian communities. The commencement of the housing, homelessness and support strategy has demonstrated our new approach and commitment to working in partnership across the housing system to find shared solutions to shared problems.

The most recent triennial review and the AHURI report into South Australia's current housing assets and its mapping of future demand provide key supporting evidence of the need for system level reforms. In November 2018, the South Australian Housing Authority hosted an industry and sector partnership forum, bringing together representatives from across the housing and homelessness sector, to start discussions about how to partner in the delivery of the strategy. I announced the formation of a housing and homelessness task force at the forum, which has brought together representatives from across the housing and homelessness sector to provide advice and develop a strategic intent to steer the development of the new strategy.

We have also been working, through our domestic violence commitments, to support people who are experiencing or are at risk of domestic and family violence, which is a high priority for this government. We listened to specialist advice from forums held in November 2018 in conjunction with the Office for Women to incorporate the feedback into the suite of initiatives from our election commitments to support people and children at risk.

To ensure the crisis accommodation is available as soon as possible, the authority will be refurbishing public housing properties with security upgrades to support women to live independently and safely. Clients using these crisis beds will be receiving support services, including intensive outreach support, help managing safety issues, and assistance into safe and sustainable accommodation.

For people living in remote communities, the state government secured a further \$37.5 million in funding from the commonwealth government. For the first time since the commencement of the National Partnership Agreement on Remote Indigenous Housing, the state government is matching that funding commitment over the five-year term, which will deliver a total of \$75 million worth of funding to remote housing over the next five years, which is continuing the essential housing services to remote communities across South Australia.

We have also committed to developing an Aboriginal housing strategy by December 2020, which will connect to the broader housing, homelessness and support strategy to provide a tailored

and targeted housing strategy for Aboriginal South Australians. A few months ago, I met with people living in the APY lands and saw firsthand how housing can make an impact. We have also been hearing from community leaders about what is important to them.

Next month is national Homelessness Week 2019. It is held from 4 to 10 August with the theme 'Housing Ends Homelessness', coordinated by Homelessness Australia. Key events occurring in South Australia include the Hutt St Centre's Walk a Mile in My Boots event and the Don Dunstan Foundation's homelessness conference. I might just leave it at that.

The CHAIR: Thank you, minister. The member for Hurtle Vale.

Ms COOK: Everyone will be pleased to know we are onto Budget Paper 2, page 2, discussing the Housing Authority. Minister, at what stage of the budget bid process was the \$104.5 million pinnacle of housing stimulus packages proposal put forward?

The Hon. J.M.A. LENSINK: Mr Chairman, I think to discuss these things is out of order. They form part of general cabinet discussions, so to discuss who said what to whom and when, on my understanding, is not within the—

Ms COOK: I don't think so.

The CHAIR: Member for Hurtle Vale, in Budget Paper 2—I am just trying to find if we can—

Ms COOK: It is the details of the package; if you go halfway down the page—it is actually the budget speech.

The CHAIR: Yes.

Ms COOK: There is a big paragraph with all the details of what and when. It actually does it much better than within the budget papers, so it is easier for everyone to refer to.

The CHAIR: You mean 'Details of the package include:'—

Ms COOK: Yes.

The CHAIR: —'Creating an interest free deposit gap loan'?

Ms COOK: It is a budget paper, right?

The CHAIR: Is that what you are referring to?

Ms COOK: Yes; that whole three dot points. Further on, there is another line. It starts at, 'Whilst future economic and job growth', and then it ends as, 'It is estimated that the support package'.

The CHAIR: Thank you, member for Hurtle Vale; that is fine. Could you repeat the question for my benefit, please?

Ms COOK: Yes, sure. At what stage of the budget bid process was this proposal put forward, this housing stimulus package proposal?

The CHAIR: I will accept the question.

Ms COOK: Thank you.

The Hon. J.M.A. LENSINK: I think, by the conventions, we do not generally discuss these government discussions and—

Ms COOK: So cabinet, sorry, I was asking—

The CHAIR: Member for Hurtle Vale, the minister is answering.

The Hon. J.M.A. LENSINK: The budget process is part of cabinet deliberations. It falls within that.

The CHAIR: Thank you, minister.

Ms COOK: Am I able to just continue? I will be on this line for just a little bit. Was the initiative, the entire \$104.5 million package, an initiative of the minister and her department or of Treasury?

The Hon. J.M.A. LENSINK: Again, we do these things in partnership—none of us achieve anything on our own. We have a strong working relationship with Treasury, so to try to say that it is one or the other is not appropriate.

Ms COOK: Just for context, I am trying to tease out if this was all part of the grand plan of housing provision, or was it a rescue package for the building industry?

The Hon. J.M.A. LENSINK: It ticks many boxes really. We are very pleased that there is new funding that will be made available through housing. We are very pleased with the funding that is going to be through HomeStart Finance to assist people, the \$10,000 grant, and Treasury clearly saw that there was a need for this sector to have some assistance, so overall it is a very welcome package. In terms of where we are at, clearly through those documents I referred to in my opening comments there is a need within the South Australian community, there is an unmet demand, if you like, and working in partnership with Treasury we have all been able to come up with a package that we think will be very beneficial to South Australians.

Ms COOK: Thank you; I will continue with the line. With the Treasury package, minister, can you confirm that the purported \$42.5 million housing stimulus package is actually not new money but is simply cash reserves of the SA Housing Authority?

The Hon. J.M.A. LENSINK: I might ask Nick if he can make some comments, because some of the financial detail is a bit—

Mr SYMONS: Those two programs will be funded from cash reserves.

Ms COOK: So it is not new money coming into the Housing Authority from the budget, the full budget itself? It is not an allocation—it is being withdrawn out of the Housing Authority's cash reserves?

The CHAIR: I am sorry, I am very strict on this, very consistent: I said in my opening statement that questions are to be to the minister and the minister is to then decide whether an adviser will answer the question and take advice.

Ms COOK: Sorry, that was a point of clarification for me.

The Hon. J.M.A. LENSINK: I will ask Nick to respond to the detail.

Mr SYMONS: The construction stimulus program will be self-funding, so the revenue derived from the sales will fund the construction. In the interim, it will be funded from cash reserves, and the preventative maintenance program will be funded from cash reserves as well.

Ms COOK: Continuing on the same line, to the minister, who may pass it on, I understand, in terms of the detail: the \$60 million to top up to \$104.5 million—the approximate, give or take some change—is really a hypothecated amount based on the assumption that the Housing Authority will make profit from the sales of the properties that you are selling?

The Hon. J.M.A. LENSINK: Nick will respond.

Mr SYMONS: The \$60 million referred to in the budget papers is a HomeStart program, so we are probably not in a position to comment on that.

Ms COOK: No, good to confirm though, because we can always take that forward. In terms of the cash reserves of the Housing Authority, how much money is it anticipated that you will take out of the Housing Authority cash reserves over the forward estimates in this budget?

The Hon. J.M.A. LENSINK: We will take that one on notice.

Ms COOK: Is there any opportunity at all to give a ballpark? Is it tens of millions or \$300 million, for example?

The Hon. J.M.A. LENSINK: I will ask Michael Buchan if he can respond.

Mr BUCHAN: Funding has been provided for the four full years of the forward estimates through into the Housing Authority in terms of its appropriation money, essentially, if you want to characterise it that way. That money basically is money coming from the state government and the commonwealth government in terms of the commitments to the housing system more broadly.

It is anticipated that, essentially, all of the money that is provided through to the South Australian Housing Authority will be expended over the forward estimates, because essentially we are an organisation that does not generate surpluses through its operations. Essentially, we receive the money from the government, which acts as a part community service obligation, effectively funding us to enable us to continue our operations.

So we would expect to reduce our cash balances down to something that is similar to what we are opening with today. We do not expect that we are going to have a substantial erosion of our cash balance against what we have entered this budget cycle with.

Ms COOK: Continuing with the same lines, regarding the allocation of money within the budget, I wish to clarify information that has been provided publicly regarding this investment to the people living in the City of Adelaide. In a budget special newsletter last week, which I could table, the Minister for Child Protection—

The CHAIR: Unfortunately, member for Hurtle Vale, you cannot table documents—

Ms COOK: I will pop it to the minister after.

The CHAIR: —and, alas, you cannot quote from that or derive a question from something that is not in the budget papers.

Ms COOK: Right. Can I clarify then that there is not, in fact, a \$42.5 million investment over two years to refurbish SA Housing Authority housing stock?

The CHAIR: Member for Hurtle Vale, are you still referring to—

Ms COOK: Same budget paper, yes, all these numbers—clarifying where it is going and what it is doing. Is it \$42.5 million?

The Hon. J.M.A. LENSINK: Michael Buchan can respond to this one.

Mr BUCHAN: I can confirm that as per the budget lines we have \$21.4 million, which relates to a construction program that is actually anticipated to construct properties that will be new homes that will be sold to the market at a majority private affordable price point. The second line there, the \$21.1 million, will be spent essentially on significant maintenance upgrades across a range of stock within the portfolio.

Ms COOK: Yes, that was my understanding, thank you. Just to confirm, there is \$21.4 million being spent to construct 90 homes?

Mr BUCHAN: Yes.

The Hon. J.M.A. LENSINK: It is approximate—an estimate—give or take, yes.

Ms COOK: Okay. Regarding the 90 homes, it states also that the majority will be sold as affordable. What do you believe that majority number to be?

Mr BUCHAN: The actual aspiration, if I can put it that way, is to have all of them as affordable sales into the market. What we are going through at the moment is essentially looking at the house and land packages in all the different areas. Our aspiration is that we actually spread the construction of this across as many suburbs as possible where we have projects running. As a result, there will be some suburbs where it is going to be a struggle to actually reach the price points, which is, essentially, if we want to think from a market or a turnkey sale price, around about \$407,000.

The current estimate, when I sit and look at the numbers that we have in front, would be in the order of 70 per cent or around about 65 of the properties, we would anticipate, we should be able to deliver. That, again, as the minister has reminded me, is an estimate at this stage because we will now take those packages and those house and land structures to the market. We will get tendered prices, etc., from the builders, so then the ultimate pricing will be determined by the cost of delivery of the product in the individual locations.

Ms COOK: On the same line of questioning, in regard to the provision of public housing and social housing, I understand you are just completing the 1000 Homes in 1000 Days program. Is this a 90 homes in 700 days program or is there more building?

The Hon. J.M.A. LENSINK: I am not sure I understand the question.

Ms COOK: We are just completing a building program of 1000 Homes in 1000 Days. This announcement is 90 homes of building and you are saying that up to three-quarters of it will be sold off, also—so not retained as public housing stock—and that is going to be done over the forward estimates, so around 700 days. So this is like 90 homes in 700 days, is it?

The Hon. J.M.A. LENSINK: No, and I think, as I have said in question time before, there were issues with the 1000 Homes in 1000 Days, apart from it not being additional homes—I think it was spun that way. There were problems with the contracting and so forth. I might see if the CE would like to respond further.

Mr BUCHAN: Having a direct focus on the question of the 90 days, the intention is that we will be tendering a significant portion of this package over the next three months, essentially. The intent is to get as much of this done in the next 12 to 18 months as we practically can. What we have in this instance is where we will be developing for sale, so we will be developing allotments to sell to the private sector. We are going to do that within subdivisions where we already have allotments available to us and where the concentration of public housing, affordable housing and market housing is appropriate for that location.

As a result, in terms of the 90, we would be expecting that we can get a significant portion of those contracts into the market almost immediately. The timing, in terms of how long it will take to deliver that, I would have to check with my finance director, but my expectation is a significant amount—some 75 per cent of the money—is anticipated to be expended this budget year. Again, three-quarters is our expected carryover. All of that, of course, are best laid plans.

As with the 1000 Homes program, one of the key issues that we often have is where we are working with builders. We want to ensure that the builders are successful in terms of their programs. Often, we will adjust and move dates to ensure that it does not put undue stress on their programs and is actually there to provide support to them rather than further hinder their businesses. It will be something that we will have better clarity of, in terms of the absolute timing, once we have our tender packages back.

Ms COOK: Thanks. There is one more question on this section.

The CHAIR: The member for King has a question and has been waiting very patiently.

Ms LUETHEN: Thank you, Chair. I refer to Budget Paper 4, Volume 3, page 89. In the electorate of King, I have many people living in public housing. Can the minister outline how the condition of public housing stock will be improved through the maintenance funding announced in the housing sector package?

The Hon. J.M.A. LENSINK: I thank the honourable member for her question. From our discussions, I do appreciate that the member for King is very interested in maintenance and providing a good service for her constituents in her electorate.

In June 2018, a South Australian Housing Trust triennial review identified a maintenance backlog that had also been identified through Auditor-General's reports. It identified that a disproportionate amount of the total maintenance budget has been expensed as response maintenance at the expense of planned maintenance. The South Australian Strategic Asset Management Plan 2018-19 recognised the need to realign maintenance expenditure with a focus on capital and programmed investment rather than responsive maintenance

To support the findings of the triennial review and the Strategic Asset Management Plan as identified in the recent budget, the state government has committed \$21.1 million for a preventative maintenance and upgrade program to improve ageing South Australian Housing Authority homes, including walk-up flats. This initiative will be funded from the authority's cash reserves, resulting in no impact to the general government sector.

The authority has identified approximately 450 properties, which includes 250 individual dwellings located in areas across the state and 200 units in walk-up flat sites in the Adelaide metropolitan area. These properties are considered to be suitable for refurbishment as compared to alternative options, such as sale or demolition to rebuild.

The key advantages of undertaking preventative maintenance for these properties include that there will be less capital expenditure compared to renewal—on average \$46,000 per dwelling, compared to the average of \$220,000 per renewal—less time needed to return vacant but tenable stock for reallocation, which is something that is raised on a reasonably regular basis in the Legislative Council; extending the life of the property for up to 20 years; and that some of the works are able to be carried out with the tenant remaining in their property, thereby saving in relocation inconvenience and costs.

This refurbishment will entail a holistic preventative maintenance and upgrade undertaking that will extend the life of the property, improve amenity for the occupant and augment current planned capital maintenance programs, which are all critical in addressing the maintenance backlog. I am not sure whether there are properties that have been identified in the electorate of King, but I guess all members may want to be aware that this program is operating, in case their constituents contact them, and that this is going to be a very positive initiative for those properties that have been identified.

Ms COOK: I will continue, if you like, on the same line as the member for King, or I can just take it back to Budget Paper 2.

The CHAIR: It is completely up to you what questions you choose to put to the minister.

Ms COOK: Just to clarify, what was the figure that was spent on maintenance in the 2018-19 financial year?

The Hon. J.M.A. LENSINK: The total maintenance budget, excluding remote Indigenous housing for 2018-19 is \$13.562 million on capital, and the recurrent is \$102,621,000.

Ms COOK: So a total of \$102 million and change, and \$13 million and change, was spent in 2018-19 specifically on maintenance? That is a lot of maintenance.

The Hon. J.M.A. LENSINK: I might just see if Nick can respond in more detail.

Ms COOK: Yes, because you know what I am asking, right? Specifically maintenance.

Mr SYMONS: I would just like to confirm that that is a budgeted number. The ongoing accrual process for the 2018-19 statements is ongoing, so we do not have an actual figure for 2018-19 yet.

Ms COOK: But we expect that a maintenance figure for 2018-19 was a total of \$115 million on maintenance, not building?

Mr SYMONS: Not building, no, just maintenance.

Ms COOK: So then you have mentioned that there is a stimulus package of \$21 million in preventative maintenance and upgrades for the next year. What is the total amount of maintenance budgeted for next year, 2019-20?

Mr SYMONS: The total maintenance budget will be in the order of \$114 million plus the \$21½ million preventative maintenance program.

Ms COOK: So \$114 million plus \$21 million?

Mr SYMONS: Yes.

Ms COOK: And that is the budgeted number for this coming year?

The CHAIR: Sorry, I will be consistent again. I appreciate it is many people's first time.

Ms COOK: Sorry, it is like a chat. They are very close.

The CHAIR: Advisers to the minister must provide their responses back to the minister, who then provides them to the committee. It is just the way we do things in estimates B.

Ms COOK: I did not see her mouth move, sir. I am sure she said it. That is all.

The CHAIR: I have no doubt the minister did, but I would like to see the lips move as well.

Ms COOK: I might just move to Budget Paper 4, Volume 3, page 89. Of the election commitment given for the 40 specific domestic violence hot properties, how many have been allocated and are being lived in now?

The Hon. J.M.A. LENSINK: I thank the honourable member for her question. As she knows, there is increasing demand for emergency assistance for people in housing crisis, particularly for homeless families and women and children experiencing domestic and family violence. In the system there are currently 87 domestic violence crisis accommodation properties or units across the state, although there are people in that situation who access a range of other services that are not tagged as specifically domestic violence as well.

These crisis accommodation outcomes are attached to regional domestic violence services funded by the National Housing and Homelessness Agreement. On 20 August last year, we announced that more than \$11.9 million was to be invested over four years in a suite of initiatives to help women and children at risk of domestic and family violence, which were detailed in the 2018 budget, including \$4 million to provide an additional 40 domestic and family violence crisis beds.

In November 2018, and I think I might have referred to this in my opening statement as well, the South Australian Housing Authority and the Office for Women held a series of three first response to domestic and family violence forums with representatives from the domestic and family violence sector, housing and homelessness service sector and relevant peak bodies, which were specifically focused on the design and implementation of the election commitments, including these particular beds.

The feedback through these forums has built on extensive feedback that we received through the range of domestic violence round tables that have been held in 2018 and 2019. The feedback highlighted two key themes: firstly, the need for holistic support services to accompany any additional crisis accommodation, and the need for crisis housing and support services for perpetrators of domestic and family violence to enable women to remain in their home when it is safe to do so. So this has been incorporated into our specialist advice and incorporated into the implementation.

To ensure that the beds are available as soon as possible, the South Australian Housing Authority will refurbish and refit public housing properties with security upgrades to support women to live independently and safely. Clients using these crisis beds will receive support services, including intensive outreach support, help managing safety issues and assistance into safe and sustainable accommodation.

It is intended that all beds will be available by the end of April 2020, with the first nine beds aiming for September 2019. A small number of beds will be used to trial perpetrator interventions that will see perpetrators removed from the family home and provided with alternative accommodation and access to targeted support services.

Ms COOK: Thank you. A couple of questions arising from the minister's answer, just to clarify numbers: you talked about beds. Are we right to say then that one home might contain four beds, which would include a bed for a parent and three children, so it may be 10 homes with four beds, for example?

The Hon. J.M.A. LENSINK: I think it is fair to say that we are still working through the strategy to deliver those, so it is a work in progress.

The CHAIR: Member for Kavel. I will come back to you, member for Hurtle Vale. The member for Kavel has been waiting very patiently.

Mr CREGAN: I refer to Budget Paper 4, Volume 3, page 89. Can the minister provide an update on the development of the Housing and Homelessness Strategy, including how regional communities such as my own might have the opportunity to participate in that consultation?

The Hon. J.M.A. LENSINK: I thank the honourable member for his question. As you are well aware, the South Australian Housing Authority is working on a statewide housing strategy. The Housing and Homelessness Strategic Task Force, which reports to myself, brings together representatives from across the housing and homelessness sectors which has overseen the

development of a report, including a strategic intent, which was released publicly on 30 June. The strategic intent will inform and guide the development of the final stage strategy and is the foundation for sector public and customer engagement occurring now through to the end of August.

There are a number of ways in which people can join the conversation and share their housing aspirations and experiences. Members of the public, customers, and anybody else for that matter, can join by visiting the following website: talkabout.housing.sa.gov.au or YourSAy.sa.gov.au or mail their submissions to the Housing Authority or email the South Australian Housing Authority.

We have a postcard mini survey, which is available at local regional offices, cafes, libraries, local state MP's offices—I am not sure if we have supplied the member for Kavel with those yet, but we can certainly make sure that they are available—or your local council. We are also running seven lived experience workshops. Sector leaders have been invited to one of three forums that have been held this month, with social housing held just two days ago and the services and support one yesterday. The affordability and market housing forum is being held next week.

During August, there will be seven regional engagements which will be held across the state, consisting of sector round tables and community drop-in sessions, including one at Mount Barker. The other locations are Kadina, Port Augusta, Whyalla, Berri, Nuriootpa and Naracoorte. We will make sure that the honourable member's office is provided with those details and that will cover not only his electorate but the member for Finnis and probably the member Heysen and potentially other ones as well.

The CHAIR: The member Hurtle Vale, one moment. I would like to recognise Mr Speaker in the strangers' gallery. Member for Hurtle Vale.

Ms COOK: I think I am still continuing on the same area: Budget Paper 4, Volume 3, page 89, confirming that we are not certain whether the 40 beds will be 40 homes—that is currently being worked through, depending on modelling, need, etc. There currently is not anyone in the new beds, but you are saying there will be nine available?

The Hon. J.M.A. LENSINK: That is the intention.

Ms COOK: How many homes are those nine beds in?

The Hon. J.M.A. LENSINK: We might have to take that one on notice.

Ms COOK: That would be helpful. Where are the homes located and why were those locations chosen?

The Hon. J.M.A. LENSINK: We did provide a media release that identified the regional locations. The locations were determined not just through the Housing Authority but with the Office for Women. That was guided very much by the consultations that we took across the state. I think it was very early on. It was about 13 April that we held a statewide one and we started getting feedback about this particular election promise at that time, already.

Then, we visited each region, which was Berri, Mount Gambier, Whyalla, Port Lincoln—sorry, I am talking about DV round tables, that is why I am getting blank looks from our officers here—and some other locations. At the domestic violence round tables that visited regional areas we discussed the need as well as the desire in particular regions for a safety services hub and the form that might take. So it was very much through consultation with regional communities on the ground.

Ms COOK: Can you tell me the figures on how many homes and how much is being spent to upgrade the security of Housing Authority homes to protect victims of domestic violence?

The Hon. J.M.A. LENSINK: The officers are saying that they think it is in order of \$700,000, but we will take that on notice and give you the specifics on that one.

Ms COOK: I am looking to ascertain the cost and number of property upgrades in the 2016 final numbers, and 2017-18 and 2018-19, for homes to protect people who specifically experience domestic violence.

The Hon. J.M.A. LENSINK: I will ask the CE if he can respond to this one.

Ms COOK: Just take it on notice; it is fine.

The Hon. J.M.A. LENSINK: I think he just needs to explain some of the complexity of the data and how difficult that task is.

Mr BUCHAN: As the member can probably appreciate, there are lots of requests for lots of different items and improvements on houses. Often the improvements are actually made without specifically identifying the driver, so it could be domestic violence, it could be security, it could be disability. There is a whole raft of different reasons why improvements are made to houses.

It is incredibly difficult for us to identify the specific spend for individual properties for a particular driven purpose. For instance, putting on a security door is a common practice in terms of maintenance for domestic violence on a facility but security doors are put on for other reasons as well, not just domestic violence related issues, and it is not easily accessible from the database that we have.

Ms COOK: No, I accept that and if it is possible to take it on notice that would be great. Can we move to Budget Paper 4, Volume 3, page 96, regarding homelessness funding. We had the celebration the other day of the 25 years of Ian Cox as CEO.

The Hon. J.M.A. LENSINK: Sorry, could you repeat which budget paper?

Ms COOK: Budget Paper 4, Volume 3, page 96, talking about new funding arrangements with the NHH.

The Hon. J.M.A. LENSINK: Yes. Sorry, I did not mean to interrupt you.

Ms COOK: That is okay, I was just talking about the Hutt Street celebration the other night. It was a great event, was it not?

The Hon. J.M.A. LENSINK: Yes.

Ms COOK: Were you there?

The Hon. J.M.A. LENSINK: Yes.

Ms COOK: Were you? I did not see you.

The Hon. J.M.A. LENSINK: Lucky for me.

Ms COOK: Hiding up the back. How much—

The CHAIR: I know estimates is very informal but—

Ms COOK: It was fantastic.

The CHAIR: It is a very different demeanour from earlier this morning, member for Hurtle Vale.

Ms COOK: How much is generally budgeted for emergency accommodation for homeless people, such as hotels?

The Hon. J.M.A. LENSINK: I might ask Nick if he can respond to that.

Mr SYMONS: The budgeted figure for 2018-19 for emergency accommodation, hotel/motel, was \$4.4 million.

Ms COOK: And for 2019-20?

Mr SYMONS: The budget for 2019-20 is \$4.4 million.

Ms COOK: Is there a cost blowout on this at all in the budget?

The Hon. J.M.A. LENSINK: Yes.

Ms COOK: What is that amount?

The Hon. J.M.A. LENSINK: With your indulgence, I will ask Nick again.

Mr SYMONS: The expenditure on hotel/motel in 2018-19 is \$7.2 million.

Ms COOK: Minister, where would that extra money come from? Where would that be taken from in order to fund the cost blowout?

The Hon. J.M.A. LENSINK: I will ask Belinda if she can respond to this one.

Ms HALLSWORTH: The budget currently sits outside of the NHHA but as it is clearly being an emergency accommodation response it should be considered as part of the homelessness system, so it needs to be thought about, I guess, in a different way. Whether the program is part of the NHHA funding is something that we are considering as part of the development of the new Housing and Homelessness Strategy.

Ms COOK: So any moneys to subsidise the cost blowout in the budget because of increased demand for homelessness crisis accommodation is being taken out of that NHHA money, out of the homelessness fund or—it is not out of the homelessness funding?

The Hon. J.M.A. LENSINK: The officers advise me that that is from cash reserves.

Ms COOK: Are there any programs that need to be cut to ensure that emergency accommodation can be funded?

The Hon. J.M.A. LENSINK: We are working through the Housing and Homelessness Strategy at the moment. I think it is fair to say that there is a lot of appetite for change within the sector, recognising that there is funding in the system. The outcomes for a lot of people who experience homelessness do not necessarily lead to them being in stable accommodation. There is a range of services that provide that and we are really working through those details at the moment.

In terms of the 10-year Housing and Homelessness Strategy, it is very much engaged in the co-design because I think the customer experience needs to be front and centre. We have a system which is oriented too much to the crisis end of the services and, as we have seen, there has been an increase, as you have identified. You have identified that there is an increase in the emergency accommodation budget and we certainly want to see people being housed—

Ms COOK: Agreed.

The Hon. J.M.A. LENSINK: —in stable accommodation for their benefit.

The CHAIR: Alas, time has expired. There being no further questions I declare the examination of proposed payments for the portfolios Housing Authority and Affordable Housing completed.

Sitting suspended from 10.30 to 10.45.

Departmental Advisers:

Mr T. Harrison, Chief Executive, Department of Human Services.

Mr D. Green, Acting Chief Financial Officer, Finance and Business Services, Department of Human Services.

Ms G. Mitra, Acting Deputy Chief Executive, Department of Human Services.

Ms N. Rogers, Director, Office of the Chief Executive, Department of Human Services.

Mr G. Myers, Principal Coordinator, Strategic Projects, Office of the Chief Executive, Department of Human Services.

Mr N. Ashley, Acting Group Executive Director, Disability and Reform Services, Department of Human Services.

Mr J. Young, Executive Director, Accommodation Services, Department of Human Services.

The CHAIR: We are about to resume the portfolio of Disability Services. I declare the proposed payments open for examination and refer members to Agency Statements, Volume 3. Minister, will you make an opening statement?

The Hon. J.M.A. LENSINK: Yes, Mr Chair. I am pleased to advise the committee that South Australia's transition of state disability clients to the National Disability Insurance Scheme is now complete. This is a truly historic milestone for South Australia. As of 30 June, around 29,000 South Australians have an NDIS plan and about half of these people are receiving disability supports for the first time. This means that thousands of people are now receiving services and supports and having better life opportunities than was possible prior to this landmark reform.

More clients of state psychosocial services, as well as new and some commonwealth clients, will continue to enter the scheme in the future. In the past year, we continued to transition state disability services to the non-government sector. On 1 October 2018, Child and Youth Services transferred to an employee-led non-government mutual trading as Kudos Services; 114 staff transferred with the service. On 30 November 2018, ASSIST Adult Therapy Services transferred to Minda, with 65 staff transitioning to support the smooth continuation of services.

In line with the transition, Disability Community Services also ceased operations to state-funded clients during the year, with all metropolitan offices closing by 30 June. A market process is underway to progress the transfer of the commercial services of Domiciliary Equipment Services to the non-government sector, which is due to be completed shortly.

During 2018-19, DHS worked closely with the National Disability Insurance Agency to transition remaining eligible clients and support people through this significant change. Whilst there has been significant progress, we are continuing to work diligently with our state and territory counterparts to agree and resolve some residual complex issues. These include the interface between state services—such as health, transport and voluntary out-of-home care—and the NDIS to ensure participants receive reasonable and necessary supports to achieve their goals and live safely in the community.

South Australia is also leading the development of a national plan for the disability workforce to ensure there is a diverse, capable and sustainable workforce. The government's decision to withdraw from providing accommodation services was subject to very genuine consultation with all stakeholders. This consultation indicated that more time and support was needed to adjust to the NDIS. The government has agreed that this should be the priority at this time.

The department has also worked with people living at Highgate Park, the state government's last remaining institution, to reconnect with the community. During the last year, 37 people have moved from Highgate Park into homes that support community participation, choice and control. The Disability Inclusion Act was passed last year. Work is well advanced to develop South Australia's first State Disability Inclusion Plan, which is due to be published in late October. This will set whole-of-government priorities and directions to improve access and inclusion for people with disability.

On 5 April this year, the Prime Minister, the Hon. Scott Morrison, announced the establishment of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. This was established on 20 June 2019 as a joint royal commission in South Australia. The government of South Australia fully backs this long-awaited and landmark inquiry and has proactively committed significant resources to support the royal commission, including through a dedicated central response unit. DHS also stands ready to support the royal commission, as required, over the coming years.

The CHAIR: Thank you, minister. Member for Hurtle Vale.

Ms COOK: Thanks very much. I will go to Budget Paper 4, Volume 3, page 83. Minister, what prior consultation was undertaken while you were in opposition which led to the decision to disband the public corporation?

The Hon. J.M.A. LENSINK: I think they are two separate questions. It goes to the issue of supported accommodation services. I have responded to extensive questioning in the Legislative Council on the development of that policy, almost to the point of ad nauseam. The policy was something that was indicated in our document, which was published, including using words to the effect of 'including group homes' so it was abundantly clear what our intention was. On coming to government, the decision that the former government had made regarding a public corporation was not consistent with that.

Ms COOK: In regard to the same lines, in regard to the public corporation, what was the total cost in disbanding that corporation, including any operational redundancy and transfer costs?

The Hon. J.M.A. LENSINK: Sorry, is this related to a particular budget line?

Ms COOK: It is Budget Paper 4, Volume 3, page 83, expenses.

The Hon. J.M.A. LENSINK: We will take that one on notice.

Ms COOK: While you are taking that one on notice, it would be good information, I believe, to understand how much redundancy payment the former head of the supported accommodation public corporation received when it was disbanded in the first couple of months of coming into government.

The Hon. J.M.A. LENSINK: That would be included in the envelope, I assume, of your first question.

Ms COOK: Thank you. Moving on to the transition that you have just alluded to in your opening statement. In regard to Budget Paper 4, Volume 3, page 86, and the transition to the NDIS, you have stated that it is complete. Would the public and myself, etc., understand that 'complete' means that everybody is now on operational plans through the NDIS who need to be and that those plans are delivering services to them?

The Hon. J.M.A. LENSINK: I will ask Gerrie Mitra if she could respond to this. She understands it in great detail.

Ms COOK: Thanks. I will try to direct questions back to you.

Ms MITRA: Thank you. All previously funded state clients who are receiving disability services have now had the opportunity to either access the scheme and receive a plan or choose not to, if that is what they wished.

Ms COOK: Minister, does 'access a plan and receive services or choose not to' mean that anybody who requires services through the NDIS is now getting them?

The Hon. J.M.A. LENSINK: My understanding is there are steps in the process, which I might invite Gerrie also to respond to.

Ms MITRA: If somebody had not previously received disability specialist services funded through us, then everybody has the opportunity now to approach the scheme, to make a request for access and then to go through the process of being determined eligible or not.

Ms COOK: Minister, I guess I am continuing in the same area. I am talking to the point of what it means to go public when you say 'fully rolled out', when people daily are coming to all members of both houses regarding the fact that they do not yet have plans in operation.

The Hon. J.M.A. LENSINK: Are you referring to people who have been granted access but have not received their plans yet?

Ms COOK: Some have been granted access and have not received plans and have not got services. People are challenging what they have been offered. I would not consider the public to be accessing the service. It is about what is fully rolled out. I want some clarity and transparency around that for the public.

The Hon. J.M.A. LENSINK: I will invite Gerrie to respond to that.

Ms MITRA: I appreciate that it is challenging. For people who did not receive services from us previously, they have approached the scheme, may have met access and may now still be waiting for a plan to be developed. Those plans often take some time. We are working closely with the NDIA to try to expedite any of those that are taking longer than we would expect, and some of them need to go backwards and forwards to get further information about the level of their functional impairment and the kinds of supports that they will need.

Ms COOK: Moving the transition of clients now to individualised funding, I know that we have had lots of questions about block funding—same line, same page: Budget Paper 4, Volume 3, page 86. Minister, in terms of the transition funding that is being provided within the budget, the

\$6.7 million, I believe from memory, what modelling was done to determine how much money each organisation would receive if in fact they have received a commitment or grant out of that transition money? Are you aware of any organisations that have received amounts that do not match any applications or communications they have had with the department?

The Hon. J.M.A. LENSINK: I will ask the CE to respond to that.

Mr HARRISON: It is certainly a work in progress in the sense that, as you would be aware, we have moved from block grant funding over many, many years. We transitioned to individualised funding arrangements for clients who were cared for and supported by the NGO sector, by and large. In particular, over the last three or four months we have worked with all our NGO providers in South Australia to work on a case-by-case basis to look at finalising the transitional arrangements, to the extent that even today we still have some ongoing arrangements with numerous providers so they can work through what we would call the acquittal process, so transitioning from money that we are providing in advance of services to finalising the amount within a plan and then acquitting the difference between those two processes.

We worked through that in very much an itemised format with each and every provider, based on each and every client's needs. I would like to hope that within the next couple of months we will finalise that acquittal process for the reason that NGO providers will be dealing directly with the NDIA for payments, and we will not have any residual amounts outstanding during that process for which the government ultimately would be responsible. That is really a work in progress right at this minute for multiple providers across South Australia.

Ms COOK: Continuing in the same area, in respect of the provision of services by the NGO sector, when grant funding or grant amounts have been allocated since the budget out of the \$6.7 million transitions funding, has there been any review or change of adjustment to outputs or KPIs to be delivered within a service that block funding arrangements used to deliver? To make it easier, this is not in relation to any organisation, but if I was an organisation getting paid \$10 to deliver 10 meals and you gave me \$7, would you still expect me to give out 10 meals or could I do seven?

The Hon. J.M.A. LENSINK: To be fair to the honourable member, some of the non-government sector might be anticipating funding that is not on the table. I will invite Gerrie Mitra to detail what the \$6.7 million is for.

Ms MITRA: The \$6.7 million in 2019-20 is to support the finalisation of service reform and the disability functions as a result of the state's transition to the NDIS. It is a one-off funding injection to support finalisation of service reforms, including the wind-down of most of the remaining disability operations to the non-government sector. So it is effectively to close down all those administrative pieces behind.

We are continuing to fund a small number of existing state disability clients who are either ineligible for the NDIS or are the subject of issues still to be resolved at a national level. We are also continuing to support those clients with highly complex needs, such as those through the Exceptional Needs Unit. So the \$6.7 million is not going out to NGO providers for additional services.

Ms COOK: Minister, in relation to this transition, that would indicate then that the NDIS is still rolling out, if there are still services being funded by the state?

The Hon. J.M.A. LENSINK: I do not want us to get too caught up in this terminology about what 'rollout' means because what we see it as—and we may have a different interpretation—is that it is to do with the existing DHS-funded clients transitioning to the NDIS. From our point of view that has taken place, but disability services in South Australia in all jurisdictions have had a range of elements to them. There are ongoing interface issues and a whole range of other areas that are being mocked up that, as a result of the change to the NDIS, are still in some way operational. But the transition of the existing clients to the new scheme, from our point of view, is complete. Gerrie, is there any more detail that you can provide about what that funding is going towards?

Ms MITRA: Existing clients have a plan, and a good example is the voluntary out-of-home care young people to whom the state may still be providing a small amount of funding, as agreed, with the NDIA.

Dr HARVEY: My question relates to Budget Paper 4, Volume 3, Sub-program 4.5: NDIS Reform Support, page 88. Can the minister expand on what work is being done by the government to improve accessibility and inclusion for people with disability across South Australia?

The Hon. J.M.A. LENSINK: I thank the honourable member for his question. As I referred to in my opening statement, we passed the Disability Inclusion Act in 2018. It was the first piece of legislation passed by the new parliament, so that is a very significant piece of legislation to guide us going forward. According to that legislation, a state plan needs to be published by 31 October 2019. There has been a reference group comprising key state government and local government representatives and other stakeholders providing advice on the plan. We had a six-week consultation phase, starting in March and closing in April, which included stakeholder groups, people with disability, their families and carers.

We had a discussion paper, which included an accessibility version, which proposed four themes to support an inclusive South Australia, those being liveable communities, participation in decision-making, creating opportunities, and fairness, safety and equality. There was also a consultation held with the Local Government Association and councils on 22 May. Further targeted consultations are ongoing with women and children, Aboriginal and Torres Strait Islander people, and people from culturally and linguistically diverse backgrounds with disability. The draft plan will be released for feedback during August.

The Disability Inclusion Act requires that state authorities, which includes government departments, local councils and other public bodies, produce a disability action and inclusion plan (DAIP) by 31 October 2020. DHS is developing guidelines and templates to support state authorities and local councils to develop these plans. So we are in the process. It is a very important piece of the puzzle for people with disabilities.

I think that Dr David Caudrey has stated multiple times that the disability inclusion legislation complements the NDIS. The NDIS provides the supports and services and outlines through the planning process for participants what their goals and aims are. The state is moving away from those direct supports, or has with a few exceptions, and is looking to ensure that people with disability have full inclusion.

While it may have been tedious for people to get along King William Street, we are very pleased that the tram stop near South Terrace will finally be made inclusive. That is something that Mr Maurice Corcoran and I think the Hon. Kelly Vincent have called for for some time. A lot of those are very practical things that are impediments to people with a disability, which we do not appreciate unless we have a disability, getting about and living their daily lives. We hope that will be addressed going forward.

Ms COOK: Excellent news. On Budget Paper 4, Volume 3, page 85, sub-program 4.2, does the NDIS Act itself prevent community visitors from accessing environments that are funded by the NDIS so that participants can access that support?

The Hon. J.M.A. LENSINK: I thank the honourable member for that question. Since 1 July 2018, the National Disability Insurance Scheme Quality and Safeguards Commission is legally responsible for the quality and safety of NDIS-funded services and the safeguarding of NDIS participants. The commission is responsible for service provider registration, complaints, incident management and positive behaviour support for NDIS-funded providers and participants. Under legislation, the Community Visitor Scheme's role in disability is limited to services either provided or funded by the state government.

Ms COOK: Under which legislation, minister?

The Hon. J.M.A. LENSINK: Under our legislation.

Ms COOK: Sorry; just to clarify, the commonwealth—

The Hon. J.M.A. LENSINK: Sorry, I have not finished yet. With the transition to the NDIS, the state government no longer funds disability service providers in South Australia; services for clients are now funded by the NDIS under commonwealth legislation. Disability service providers do not have the legal authority to invite the Community Visitor Scheme to visit and inspect the homes of people with disability.

If NDIS participants are leasing a home, only they or their guardian can invite someone to enter. However, even if the CVS is invited in by an individual or their guardian, this is outside the role of the CVS as currently set out in legislation, therefore there are no powers to inspect, investigate or inquire. The CVS has no legal authority to engage with third parties, including NDIS participants.

Further, these premises are not regulated by the state government as the state does not have any contractual relationship with the operator or provider. There are, therefore, workplace safety risks for volunteers entering premises not covered under the statutory regime and there are also risks in entering private homes without lawful authority.

Ms COOK: Continuing, given and acknowledging that information you have provided, I wish to clarify. The federal NDIS commissioner or NDIA do not have an issue by legislation with a Community Visitor Scheme, per se; it is the state's legislation currently that prevents it. So to clarify that, and I would then ask if the minister has an appetite to secure any change in regulation that might permit the access of this service, given the difficulties people with disability have faced, acknowledged now through the royal commission that has been triggered, in trusting people and seeking a relationship of trust? Also, on the really outstanding work that the community visitor has done, would the minister work with us to look at those regulations and help to continue that service of community visitors within state and commonwealth facilities?

The Hon. J.M.A. LENSINK: There is a report that has been commissioned by the federal government through the NDIA that looks at community visitor schemes across Australia. I have not actually received it yet; it has not been released—it is sort of under embargo at the moment. My understanding is that it broadly supports the continuation of community visitor schemes, albeit I think it is fair to say probably not in the same role or status as the Quality and Safeguards Commission, which is very much the regulator—a watchdog, if you like.

I have certainly made representations to the previous minister and the current minister that I am a big supporter of community visitors schemes—moved the first legislation in this parliament indeed for that to come under the Mental Health Act. The NDIS is a disruptive change to the way things are regulated, and I certainly appreciate the lived experience component—that a number of people with disability appreciate having that particular contact that enables them to assist them with their advocacy.

If I can just add to that, the state government, through the Attorney-General's Department and DHS, is actively considering the future role of the CVS and the appropriate legislative arrangements, which are complex legal and government matters because they involve the interaction between state and commonwealth legislation, powers and responsibilities. So it is important that our response is not simply to rush things into the parliament but to be carefully considered and fit within the legislative landscape and statutory responsibilities of different jurisdictions. At the same time, the role of the Quality and Safeguards Commission is continuing to evolve.

There is also consideration at state level to broader advocacy for vulnerable adults and statutory responsibilities in this space, and this government remains committed to protecting the most vulnerable in our community. Probably like other people, we have been a little bit impatient to land this, as we do with many matters in the interface between the state and commonwealth on NDIS matters, but we are not proceeding with haste but working through those things, because the interaction of commonwealth and state makes it quite complicated.

Ms COOK: Just wrapping up a few of these advocacy items under the same lines, is the minister confident that all providers of state-funded care have been and are still currently reporting all critical incidents properly and accurately to the department's unit?

The Hon. J.M.A. LENSINK: I might just refer to Gerrie to respond to that particular query.

Ms MITRA: Providers of services need to be registered providers of support under the Quality and Safeguards Commission, and they have an obligation to report to the Quality and Safeguards Commission now and not to the department.

Ms COOK: I understand that. Just to clarify, to the minister, there has been up until this point people getting state-funded services over the past 12 months under this budget line. Are you

confident that all of the incidents that have occurred during this period have been reported accurately and to your satisfaction followed up accurately and in a fulsome way to ensure safety of all residents?

The Hon. J.M.A. LENSINK: I will just ask Mr Harrison to respond.

Mr HARRISON: If I can just go back a little bit, even before we transitioned to the NDIA you may be aware that within Human Services we established the Incident Management Unit, which was very much about consolidating and centralising that ability to capture all notifications and reports, both within government and non-government services. In addition to that we have had the bolstering up of the working with children and disability checks through the screening unit, which is also contained within the Department of Human Services, and over the last 18 months I have had a personal relationship with the now commissioner of quality and safeguards, Graeme Head, in relation to building the interchange of information.

We have even had recent incidents where we have had notifications, and what we have done is actually tested the reliance about getting reports through the South Australia Police, through the Quality and Safeguards Commission, through NGO providers and through our centralised reporting and investigation unit as well.

But it is the case that we have to make sure that we have absolute clarity with who has responsibility for receiving complaints, assessment of those, investigation and imposing any sanctions. I think it will take the next 12 months or so, as all states and territories work with the national commission, to make sure that we have got that absolute certainty and clarity of responsibility. But I have great confidence at the moment, as the head of the department, that we will be maintaining all of our resources in the Incident Management Unit, particularly for investigating historical matters that we may have responsibility for but even more so to ensure that we have the right systems in place over the next 12 months or so with all of the investigative bodies so nothing can slip through the crack, if you like, if we get a notification.

Ms COOK: Thank you for that.

The CHAIR: The member for Torrens has been patiently waiting

Ms COOK: I am just going to finish this.

The CHAIR: That is fine.

Ms COOK: In relation to the critical incidents and the future journey through the royal commission, which will be an emotional and very deep experience for all of us, and I say 'us' because I have worked in the sector, and those with lived experience who have experienced terrible trauma, I am wondering if it would be that the minister has an appetite to provide a confidential briefing on any issues that are of concern that might arise throughout the course of the ensuing events in terms of the royal commission and other such investigations.

The Hon. J.M.A. LENSINK: In relation to specific incidents?

Ms COOK: Mm.

The Hon. J.M.A. LENSINK: No. As I have said in this chamber before, I regard these matters as they need to be managed appropriately within the systems that exist, that is, formally through DHS and now through the NDIS Quality and Safeguards Commission. I just do not think it is appropriate to comment on individual cases.

Ms WORTLEY: Budget Paper 4, Volume 3, page 72, and Budget Paper 5, pages 54, 55, and 56: is the minister aware of the Oakden and Gilles Plains draft structure plan?

The Hon. J.M.A. LENSINK: The what, sorry?

Ms WORTLEY: Is the minister aware of the Oakden and Gilles Plains draft structure plan?

The Hon. J.M.A. LENSINK: Is that an instrument of local government or is that through Renewal SA?

Ms WORTLEY: Renewal SA.

The Hon. J.M.A. LENSINK: Renewal SA is leading planning for the future development of the Strathmont Centre and surrounds through the Oakden and Gilles Plains Structure Plan, which sets direction for future land use and includes stakeholder and community engagement.

Ms WORTLEY: Prior to your discussion about the future of Strathmont pool with your department, were you aware that the Urban Renewal Authority, trading as Renewal SA, was preparing to call for tenders for the development of the Oakden and Gilles Plains Structure Plan that included the Strathmont swimming pool site?

The Hon. J.M.A. LENSINK: Broadly speaking, I have had an understanding that the site was due to be closed, as it was under the former government, and that the general process for these things going forward means that Renewal SA takes carriage of any master planning processes.

Ms WORTLEY: So when you made the decision to close the Strathmont swimming pool, were you aware that the government had already committed to calling for tenders for the development of the site?

The Hon. J.M.A. LENSINK: The decision to close the Strathmont pool was one that was made by the previous government; it just had not enacted it yet.

Ms WORTLEY: Minister, the question—you were the minister, you closed the swimming pool. I am not aware of anything with regard to the former government, but the point is this: you signed to close the swimming pool. Were you aware at the time of closing the Strathmont swimming pool, which was being used by 1,500 people, including 750 mostly children with special needs? Were you aware at the time that the government was calling for tenders for the development of the Oakden and Gilles Plains Structure Plan that included the site of the Strathmont swimming pool?

The Hon. J.M.A. LENSINK: I am aware of the decisions that were made by the former Labor government that were to close the site, including the pool, and that there were short-term contracts that were provided to all the swimming pool users, and that the standard process is that Renewal SA has carriage of any future master planning processes for such sites.

The CHAIR: I think the member for Kavel is seeking the call there. No? Member for Newland, sorry.

Ms WORTLEY: I have further questions.

The CHAIR: Member for Newland.

Dr HARVEY: My question relates to Budget Paper 4, Volume 3, page 87, Sub-program 4.5: NDIS Reform Support. Can the minister please advise what work the Disability Advocate is undertaking as part of his role?

The Hon. J.M.A. LENSINK: I thank the honourable member for his question and I am always delighted to refer to Dr David Caudrey, who is the Disability Advocate. On 27 November 2018, it was announced that Dr David Caudrey had been appointed as the Disability Advocate. Dr Caudrey's role is to look at systemic issues with the NDIS and associated reforms from a statewide perspective. The role does not replace existing complaint or individual advocacy systems, including the NDIS Quality and Safeguards Commission.

The Disability Advocate may consider individual cases to understand the experience of people within the system; however, he is not the first point of contact for concerns from individuals. In his role, Dr Caudrey is working closely with the Public Advocate, the Department of Human Services, the National Disability Insurance Agency, community advocacy organisations and other key stakeholders. He has undertaken significant stakeholder engagement, including forums with participants and their families, to gather information about the transition to the NDIS in South Australia.

Dr Caudrey has advised that, while there is a high level of satisfaction with the scheme from most participants, some report unsatisfactory service. The most common complaints include delays in finalising a plan, not knowing who to contact when there is an issue with the plan, and a lack of flexibility and responsiveness to sudden changed circumstances or crises. Feedback has also been

received around market capacity, workforce development, and thin markets, particularly in regional and rural remote areas.

These findings, along with suggested improvements, are being raised by the Disability Advocate with the NDIA at a regular monthly meeting. The Disability Reform Council is also progressing work to address these issues at the national and state level. The advocate has held or participated, between 1 January and 30 June, in some 80 stakeholder meetings to discuss NDIS transition arrangements and 50 NDIS participant discussions to obtain a firsthand account of their NDIS experience. He is informing us, via me but also through the NDIA, in relation to improvements to the scheme, which we think will be very useful to improve the customer experience.

The CHAIR: The member for Hurtle Vale.

Ms COOK: I refer you to Budget Paper 4, Volume 3, page 85. Minister, who is the Highgate Park facility owned by: the state, the Julia Farr trust, or somebody else?

The Hon. J.M.A. LENSINK: I am advised by our erudite officers that it is the Home for Incurables Trust.

Ms COOK: Given that this trust owns that site, does the state have the authority to sell the land?

The Hon. J.M.A. LENSINK: I will take that question on notice.

Ms COOK: My concern is for the people who have interests in the Home for Incurables Trust and I would seek the minister's assurance that that piece of land then is not slated to be sold off as a development site.

The Hon. J.M.A. LENSINK: No decisions have been made and I will take that on notice.

Ms COOK: Thank you. I will pass to my right, if that is okay, Mr Chair, whenever.

Ms WORTLEY: I refer to Budget Paper 4, Volume 3, page 72, and Budget Paper 5, pages 54-56. Given the Strathmont land is a responsibility that falls under the minister's portfolio, has the minister been involved in discussion with Renewal SA about the future development of the site?

The Hon. J.M.A. LENSINK: As I said previously, my understanding of these processes is that once a site has been determined that it is surplus to government requirements, then Renewal SA takes that process.

Ms WORTLEY: Is the minister aware that of the 750 special needs children, 452 from education department schools, who were displaced as a result of the closure of the Strathmont pool, not all are in ideal swimming environments? Is the minister aware that some have reduced pool access? When they were at Strathmont they had a full swimming pool, but now in some instances they only have access to two lanes. They are in public areas, which is of particular concern for children on the autism spectrum. They are having to travel up to an hour for a lesson and there is considerable expense to schools and/or parents. Finally, I understand that the lessons are currently being subsidised and the parents only have to pay \$2 per lesson, but for how long will that continue?

The Hon. J.M.A. LENSINK: If I can just repeat that the decision to close the pool was made by the former Labor government. Consultations with organisations using the pool started in 2014, with six-monthly licences introduced with the aim of encouraging forward planning rather than waiting for the pool to fail, which would risk leaving children and families disappointed.

During July 2018, four organisations using the pool were given the six-month final notice period that they had previously requested. The Department of Human Services staff supported user groups to relocate to alternative facilities that suit their needs. All organisations using the pool secured alternative arrangements in time for the first school term in 2019.

The pool's parts and equipment were going to fail, and the Department of Human Services could no longer guarantee that the pool would be safe, clean and useable, so this has been a safety issue. I understand that, when the pool was drained for the last time, there was significant failure of pipework, so there is a litany of infrastructure issues with this pool that have been going on for some time. The former government chose not to invest in it and, indeed, made the decision to close the

pool, and it was deemed that it was the only appropriate action that could be taken. All of the user groups were supported to find alternatives.

Ms WORTLEY: Minister, I asked questions in relation to the 750 children with disabilities who were displaced and their current situation. I asked what you were going to do about that. Perhaps you would like to take it on notice. In relation to the comments that you have just made, I have been the member for Torrens in that area for four years prior to you coming into government. That issue was never raised and you are the minister. Your signature is on that paper that signed off—

Mr CREGAN: Point of order, sir.

The CHAIR: Yes, member for Kavel.

Mr CREGAN: This seems to be submissions in the nature of argument rather than a question.

The CHAIR: An impromptu speech, as Speaker Atkinson would say. Member for Torrens, if there is a specific question I would welcome hearing it.

Ms WORTLEY: I have put forward a number of questions regarding the students who were attending the pool and where they currently are and that the situation is not always ideal. I am happy for the minister to take that on notice and to report back regarding what the situation is, and what the minister intends to do to ensure that those children have the access to the water therapy that they deserve.

The Hon. J.M.A. LENSINK: I think the real question that needs to be asked, Mr Chairman, is why the Labor Party would support the continuing use of a pool that was becoming unsafe—

An honourable member interjecting:

The Hon. J.M.A. LENSINK: I have the floor.

Ms WORTLEY: We ask the questions, minister.

The Hon. J.M.A. LENSINK: And I get to answer them without being interrupted.

The CHAIR: Sorry—

Ms WORTLEY: We ask the questions, minister; you answer.

The Hon. J.M.A. LENSINK: Thank you for that advice.

The CHAIR: Sorry, everyone. Actually, I determine what gets asked and answered—the joy of chairing of estimates B. The minister is providing an answer and I am happy to entertain the minister's answer. Minister, please continue.

The Hon. J.M.A. LENSINK: Thank you, Mr Chairman. As I said, I think the real question that needs to be asked is: why, having made the decision that they would close the pool, the Labor Party, when they were in office, continued to advocate for the opening of a pool that would become unsafe and that we had concerns with going forward?

There are also questions as to why the Labor Party did not advocate for a new pool to be placed in the Lightsview site. There are a range of things. My department has bent over backwards to accommodate students and has made those arrangements in an assiduous fashion. We have been informed that the instructor in charge of the water safety program has indicated that facilities at The Parks are significantly better than the Strathmont swimming pool and will deliver greater educational outcomes in water safety for all students.

The CHAIR: Alas, it is 11.30. There being no further questions, I declare the examination of proposed payments for the portfolio of Disability Services completed.

Membership:

Ms Hildyard substituted for Ms Wortley.

Departmental Advisers:

Mr T. Harrison, Chief Executive, Department of Human Services.

Mr D. Green, Acting Chief Financial Officer, Finance and Business Services, Department of Human Services.

Ms N. Rogers, Director, Office of the Chief Executive, Department of Human Services.

Mr G. Myers, Principal Coordinator, Strategic Projects, Office of the Chief Executive, Department of Human Services.

Ms F. Mort, Director, Office for Women, Department of Human Services.

The CHAIR: We now move to the Office for Women. I declare the proposed payments open for examination and refer members to the Agency Statements, Volume 3. Minister, if you have an opening statement, please proceed.

The Hon. J.M.A. LENSINK: I do. As the Minister for Human Services, I am pleased to be here today to highlight our achievements through the Status of Women program. Throughout 2018-19, we have made significant progress on our election commitments to address violence against women. But we have done more than just ticking off commitments. Since being elected, I can advise that we have done the following:

- rolled out the Domestic Violence Disclosure Scheme statewide, which has been extended to 30 June 2020;
- held a series of round tables for key domestic, family and sexual violence stakeholders, with a focus on regional areas;
- provided a range of grants so that community and non-government organisations can join the celebrations for the 125th anniversary of women's suffrage;
- funded the South Australian Coalition of Women's Domestic Violence Services to enable them to function as a supported peak body;
- released Committed to Safety, a whole-of-government framework designed to address violence against women, which includes a range of actions from primary prevention to crisis and justice responses;
- established a key partner network to provide us with advice on policy and initiatives, as well as the actions contained in Committed to Safety;
- rolled out the Ask for Angela initiative to assist women facing sexual harassment in licensed venues;
- consulted and responded on our crisis accommodation commitment, announcing the locations of 40 new beds, which includes a trial of a new model for perpetrator interventions;
- introduced a new women's safety app;
- ensured that our Domestic Violence Crisis Line is able to operate 24/7 for the first time;
- established the first two safety hubs, designed to assist and support women in communities with information, advice, connections to services and other support mechanisms;
- commenced consultations with businesses and business groups to inform the development of a women's employment and leadership strategy; and
- celebrated the 40th anniversary of the Women's Information Service in 2018.

But our work is not over yet. In the coming months we will be continuing to celebrate the 125th anniversary of women's suffrage with a state dinner and an online campaign. We will continue

to consult with our business sector to finalise the women's employment and leadership strategy, continue to roll out the safety hubs across the state, and work on the actions contained in Committed to Safety.

We will be finalising our safe practice standards to assist a range of first responders to support perpetrators of domestic, family and sexual violence, and continue working to re-design the way we respond to women and their children when they first contact services, often in crisis, with a strong focus on assisting women to remain in their homes while perpetrators are removed and actively managed by appropriate services.

We will also be working closely with our jurisdictional and commonwealth partners on the delivery of the Fourth Action Plan to Reduce Violence Against Women and their Children. On the way through, we will continue to consult with all of our partners.

The CHAIR: Thank you, minister. Member for Reynell.

Ms HILDYARD: Minister, how do you intend to achieve your stated objective of supporting the full and equal participation of women in the political life of our state? That is at Budget Paper 4, Volume 3, page 79.

The Hon. J.M.A. LENSINK: Sorry, can you just repeat that?

Ms HILDYARD: How do you intend to achieve your stated objective of supporting the full and equal participation of women in the political life of our state? It is in your opening—

The Hon. J.M.A. LENSINK: Is it just political?

Ms HILDYARD: That is the question I am asking.

The CHAIR: Could you repeat the reference, please?

Ms HILDYARD: It is the very first paragraph of the stated objective of the office for the status of women, page 79?

The Hon. J.M.A. LENSINK: Oh, yes; I thought you had dropped a couple of words.

The CHAIR: Member for Reynell, I am not disputing that it is not there; I am just asking for my benefit so I can find it.

Ms HILDYARD: I have only 24 minutes left now.

The CHAIR: I am a slow learner.

The Hon. J.M.A. LENSINK: Yes, I thought you might have been paraphrasing—tricky, tricky. What it actually says is:

The Status of Women program supports the full and equal participation of women in the social, political and economic life of the state.

Ms HILDYARD: Excuse me, Mr Chairman, I am aware of what it says. My question is about that part of the statement.

The CHAIR: Member for Reynell, I appreciate what the question is. I do appreciate it; I think it is a very important question. I reckon the minister was about four words in, and I am sure she is going to provide a fulsome answer.

The Hon. J.M.A. LENSINK: Thank you, Mr Chairman. I might remind the committee that it is my prerogative to respond to the questions as I see fit, unless you tell me otherwise, Mr Chairman.

The CHAIR: Indeed. I direct you to answer the question.

The Hon. J.M.A. LENSINK: Particularly through the Office for Women, we are developing a women's employment and leadership strategy. A consultation with the business sector and other key stakeholders is critical in this process, including small and medium enterprises, not-for-profits, and larger corporates. On 25 June 2019, the Office for Women convened a forum led by Libby Lyons, who is the Director of the Workplace Gender Equality Agency, to inform the strategy.

Attendees included representatives from the construction, engineering, horticulture, accounting, housing and education sectors, including SMEs and not-for-profit organisations and peak bodies. Key themes arising from the consultation included the normalisation of flexible work, sharing caring responsibilities and the need for education on how to foster an inclusive workplace. We will continue to work with key stakeholders such as the Workplace Gender Equality Agency, to address these issues.

More extensive consultation, including in regional areas, will take place in the coming months. This will also include a focus on how to support businesses to incorporate policies and activities that support employees affected by domestic and family violence and the potential development of a 'supplier multiplier' initiative.

The Premier's Council for Women will also be asked to provide advice on working with business and the barriers facing women to increase their participation in all areas of the workforce. The strategy will be completed in the 2019-20 financial year. Our focus will continue to be to support women in the workplace, at home, in our institutions and in the public. As we know, economic independence is vital to achieve gender equality.

Ms HILDYARD: In terms of your objective to support the full and equal participation of women in the political life of our state, what role do you think role models play in that strategy?

The Hon. J.M.A. LENSINK: I think role models are incredibly important. I think you can answer that in a range of ways. There are a lot of movements in the social media sphere that say, 'What you can't see, you can't be.'

Ms HILDYARD: 'If you can't see it, you can't be it.'

The Hon. J.M.A. LENSINK: Yes. Certainly, the Deputy Premier and myself and other women within government play a key role, I think, in being role models for young women. We speak regularly at a range of events that young women particularly are involved in. So, through a number of those community activities, we speak very strongly in favour of a range of issues that affect women. I think we speak out fearlessly and without favour in advocating for women and ensuring that they have access to meet all of their aspirations and goals, whatever they may be.

Ms HILDYARD: Minister, how does that strategy align with the fact that your government has four women out of 25 women in the House of Assembly, or just 16 per cent representation of women?

The Hon. J.M.A. LENSINK: Mr Chairman, I feel like I am back to the future from whenever it was last year in estimates. The honourable member tried this one on, I think, several times—she is quite persistent.

Ms HILDYARD: I just want an answer.

The Hon. J.M.A. LENSINK: I am sorry, please do not interrupt me. She tried this question on several times, and it is a matter for parties generally in terms of what they do. The member for King and myself attended a meeting last night of a large range of Liberal women, who I am sure have aspirations for political office, which is probably a little bit off centre in terms of the budget papers before us, but I am hopeful that from there we will have a range of candidates who may be interested in running for office.

The CHAIR: Indeed, minister, and my mother thoroughly enjoyed the meeting last night as well. The member for Florey has a question, I believe.

Ms BEDFORD: I refer to Budget Paper 4, Volume 3, pages 79 to 80, and ask the minister whether there is any provision for programs to promote higher awareness of an early participation in superannuation schemes and assistance for women around super, especially younger, perhaps casually or underemployed women or mature age women, who may face financial insecurity and resulting hardship. The question is around support for women in super.

The Hon. J.M.A. LENSINK: I might ask the Director of the Office for Women to provide more detail.

Ms MORT: Thank you, minister, and thank you for the question. We will actually be looking at the issue of super and a range of things in that sphere in relation to our women's leadership and employment strategy. One of the issues we know is that older women are impacted today because of the lack of savings and super and having been actively discouraged in participating in the workforce many years ago. We also need to look at young women and engaging with them.

There is a range of digital information out there, but it is not necessarily being accessed as well as it can in terms of understanding the importance of putting away for your future, even though when you are young you think that you will be around forever and not have to worry about that. So we will be looking at how we do that, how we promote that and how we engage with young women and older women in terms of their financial literacy now and into the future.

Ms BEDFORD: Shortly?

Ms MORT: Yes, we are looking at that as part of our women's employment and leadership strategy.

Ms LUETHEN: I refer to Budget Paper 4, Volume 3—

Ms Hildyard interjecting:

The CHAIR: Sorry, member for Reynell?

Ms HILDYARD: I am just interested in how much time I will actually have to ask questions.

Mr CREGAN: Is it extraordinary for members and backbenchers to ask questions of ministers?

The CHAIR: I am not sure why there is commentary on who I give the call to. Member for King.

Ms LUETHEN: I refer to Budget Paper 4, Volume 3, page 79. Can the minister provide an update on the implementation of Committed to Safety: A Framework for Addressing Domestic, Family and Sexual Violence?

The Hon. J.M.A. LENSINK: I thank the member for her question. The Committed to Safety: A Framework for Addressing Domestic, Family and Sexual Violence document was released on 1 March 2019 and outlines a wide range of actions to address domestic, family and sexual violence. The document provides a clear framework that draws together existing commitments, as well as setting the direction for new work. It will guide the work of government and support collaboration and partnership with the non-government sector and community.

It includes a range of actions; many are based on a partnership approach across government, non-government and the community. It includes initiatives that will be supported through existing resources, including the additional funding provided in the 2018-19 and 2019-20 budgets. The Office for Women is currently working through the actions, and progress will be monitored by the Committed to Safety chief executives working group. The framework includes significant focus on primary prevention, including the recent youth grants to the value of \$120,000 in one-off funding in 2018-19.

We know that primary prevention is very much a part of the picture and it is one of the best tools we have for reducing violence against women. It is also a very large role for the community to be engaged in that change. It is also why the government has created the specific role of Assistant Minister for Domestic and Family Violence Prevention—Carolyn Power.

We also continue to work with Our Watch, White Ribbon Australia and faith and community leaders. The Equal Opportunity Commission is leading the Workplace Equality and Respect project, which is a three-year whole-of-government initiative to strengthen gender equality and promote safe and respectful workplaces for all employees. We also have the community-based Violence Against Women collaborations.

We are also working closely with key stakeholders via the key partner network and the employment and leadership strategy, which is currently under development, which we have referred

to. It is also a primary prevention, because supporting women's financial independence is a crucial measure.

Ms HILDYARD: Minister, do you think respectful language and behaviour in public life plays an important role in encouraging women to fully participate in the political life of this state?

The Hon. J.M.A. LENSINK: It is part of the issue. I think we all need to reflect on our language at times. I have certainly made some faux pas myself—unintentionally, not in this context but in others. I think when people make those remarks it is incumbent on all of us to call them out and for people who might make those remarks to apologise.

Ms HILDYARD: Minister, how do you think the Premier's comments to the deputy leader in the House of Assembly, recorded in *Hansard*, on 3 July 2018, where he said, 'what a disgraceful performance she is putting on, with her nasty face'; the Minister for Environment and Water's comments in the House of Assembly, recorded in the *Hansard* of 20 September 2018, where he said that there were 'huge questions hanging over [her] merit-based selection'; and minister Knoll's request in the House Assembly to me, recorded in the *Hansard* of 24 October 2018, to get him a coffee, helps or hinders your objective on page 79 to encourage the participation of women in political life?

The CHAIR: Minister, the question is entirely out of order.

The Hon. J.M.A. LENSINK: I am happy to answer it.

The CHAIR: If you are happy to answer it, by all means.

Ms HILDYARD: Why is it out of order?

The CHAIR: We had this problem earlier this morning. We are dealing with the department as it goes about facilitating its roles—

Ms HILDYARD: It is in the budget papers.

The CHAIR: No. Quoting *Hansard* is not in the budget papers.

Ms HILDYARD: So you are saying you do not want the minister to answer this question, Chair?

The CHAIR: No, no. The minister is happy to answer the question.

Ms HILDYARD: Thank you.

The CHAIR: But quoting *Hansard* has nothing to do with estimates.

The Hon. J.M.A. LENSINK: In relation to the last example that was given, I raised this with the minister myself and said, 'What happened?', because I found it slightly disturbing. His explanation to me was that it is an in-house joke within the House of Assembly when people are—what is the terminology—given the boot, named and expelled from parliament for whatever period of time. The in-house joke, regardless of whether it is male or female, is that they go and order coffees from the bar. Given his explanation, I do not see that that is a particularly gender-related comment. I think comments do sometimes need to be put into context.

I would have to say that, in my own experience and the experience of the Hon. Tammy Franks in 2017, when we were sexually harassed by the former member for Croydon, we found that there was some quiet support from some members of the Labor Party. I was very disappointed at the time that the then Premier's response was to state that he hoped that that particular member would cease using his phone. I think it took some 48 hours to get anything that remotely looked like an apology. At that stage, the response from the then member for Croydon was something along the lines—and I am paraphrasing—that men look at things objectively, which I took to be a slur on women being subjective and emotional.

So I think there are times when we are all victims of this. It is important to speak out. At that stage, I would have appreciated some support from some male members of the Labor Party, and that certainly was not forthcoming. So if the Labor Party wants to play this game, look in your own backyard.

The CHAIR: Member for Florey, do you have a question?

Ms BEDFORD: Well, I did have another one, sir; I will dig it out. I was just listening to everything else that was going on. Again, same budget paper—it was about the 125th, which I know will not surprise anybody here.

The Hon. J.M.A. LENSINK: I am shocked, personally.

Ms BEDFORD: It was about how you are going to measure the success or otherwise of the awareness program and what initiatives have been successful to date.

The Hon. J.M.A. LENSINK: I thank the honourable member for her question. I think the key measure that we want to see is that people are participating in that, both at an organisational level and at a community level. I can run through the range of things that we have done.

There is a grants program for which applications closed on 15 February. Grants for up to \$5,000 were offered to local councils and not-for-profit organisations. Just through going about the community, I am certainly aware that there are a lot of different activities, that people say, 'Yes, we were successful with one of those grants and we are holding a particular event later this year,' or they have had one and so forth. I think there is quite a deal of enthusiasm throughout the community for a range of events.

The launch event for the 125th took place on 13 March at the Science Exchange. The event was titled 'Mars 2094: A gender equal world' and there were some 70 guests. The panellists included Shona Reid, who is the Executive Director of Reconciliation SA; Lucy McEwen, who is from Women in Resources SA; Wing Commander Marija Jovanovich; and Dr Kristin Alford from the Museum of Discovery at UniSA. It was MC'd by Ali Clarke from ABC radio.

We have councils including the City of Adelaide, Onkaparinga, Tea Tree Gully, Unley, Marion and District Council of Grant. We also have Women in Economics Network; Fleurieu Folk Festival; Muslim Women's Association; Penneshaw Progress Association; Pooraka Farm Community Centre Incorporated—is that in Florey? Nearly, or close to—Royal Adelaide Show; Radio Italiana; Seeds of Affinity; Australia Day Council; Soroptimist International of Torrens—I think I have been invited to that one, as well—South Australian Council of Social Service; Speaking Made Easy; Penguin Club of Australia; Spence Club Inc.; Spire Community; Tao Phung Indo-Chinese Elderly Association of South Australia; Women in Agriculture and Business SA; Women Lawyers Association of SA; YMCA of South Australia Youth and Family Services; YWCA Adelaide; History Teachers' Association of SA; Gladys Elphick Awards Committee of South Australia; and Australian Migrant Resource Centre.

There is a whole range of activities that is regularly updated through the Office for Women website, as well. There is also a competition being run through the Department for Education; that is another space that I am aware has been embracing the 125th. We have a state dinner coming up soon. I might ask the Director of the Office for Women if she wants to elaborate on other activities.

Ms MORT: Thank you, minister. There is a range of events—

Ms HILDYARD: This is incredible. Can we talk about the—

The CHAIR: Sorry; what is incredible, member for Reynell?

The Hon. J.M.A. LENSINK: She is interrupting.

The CHAIR: What is incredible? I am keen to know what is incredible.

Ms HILDYARD: I am keen to continue.

The CHAIR: Wonderful.

Ms MORT: There is a range of events, as the minister said, that is on the Office for Women website. In terms of how we will measure the success of those events, it will include the number and cut-through across the state, as well as social media campaigns occurring through the Office for Women that will look at the social media reach, etc. We have a further few events coming up that the Australia Day Council of South Australia is convening around inspiring Aboriginal women and also one about inspiring women in sport. Those are just a few of the other events that are available.

Ms HILDYARD: Budget Paper 5, page 17: how will South Australian women be safer as a result of your government's \$780,000 cut to the domestic violence court assistance service?

The Hon. J.M.A. LENSINK: The Women's Domestic Violence Court Assistance Service (WDVCAS) was a policy initiative of the former government in response to the Coroner's recommendations regarding the death of Zahra Abrahamzadeh. The service supports victims of domestic abuse as they navigate the court system. Legal officers provide free and confidential support to and advocate on behalf of women applying for or seeking to vary an intervention order, reporting a breach of an intervention order or ending a tenancy agreement because of domestic violence. The WDVCAS receives referrals from a range of agencies, including SAPOL, the South Australian Civil and Administrative Tribunal (SACAT) and the Department for Child Protection.

The Victim Support Service (VSS) successfully tendered in 2015 to provide the service for an initial two-year period, from 2015-16 to 2016-17. VSS was then contracted to continue providing the service until 30 June 2019. From 1 July 2019, the WDVCAS will be funded and administered by the Attorney-General's Department. This decision was made as the legal nature of the service aligns with the responsibilities of the AGD. The AGD also works directly with the Commissioner for Victims' Rights in delivery of funding to victims of crime funded services.

A public procurement process opened to the public on 15 February and concluded on 22 March. VSS decided not to tender for this service. The contract has been awarded to the Legal Services Commission, which commenced providing the service as of 1 July. I am advised that the Legal Services Commission was successful in its application due to a comprehensive service model drawing on high levels of expertise and experience, ability to draw on existing resources to supplement the WDVCAS and a competitive budget commensurate with the demand for service.

All relevant stakeholders in the domestic and family violence and legal sectors were notified about the service transition from VSS to the LSC. The LSC and VSS have commenced transitioning with contract management assistance from the AGD.

Ms HILDYARD: Back to Budget Paper 4, page 79: minister, would you agree that personnel and organisations which have specialist expertise in trauma and DV should provide counselling services to people who have experienced domestic violence?

The Hon. J.M.A. LENSINK: I feel like this is a loaded question. Perhaps the member would like to—

Ms HILDYARD: Do you think it is a good idea for specialist DV services to provide counselling to women who have experienced domestic violence?

The Hon. J.M.A. LENSINK: Is this connected to the previous question?

Ms HILDYARD: I am not quite sure how much clearer to be about the question. Do you agree—

The Hon. J.M.A. LENSINK: Sorry, could you repeat the question?

Ms HILDYARD: Do you agree that specialised people who have experience in trauma and DV counselling should provide specialised counselling—so, organisations and personnel with that expertise should provide that counselling?

The Hon. J.M.A. LENSINK: Generally speaking, I think that is a fair comment.

Ms HILDYARD: Given that, minister, will you advocate to the federal Liberal government to ensure that Women's Safety Services here in South Australia and other South Australian specialist DV services can apply for a portion of the \$10 million of funding for specialised family violence services to conduct counselling, from which they are currently locked out?

The Hon. J.M.A. LENSINK: I think my understanding of this issue is that there is a contract which is currently being tendered, and there is some disagreement with who the service provider should be. My understanding of the current service provider is that they are doing a fair job, so if the member wants to provide some more specific detail, then we can look at that.

Ms HILDYARD: Minister, how safe do you think it will be for women who require specialist DV counselling, who have experienced domestic violence, to have to instead access couples counselling for a more generalist service?

The Hon. J.M.A. LENSINK: I will ask the Director of the Office for Women to respond to this. She is fully across this issue.

Ms MORT: Thank you, minister. We have been advised by the commonwealth that specialist family violence services may provide counselling to individuals or couples impacted by domestic and family violence where appropriate and safe to do so. This ensures that people who choose to stay within relationships that may be affected by violence can access specialist support both as individuals and couples or for the children involved.

Ms HILDYARD: Minister—

The CHAIR: I am sorry, member for Reynell, the time has expired, and I declare the examination of the proposed payments for the portfolio of the Office for Women completed.

Membership:

Ms Michaels substituted for Ms Hildyard.

Departmental Advisers:

Mr T. Harrison, Chief Executive, Department of Human Services.

Mr D. Green, Acting Chief Financial Officer, Finance and Business Services, Department of Human Services.

Ms F. Curnow, Director, Community Services, Community and Family Services, Department of Human Services.

Ms N. Rogers, Director, Office of the Chief Executive, Department of Human Services.

Mr G. Myers, Principal Coordinator, Strategic Projects, Office of the Chief Executive, Department of Human Services.

Mr T. Lovegrove, Director, Screening Unit, Community Support Services, Department of Human Services.

The CHAIR: We are opening up the portfolio of Volunteer Services. The minister appearing is the Minister for Human Services. I declare the proposed payments open for examination and refer members to the Agency Statements, Volume 3. Minister, if you could please advise the change of your advisers.

The Hon. J.M.A. LENSINK: Ms Fiona Mort from the Office for Women has been discharged and we have been joined by Ms Fiona Curnow, Director of Community Services, Community and Family Services.

Ms COOK: Can I take the opportunity to get the omnibus questions out of the way?

The CHAIR: Yes.

Ms COOK: The omnibus questions are as follows:

1. For each department and agency reporting to the minister:
 - What is the actual FTE count at 30 June 2019 and the projected actual FTE count for each year of the forward estimates?
 - What is the total employment cost for each year of the forward estimates?
 - What is the notional FTE job reduction target that has been agreed with Treasury for each year of the forward estimates?

- Does the agency or department expect to meet the target in each year of the forward estimates?
- How many TVSPs are estimated to be required to meet FTE reductions over the forward estimates?

2. Between 1 July 2018 and 30 June 2019, will the minister list the job title and total employment cost of each position with a total estimated cost of \$100,000 or more which has either (1) been abolished and (2) which has been created.

3. Will the minister provide a detailed breakdown of expenditure on consultants and contractors above \$10,000 between 1 July 2018 and 30 June 2019 for all departments and agencies reporting to the minister, listing:

- the name of the consultant, contractor or service supplier;
- cost;
- work undertaken;
- reason for engaging the contractor, and
- method of appointment?

4. For each department and agency for which the minister has responsibility:

- How many FTEs were employed to provide communication and promotion activities in 2018-19 and what was their employment expense?
- How many FTEs are budgeted to provide communication and promotion activities in 2019-20, 2020-21, 2021-22 and 2022-23 and what is their estimated employment expense?
- The total cost of government-paid advertising, including campaigns, across all mediums in 2018-19 and budgeted cost for 2019-20.

5. For each department and agency reporting to the minister, please provide a full itemised breakdown of attraction and retention allowances as well as non-salary benefits paid to public servants and contracts between 1 July 2018 and 30 June 2019.

6. What is the title and total employment cost of each individual staff member in the minister's office as at 30 June 2019, including all departmental employees seconded to ministerial offices?

7. For each department and agency reporting to the minister, could you detail:

- (a) How much was spent on targeted voluntary separation packages in 2018-19?
- (b) What department funded these TVSPs? (except for DTF Estimates)
- (c) What number of TVSPs were funded?
- (d) What is the budget for targeted voluntary separation packages for financial years included in the forward estimates (by year), and how are these packages funded?
- (e) What is the breakdown per agency/branch of targeted voluntary separation packages for financial years included in the forward estimates (by year) by FTEs?

8. For each department and agency reporting to the minister, how many executive terminations have occurred since 1 July 2018 and what is the value of executive termination payments made?

9. For each department and agency reporting to the minister, what new executive appointments have been made since 1 July 2018, and what is the annual salary, and total employment cost for each position?

10. For each department and agency reporting to the minister, how many employees have been declared excess, how long has each employee been declared excess, and what is the salary of each excess employee?

11. In the 2018-19 financial year, for all departments and agencies reporting to the minister, what underspending on operating programs (1) was and (2) was not approved by cabinet for carryover expenditure in 2019-20?

12. In the 2018-19 financial year, for all departments and agencies reporting to the minister, what underspending on investing or capital projects or programs (1) was and (2) was not approved by cabinet for carryover expenditure in 2019-20? How was much sought and how much was approved?

13. For each grant program or fund the minister is responsible for please provide the following information for 2018-19, 2019-20, 2020-21 and 2021-22 financial years:

- (a) Name of the program or fund;
- (b) The purpose of the program or fund;
- (c) Balance of the grant program or fund;
- (d) Budgeted (or actual) expenditure from the program or fund;
- (e) Budgeted (or actual) payments into the program or fund;
- (f) Carryovers into or from the program or fund; and
- (g) Details, including the value and beneficiary, of any commitments already made to be funded from the program or fund.

14. For the period of 1 July 2018 to 30 June 2019, provide a breakdown of all grants paid by the department/agency that report to the minister, including when the payment was made to the recipient, and when the grant agreement was signed by both parties.

15. For each year of the forward estimates, please provide the name and budgeted expenditure across the 2019-20, 2020-21, 2021-22 and 2022-23 financial years for each individual investing expenditure project administered by or on behalf of all departments and agencies reporting to the minister.

16. For each year of the forward estimates, please provide the name and budget for each individual program administered by or on behalf of all departments and agencies reporting to the minister.

17. For each department and agency reporting to the minister, what is the total cost of machinery of government changes since 1 July 2018 and please provide a breakdown of those costs?

18. For each department and agency reporting to the minister, what new sections of your department or agency have been established since 1 July 2018 and what is their purpose?

19. For each department and agency reporting to the minister:

- What savings targets have been set for each year of the forward estimates?
- What measures are you implementing to meet your savings target?
- What is the estimated FTE impact of these measures?

The CHAIR: Thank you. Minister.

The Hon. J.M.A. LENSINK: South Australia has a long and proud history of volunteering. Our state's volunteers generously give their time, money, skills and experience to help others across a range of areas and other sectors. More than 900,000 South Australians are regular volunteers, contributing around 1.7 million volunteer hours each week, equivalent to 107,400 full-time jobs, with a dollar value of almost \$5 billion a year.

This government is committed to fostering a thriving and diverse culture of South Australians volunteering now and into the future. We want to encourage volunteers of all ages and all walks of life to contribute their skills and expertise in innovative ways that respond to our changing community. A number of achievements during 2018-19 have supported this aim. On 1 November 2018, the government honoured its election commitment to introduce free screening checks for volunteers, and on 14 May 2019 this commitment was enshrined in law.

Thousands of South Australian volunteers have now benefited from this measure. Between 1 November 2018 and 30 June 2019, the Department of Human Services screening unit received 42,496 applications from volunteers who no longer have to pay fees.

In 2018-19, more than \$250,000 was distributed through Grants SA to support volunteering programs and organisations in South Australia. The government continues to support the world first initiatives, including the Volunteering Strategy for South Australia and the WeDo smart phone application which connects volunteers to volunteering opportunities and provides a range of rewards and incentives.

Research indicates that if young people have a community of volunteering around them, parents, school teams and community organisations, they are more likely to volunteer themselves, both now and in the future. This means that investment in volunteering for young people brings a long-term return to the community.

In May 2019, a highly successful Curriculum of Giving student volunteering workshop was held in partnership with the Department for Education and Volunteering SA and NT. This brought together delegates from the government, Catholic and independent schools, representatives from not-for-profits, local government and the state government to discuss building partnerships between schools and the volunteering sector.

We also know that volunteering can provide the skills and supports that can lead to paid employment. A specialised working group has been established to consult with volunteers and organisations across South Australia, focusing specifically on pathways to employment for young people. The government is also committed to recognising the contributions of our volunteers and volunteer organisations. There is a range of events and awards. The State Volunteers Day and Thank You event, including the presentation of the South Australian Volunteer Awards, was held at the Adelaide Town Hall over the June long weekend for an estimated 1,200 volunteers. It was an honour to attend the event and personally thank members of our volunteer community.

During 2018-19, we also recognised outstanding volunteer service through over 3,500 South Australian volunteer certificates of appreciation and 327 Premier's certificates of recognition for outstanding volunteer service. I would like to take this opportunity to thank our many wonderful volunteers and volunteering organisations for their many contributions.

Ms COOK: Can I echo that and take the opportunity to thank everybody who volunteers here in South Australia and contributes towards a multibillion dollar economy, without which we know that the burden on the state would be enormous, and enjoy the cooperative approach to supporting volunteers in this state.

Minister, Budget Paper 4, Volume 3, page 76: could you please tell the committee how much, if any, overspend was associated with the volunteer check program last year from the original budgeted amount in 2018-19?

The Hon. J.M.A. LENSINK: Could you repeat that?

Ms COOK: Was there any overspend in the amount of delivering the free volunteer checks that was budgeted last year? Is there any overspend on that program?

The Hon. J.M.A. LENSINK: I think I understand, so money that was allocated in last year's budget that has not been spent yet?

Ms COOK: No, overspend. Have you gone over the budgeted amount at all?

The Hon. J.M.A. LENSINK: Sorry, have we—

Ms COOK: Blown the budget.

The Hon. J.M.A. LENSINK: I will ask the CE to respond to that.

Mr HARRISON: There is no overspend. There was supplementation recognised by the government, that as a result of offering free checks to volunteers from November last year and continuing through this year, we would not be receiving—I think it is \$59 per person on the application process. It was recognised that in total and estimated that some \$1.4 million would not be received through revenue sources, and that was recognised through the Treasury process and accounted for accordingly as well.

Ms COOK: Minister, in respect to the process of offering the checks for volunteers, are you aware of any data breaches that have been associated with the online application process for volunteer checks?

The Hon. J.M.A. LENSINK: Could you clarify whether that was in relation to the volunteers or others?

Ms COOK: Volunteer checks or generally within the screening unit at all, screening checks.

Mr HARRISON: We are certainly not aware of any breaches pertaining to the volunteer change process as a result of bringing in the free volunteer checks. I am certainly not aware of any breaches of privacy processes. We certainly went through a process of a work around, if you like, through an approval process, to enable that to occur from November 2018. That has now been, I guess, enshrined within legislation as well to facilitate it into the future.

Ms COOK: Minister, what is the current expected wait for a volunteer clearance from time of application to point of delivery?

The Hon. J.M.A. LENSINK: This is like a Dorothy Dixier. You shouldn't have! The screening times have plummeted. Better services, can I just say. We will get the updated data in a minute. But when we came to office last year, there was a backlog, particularly in terms of the more complex assessment processes.

For the waiting time of nought to five days, some 50 per cent were processed within that time period. That has now increased to something in the order of 70 or 75 per cent of those processed within nought to five days. People tell me anecdotally on a regular basis that they receive their screening application very quickly. Of course, the ones that take longer are the ones that need an assessment where some red flag has come up or where they may have a common name or they may have multiple names. Those processes take a little bit longer, but certainly the waiting times have reduced significantly.

The Screening Unit has been completing, on average, 76 per cent of screenings in less than a week, nought to five days; 96 per cent in less than three weeks, which is five to 11 days; and 98 per cent are done in under 30 days. So congratulations to the Screening Unit on processing those. You have probably seen the flowthrough to talkback radio that we receive far fewer complaints from individuals about waiting to receive their screening before they can commence employment.

Ms COOK: Minister, just to confirm then, what are the actual KPIs that are listed by the office in regard to delivery of the screening checks? In last year's estimates, you committed to provide new KPIs, so what are they?

The Hon. J.M.A. LENSINK: I certainly will. I thank the honourable member for the question. We certainly have some which are in the budget Agency Statements—and this is looking at the current budget for 2019-20. For the performance indicator percentage of screening applications finalised within one calendar month for screenings received and finalised in the same financial year, the target is set at 95 per cent. For activity indicators, the projection for 2019-20, we project the number of screening applications received at some 213,000 people. That gives you some of the targets that have been set by the Screening Unit.

Ms COOK: Continuing in the same area, what are the projected total screening numbers for 2019-20? What were the projected numbers for 2018-19?

The Hon. J.M.A. LENSINK: We have, in the activity indicators—sorry, you asked about 2018-19?

Ms COOK: Yes, and 2019-20 anticipated, and if there is actual data.

The Hon. J.M.A. LENSINK: Certainly. The 2018-19 projection that we had was 170,000. The estimated result for that is 176,000. The anticipated number for 2019-20 is 213,000.

Ms COOK: Minister, is 213,000 significantly higher than you would have expected it to be, for example, if you were to have been asked this last year?

The Hon. J.M.A. LENSINK: I do not carry those numbers in my head. I do not know if someone from the Screening Unit wants to respond to that. I invite Mr Trevor Lovegrove to respond to that.

Mr LOVEGROVE: The figures that were projected for the 2018-19 year are higher than those in the previous year. That was anticipated. The exact numbers are difficult to quantify because there are new people coming into the provenance of screening for working with children. The sport and rec sector is quite a large sector, and we do not know exactly what those numbers will look like, so it is difficult to give an exact prediction of what the numbers will be for that period of time.

Ms COOK: Just in respect of these predicted numbers, minister, last year we asked questions regarding the impact on the screening numbers in terms of the changes in legislation, whereby no longer would a VOAN check be adequate in order to provide coverage for a volunteer operating within certain groups of activities.

The Hon. J.M.A. LENSINK: Yes, particularly working with children.

Ms COOK: There was a question about taking some of those numbers on notice. We have not received that information yet. Perhaps you might want to take it on notice again and come back with both years at the one time. Is there an actual shift of people who used to have a free VOAN done for their volunteering, across to the new volunteer screening under the act?

The Hon. J.M.A. LENSINK: I will ask Mr Lovegrove to respond to this in a minute. There is a transition arrangement for people who have a current police certificate. If somebody does not have one of those screenings in place by 1 July, then that will not suffice if they are working with children. It will suffice if they work in a role that is not working with children. There is a range of staggered arrangements. I think we probably went through these when we talked about the debate in the parliament as well, but I might see if Mr Lovegrove would like to respond a bit further.

Mr LOVEGROVE: The VOAN clearance remains in force for 12 months to 1 July 2020, so that national police certificate obtained through the VOAN is in force until 1 July 2020. After that, a person will need a working with children check.

Ms COOK: Minister, has there been any advice or conversations with the Minister for Police regarding the continuation of this free volunteer check administered by SAPOL?

The Hon. J.M.A. LENSINK: I think we have had comments come when we dealt with cabinet processes. Certainly, we sorted out some issues through that process, but I might take that on notice and see whether there is any other remaining issue. I have just been reminded, which is probably worth saying, that our volunteer organisations can continue to use a national police check through VOAN for volunteers who are providing non-child-related services, so there is that distinction.

Ms COOK: Thank you. Minister, on the same page, what outstanding items are there for the volunteering strategy, which were forecast to be completed by this year?

The Hon. J.M.A. LENSINK: I thank the member for that question. The volunteering strategy is a collaborative partnership between four sectors: volunteering involving organisations, business, local government and state government. The partnership board oversees and monitors implementation of the strategy, which includes representations from each of the four independent partner organisations and an independent chairperson. The partners representing the four sectors are Volunteering SA, Business SA, the Local Government Association and the South Australian government through the Department of Human Services.

In terms of the key outcomes for 2018-19, these include delivering a conference workshop, which I referred to in my opening remarks, to the three education sectors to encourage students to engage in volunteering; developing a suite of resources to help teachers and community

organisations to engage young people as volunteers and establish volunteer programs; establishing a cross-sector working group to support volunteering in schools; continuing the quarterly public sector volunteer policy network to strategically support the effectiveness and experience of volunteers in public services; providing support to the public sector employee volunteering strategy to coordinate and use skilled public servants as volunteers to support the capacity of not-for-profit organisations; and continuing the development of the WeDo app to better connect potential volunteers with volunteering opportunities.

DHS continues to support the strategy by managing and developing working groups, including the volunteering strategy for the South Australian partnership board and reviewing the strategy before entering the next stage of 2021 and 2027.

Ms COOK: Thank you for the fulsome answer. Within that, are there any outstanding items that have not been addressed?

The Hon. J.M.A. LENSINK: The only item, I am advised, is that we are continuing to work on the extension of the WeDo app.

Ms COOK: In that, have you developed an holistic promotion strategy for volunteer recruitment as a unified message, which is defined in the volunteer strategy?

The Hon. J.M.A. LENSINK: I will invite Fiona Curnow to make some remarks.

Ms CURNOW: Can you repeat that?

Ms COOK: Have you developed an holistic promotion strategy for the recruitment of volunteers with a unified message, as defined in the strategy?

Ms CURNOW: I think it is fair to say that we are still working through that, particularly from a regional perspective.

Ms COOK: Has the strategy had any changes at all since you came to government, minister?

The Hon. J.M.A. LENSINK: We are not aware of any.

Ms COOK: Within the non-government sector trying to reduce the difficulties and compliance under the SANFRAG, have all departments been following PC 44?

The Hon. J.M.A. LENSINK: I think it would be hard for me to comment on that outside of my portfolio. You would need to ask each agency individually about whether they did or did not.

Ms COOK: So we would have to ask each agency about compliance with the SANFRAG?

The Hon. J.M.A. LENSINK: I do not think that is information we hold, is it? I am advised that that is not information the Department of Human Services keeps on behalf of everybody else.

Ms COOK: In relation to that then, does the Department of Human Services play a role at all in overseeing that simplification under the SANFRAG for all departments?

The Hon. J.M.A. LENSINK: I have just been reminded of something I was made aware of previously, namely, that the Department of Treasury and Finance actually led the negotiations for the SANFRAG.

Ms COOK: I will jump across to Budget Paper 4, Volume 3, page 77. Minister, is it your intent to maintain a standalone Office for Volunteers moving forward throughout your period of government?

The Hon. J.M.A. LENSINK: I have the information in front of me. The offices for volunteers, youth and carers have not operated as standalone offices since 2011-12, when they were integrated into the community services division of the then department for communities and social inclusion. Those former offices, I am advised, were too small to operate effectively as standalone units. I am advised that the previous government continued to refer to offices in its communication material, which did not have any material impact on the actual structure or budgetary arrangements.

DHS has now refreshed its community-facing website to remove references to previously abolished offices. This does not change the government's commitment towards any of the responses we have for volunteers, young people and carers, we just think it more accurately reflects the current situation.

Ms COOK: Are any FTEs allocated exclusively within this portfolio?

The Hon. J.M.A. LENSINK: I am advised that it is not a portfolio but is integrated within the community division, which is headed up by Fiona Curnow.

Ms COOK: So there are no dedicated FTEs working towards volunteering in this department?

The Hon. J.M.A. LENSINK: I am advised that there have not been dedicated positions tagged as volunteers, but those positions are embedded in the community division. The particular focus, in terms of those staff who have a lot of impact with the volunteers' program, is in grants management and event coordination.

Ms COOK: Who is implementing the volunteer strategy?

The CHAIR: Sorry, member for Hurtle Vale, unfortunately time has expired. There being no further questions, I declare the examination of proposed payments for the portfolio of Volunteer Services completed.

Departmental Advisers:

Mr T. Harrison, Chief Executive, Department of Human Services.

Mr D. Green, Acting Chief Financial Officer, Finance and Business Services, Department of Human Services.

Ms F. Curnow, Director, Community Services, Community and Family Services, Department of Human Services.

Ms N. Rogers, Director, Office of the Chief Executive, Department of Human Services.

Mr G. Myers, Principal Coordinator, Strategic Projects, Office of the Chief Executive, Department of Human Services.

Mr M. Homden, Executive Director, Youth Justice, Department of Human Services.

The CHAIR: We now move to Youth Services. Our minister is the Minister for Human Services. I declare the proposed payments open for examination and refer members to the Agency Statements, Volume 3. Minister, no change in your advisers?

The Hon. J.M.A. LENSINK: We are joined by Mr Michael Homden, who is the Executive Director of Youth Justice.

The CHAIR: Thank you, minister. Will you make an opening statement?

The Hon. J.M.A. LENSINK: Yes. As Minister for Human Services, I am aware of the significant combined effort across government and the community to support the health and wellbeing of young South Australians. The best outcomes for young South Australians will be achieved through a shared vision, strong collaboration and coordinated effort. I am pleased to advise the committee that DHS is actively progressing the strategic Youth Action Plan that has collaboration at its foundation.

The Youth Action Plan is being developed in partnership with government agencies, the community and private sector and, most importantly, with young people themselves. The plan will identify shared opportunities and outline a focused and targeted commitment to deliver opportunities for young people, including around education and training, employment and community participation. The development of the Youth Action Plan included a workshop with youth parliamentarians in April during SA Youth Week, establishing a youth panel to inform the vision and priorities of the plan and

an across government task group. The plan is scheduled to be finalised by the end of 2019 for implementation from 2020 to 2022.

In 2018-19, the government, through the Department of Human Services, committed \$1.7 million to the youth sector through programs, grants and sponsorships. Through the Youth Services Primary Prevention, Training and Small Grants programs, grants of up to \$5,000 were offered to youth service providers under the state's Committed to Safety framework to develop domestic, family and sexual violence primary prevention programs for vulnerable young people. This program aimed to raise community awareness, build the capacity of vulnerable young people and encourage healthy, safe and respectful relationships.

One-off funding was also made available for the first time to support LGBTIQ+ youth across the state to access inclusive and safe community-based supports and activities. Twelve organisations received funding to support activities that range from safe spaces during the state's annual Feast Festival to social supports in key metropolitan and regional areas of South Australia. LGBTIQ+ young people were consulted in the shaping of this grant funding and were represented on the assessment panel, and this commitment is demonstrated through funding initiatives in the 2019-20 budget.

Ms COOK: I refer to Budget Paper 4, Volume 3, page 77. Minister, could you outline how much of the community's program expenditure is allocated specifically to youth programs? How is that broken down between FTEs, grants and subsidies and other expenditure?

The Hon. J.M.A. LENSINK: It is a long list. You might regret asking this.

Ms COOK: No, I will not regret it, I promise. It is very important information.

The Hon. J.M.A. LENSINK: To save me from reading this and potentially taking out the rest of this session, we might ask Daniel if he wants to respond to this.

Ms COOK: I would be really happy for you to take it on notice or table it to us later. It is important information in terms of understanding the delivery of the programs, but you do not need to read the whole thing.

The Hon. J.M.A. LENSINK: No, I was not going to read the whole thing; I was just going to ask Daniel.

Mr GREEN: Because it is embedded inside the community's program, there is no specific budget allocation for the youth program aside from the grants.

Ms COOK: Just in terms of the practicality, then, how many specific FTEs are allocated to the delivery of youth programs? That is probably the nub of it.

The Hon. J.M.A. LENSINK: I am advised it is the same answer.

Ms COOK: How many individual interactions did the Office for Youth have with young people in 2018-19? Well, the department or the area in the department that deals with young people?

The Hon. J.M.A. LENSINK: I am advised that we do not keep that data.

Ms COOK: Is there any notion of what types of interactions there are with young people directly?

The Hon. J.M.A. LENSINK: If you want a qualitative discussion, I think that we could probably go to that. I will just ask Fiona Curnow to respond to that.

Ms CURNOW: We do keep data on the number of young people who our grants programs are connected to—if that is what you are asking.

Ms COOK: Well, more directly, I was keen to understand around engagement and codesign.

Ms CURNOW: In terms of this year and what we are looking through for our Youth Action Plan, we most definitely want to increase the number of young people who we directly access. We are setting a target of about 500 young people for the development of the Youth Action Plan. That includes the engagement that we have done with the youth parliamentarians in April this year.

The Hon. J.M.A. LENSINK: You would have also seen that we advertised for the Youth Panel. That has been doing very well on social media. I think there is a lot of interaction with that, so I expect it will probably get quite a number of nominations through that process, as well.

Ms COOK: So, to summarise, again within all the same area of budget, there is not able to be identified specific money allocated to youth apart from probably youth justice? The data you are talking about or the data I asked you about, has that previously been collected?

The Hon. J.M.A. LENSINK: I am advised that sort of data has never been collected.

Ms COOK: Would the minister advise how many organisations receive DHS grants administered by the Office for Youth or administered by the department under the guise of youth?

The Hon. J.M.A. LENSINK: It is a difficult question to answer. In terms of the number of projects, we have five strategic projects that are new and we have 10 outgoing strategic projects. There are seven in the grants and initiative space, three sponsorship and one unallocated. I am not sure if that is particularly helpful, but that is what we have.

Ms COOK: Budget Paper 4, Volume 3, page 76, regarding the Youth Action Plan: so the consultation was launched last week on the website; is that correct?

The Hon. J.M.A. LENSINK: That was one phase of it I referred to. We had the youth parliamentarians in April—were part of that. The YourSAy consultation is live. We also have the panel that we have put out through social media, and I think the nominations for that close on Monday the 29th. There is an across-government task group that will oversee development and identify deliverables and opportunities. In the second stage the draft plan will be made available for further feedback. We expect the Youth Action Plan to be finalised and launched in early 2020.

Ms COOK: In respect to the time line, have any stakeholders raised any concerns regarding the long time waiting for any strategy to be in place for young people, given that there has not been one for 16 months?

The Hon. J.M.A. LENSINK: I will just ask Ms Curnow to respond to that.

Ms CURNOW: Certainly, YACSA have continued to raise concerns about the time frame, yes.

Ms COOK: Given that they are the peak body to represent young people with a voice here in South Australia, has the minister given this project any higher priority, any urgency, to get it moving quicker, a faster rollout for strategy for young people?

The Hon. J.M.A. LENSINK: I think that we want to shape things and do them and engage people through the process. One thing that I am learning as a relatively new minister is that people get frustrated with government because things do not happen fast enough, and there are usually processes involved in that that can slow things down.

We have certainly been very keen to engage with young people. I personally attended the session that we had here at Parliament House with the young parliamentarians in April, and they greatly appreciated that. We have also had—it is not quite in the same space—the LGBTIQ+ round table, which has been a very, very valuable engagement process. We had other ministers and their representatives attending that as well.

We do have a number of processes. We seem to be engaging and consulting on a whole range of things at the moment. I am hoping that we do that thoroughly and that we come up with the sorts of outcomes that people are hoping for.

Ms COOK: Continuing with that discussion around the round table, how was it decided who would attend that? How were the invitations done?

The Hon. J.M.A. LENSINK: This is the LGBTIQ+ one?

Ms COOK: Yes.

The Hon. J.M.A. LENSINK: I think they were particular stakeholder—that one I think, from memory, yes, there were a number who represented particular organisations. It was 45 people,

including representation from 21 different not-for-profit organisations—there you go—and the LGBTIQ+ community groups and representatives from regional South Australia. We also live streamed the event, which was particularly appreciated in regional South Australia. Very much the peak bodies that you would be familiar with—SARAA and some of those organisations that participated.

Ms COOK: In respect to the people who were consulted and that process, has that documentation been released, regarding that consultation?

The Hon. J.M.A. LENSINK: I think it is still in the process of being developed, with SARAA. Then we will put that back to them.

Ms COOK: Is there a time line on that?

The Hon. J.M.A. LENSINK: The advice I have received is that we think that that is going to go to one of the cabinet subcommittees in the next couple of months for consideration. As you would appreciate, both within the youth space and the LGBTIQ+ plus space there are a lot of issues that get raised that are not necessarily DHS issues but are issues in health, education, mental health and wellbeing, a whole range of areas. So we are doing our best to take a whole-of-government approach to make sure that the issues that are concerning people are the ones that are actually being raised to the relevant agencies that have responsibility for them.

Ms COOK: In relation to those issues continuing, with the same questions, was the closure of the SHINE organisations and the removal of the Safe Schools program a part of that roundtable discussion?

The Hon. J.M.A. LENSINK: Those issues did come up and people spoke to them.

Ms COOK: Were people unhappy about that or concerned in any way—young people?

The Hon. J.M.A. LENSINK: I think it is fair to say that people did raise those concerns, as I think you would expect they would.

Ms COOK: Are you concerned about it, minister?

The Hon. J.M.A. LENSINK: Am I concerned? There are alternatives. In terms of SHINE, my understanding from—and I might be corrected by the Minister for Health and Wellbeing but, having heard him talk to this issue in question time, that organisation can access alternative funds via Medicare items and so forth, and that is certainly the approach that he has been taking to that one. In terms of the other program, there is certainly a broad program within the school space and the antibullying measures which are being driven by the Attorney-General and the Minister for Education cover a lot of the same ground.

The CHAIR: The member for King has been patiently waiting for a question and we will come back to the member for Hurtle Vale.

Ms LUETHEN: I refer to Budget Paper 4, Volume 3, page 81, which highlights the state government's youth justice state plan, 'Young People Connected. Communities Protected.' Can the minister please provide an update on the progress of this plan?

The Hon. J.M.A. LENSINK: I thank the member for her question. This is a very important program that is taking place for young people who may have contact with our justice system. The Department of Human Services, along with its key partner agencies, is developing a state plan to strengthen connected supports for young people across the youth justice continuum, with a focus on six targeted areas: Aboriginal community support, connected services, young people's wellbeing, our people, reconnection with community and business intelligence, which refers to evidence research and data—I think that is a developing area there where we are able to map particular issues much better as we go forward.

The development of the state plan has included research and extensive consultation. An initial consultation and engagement phase concluded on 14 November 2018. Engagement continues with young people, Aboriginal communities and key partner agencies to inform the development of key performance indicators and delivery plans, including integrated services, pilot program activities and pathways to training and employment.

The 'Young People Connected. Communities Protected.' state plan establishes a governance framework to support collaborative practice. The state plan is scheduled to be finalised early in the 2019-20 financial year, with implementation following that. The development of the state plan is being managed by DHS within existing resources. Codesign of concepts derived from community engagement, such as the Safe Place to Connect, is already underway.

Safe Place is an integrated model of care that includes therapeutic, educational, trauma-informed and family inclusive support to meet the needs of young people. A customer journey LAB approach is being used to facilitate cross-agency engagement, collaboration and problem solving. Implementation of any new initiative will be rolled out over the period of the plan.

Ms COOK: I was just going to ask a bit more about that on Budget Paper 4, Volume 3, page 81. In regard to the plan, has there been any specific consultation undertaken with Aboriginal communities?

The Hon. J.M.A. LENSINK: Yes, I am sure there has been. I will just invite Mr Michael Homden, who is the Executive Director of Youth Justice, who can talk very extensively about these issues.

Mr HOMDEN: Yes, there has been extensive consultation with communities, including Port Lincoln, Whyalla and Port Augusta. We spent a long time talking to communities, getting their understanding of some of the issues that are around our system.

Ms COOK: In regard to the consultation with Aboriginal communities, have any of them raised with you any issues regarding the lack of a specific Aboriginal youth visitor to the training centre?

The Hon. J.M.A. LENSINK: I have been advised that is not a specific concern.

Ms COOK: In regard to that, have any of the other service providers or visitors raised that as a concern with you?

The Hon. J.M.A. LENSINK: I will invite Mr Homden to respond to this.

Mr HOMDEN: In our original workshops, in terms of developing the plan, there were concerns about the level of representation and that was taken into account as we worked with a whole range of partners, partner agencies and stakeholders in this field.

Ms COOK: In terms of representation, are you talking about representation of Aboriginal young people within the youth justice system or representation on consultation?

Mr HOMDEN: Specifically, I am talking about representation in the system, but also about the number of staff and other bodies that are involved in their care.

Ms COOK: Minister, has there been any work undertaken to investigate having a specific Aboriginal Training Centre Visitor?

Mr HOMDEN: There is one member of staff within the Training Centre Visitor's team who is Aboriginal.

Ms COOK: Are they specifically funded as a visitor or are they an advocate?

The Hon. J.M.A. LENSINK: My understanding is that they are funded from within the Training Centre Visitor's budget, but not necessarily that they are a specific item line. They are an advocate.

Ms COOK: What is the current percentage of Aboriginal young people in detention?

The Hon. J.M.A. LENSINK: We do keep data about this. The numbers are very high and I think that is something that is of great concern, which is why we are developing this particular strategy. In terms of the admissions to the Adelaide Youth Training Centre for 2018-19, young Aboriginal people comprise 50 per cent of that population.

Ms COOK: Is there a specific strategy that has changed at all, to try to reduce the number? Has there been any further programs that have been put into place?

The Hon. J.M.A. LENSINK: Yes, that is what the connected strategy is, which I spoke to previously. I am not sure whether Mr Homden wants to add any more specific detail about how that is intended to operate.

Mr HOMDEN: We are very aware of that over-representation and disproportionality so we are working hard with partners and other agencies and government agencies to understand fully the journey of the vulnerable young person through the justice system. That way, we can strengthen the supports and strengthen the services that we provide to ensure that we can turn them away from the system effectively.

Ms COOK: Given our diverse population, do you believe that culturally diverse visitors are a good idea?

The Hon. J.M.A. LENSINK: I think the more diversity we can employ in the system—we are looking at that, I think, across the board, both within Human Services and within the Housing Association. In terms of the Training Centre Visitor, the FTEs are quite low, so it might be hard, practically, to incorporate that within their particular program to have somebody who represents each particular marginalised group.

Ms COOK: Is there a plan at all to review that to see if that can actually be applied so that anyone from a diverse background can have a culturally appropriate advocate?

The Hon. J.M.A. LENSINK: We do not tell the Training Centre Visitor what to do. She is independent, so that would be a question for her.

Ms COOK: Is there a mechanism of review regarding culturally appropriate visitation?

The Hon. J.M.A. LENSINK: I am assuming that, potentially within a broader review, there might be something of that nature. It is probably a question for the Training Centre Visitor.

Ms COOK: In regard to that, would you consider looking at a broader review around that topic?

The Hon. J.M.A. LENSINK: Within a statutory role, would that be telling an independent statutory officer what to do, potentially? You might like to suggest that.

Ms COOK: Perhaps we will have a chat later over tea. In regard to Budget Paper 4, Volume 3, page 82, I note that the Youth Justice program failed to meet the budget target of 75 per cent of community-based orders that were successfully completed. What work has been undertaken to reach the target? Why were they unsuccessful in terms of that?

The Hon. J.M.A. LENSINK: Mr Homden can respond to that.

Mr HOMDEN: In relation to the data capturing collection, we have identified that there has been a coding flaw which we think has underestimated the figure. In other words, we are now working on refining that, so the actual figures, we strongly believe, will be far more positive.

Ms COOK: Do you have a time line for delivery of that review?

Mr HOMDEN: It is fairly imminent because obviously we report these things through the Report on Government Services as well. We are working on that actively and we would hope in the very near future to have resolution.

The CHAIR: Can I just remind everyone that the practice is to go through the minister.

Ms COOK: I am sure I am, sir.

The CHAIR: We have been so good for so long now.

Ms COOK: We are good. You have knocked us off our roll, Mr Chair.

The CHAIR: I can only be fair.

Ms COOK: I refer to Budget Paper 4, Volume 3, page 82, the activity indicators provided in the budget paper. I am seeking some further information regarding demographic breakdown of young people in the youth justice system. What is the proportion of young people who identify—as well as

Aboriginal and Torres Strait Islander, which we have talked about, but also how many males, females, how many non-binary gender, nonconforming young people?

The Hon. J.M.A. LENSINK: Mr Homden will respond to that.

Ms COOK: And I will remember to come back to you, minister.

Mr HOMDEN: We do not currently collect the specific data around non-binary and other diverse groups; we collect it around Indigenous and male/female groups as well.

Ms COOK: So you are not doing non-binary?

Mr HOMDEN: No, not at this current time.

Ms COOK: Would you make a commitment to review that process, minister, please.

The Hon. J.M.A. LENSINK: Yes, I think we can do that.

Ms COOK: I think it is pretty important. Minister, are you concerned that the budget papers are inaccurate in terms of the data that it is reporting?

The Hon. J.M.A. LENSINK: I think to the degree that the data that has been produced by the system is reflected in the budget papers, but data collection always needs to be improved across government.

Ms COOK: Correct.

The Hon. J.M.A. LENSINK: I have been finding that in lots of areas across my portfolio.

Ms COOK: Indeed. Again, in respect of young people who identify as non-binary or those who are non-gender-conforming, given that you do not collect data, however, do you still have policies regarding these young people and their specific requirements?

The Hon. J.M.A. LENSINK: Mr Homden can reply to that as he knows the operations.

Mr HOMDEN: In terms of case management and when a young person comes into our community, we have extensive processes for identifying their needs. In the case of non-binary we would work carefully with the vulnerable young person and their families to identify what that respectful environment looks like. They are carefully assessed. We do that as a constant process as well and provide those effective and appropriate supports whilst they are with us.

Ms COOK: In respect to the policies just referred to, do you know how long they have been in place or when they were put in place?

The Hon. J.M.A. LENSINK: No, I do not know that information. I am not sure if Mr Homden or somebody else does. We will take that one on notice.

Ms COOK: In respect to Budget Paper 5, page 57, the budget papers make note of an over-representation of Aboriginal people in the youth justice system, which we have just been talking about. Has the proportion of young people who identify as Aboriginal or Torres Strait Islander actually changed at all in the past couple of years?

The Hon. J.M.A. LENSINK: My understanding is that, proportionately, the number of non-Aboriginal people has decreased over time, which means that the relative proportion of young Aboriginal people has increased.

Ms COOK: So a headcount would be similar, making the percentage higher because the total is lower; is that what we are saying?

The Hon. J.M.A. LENSINK: The director advises me that the numbers of both Aboriginal and non-Aboriginal people have dropped, but the number of non-Aboriginal people has dropped faster.

Ms COOK: I have no further questions but I wish to congratulate the youth justice system because over a number of years it has become very clear to me that there has been success in bringing down the numbers of young people entering the youth justice system, and that is very

important to all of us, but I would urge the minister and the department to continue to work really hard on the overrepresentation of marginalised groups such as Aboriginal and Torres Strait Islanders.

The Hon. J.M.A. LENSINK: Yes, we could have a discussion about this for another hour, but there are other programs—

The CHAIR: But, alas, time has expired.

The Hon. J.M.A. LENSINK: —within DHS which will address this, which you may be aware of, as well as the intensive family support work that we are doing as well.

Ms COOK: Correct. We look forward to the results.

The Hon. J.M.A. LENSINK: We are on to it for next year.

The CHAIR: There being no further questions, I declare the examination of proposed payments for the portfolio Youth Services and the estimate of payments for the Department of Human Services and administered items for the Department of Human Services completed.

Sitting suspended from 13:00 to 14:00.

DEPARTMENT FOR HEALTH AND WELLBEING, \$4,175,879,000
SOUTH AUSTRALIAN MENTAL HEALTH COMMISSION, \$2,102,000

Membership:

Mr Picton substituted for Ms Michaels.

Mr Boyer substituted for Ms Stinson.

Minister:

Hon. S.G. Wade, Minister for Health and Wellbeing.

Departmental Advisers:

Dr C. McGowan, Chief Executive, Department for Health and Wellbeing.

Ms J. TePohe, Deputy Chief Executive, Corporate and System Support Services, Department for Health and Wellbeing.

Ms L. Cowan, Deputy Chief Executive, Commissioning and Performance, Department for Health and Wellbeing.

Ms L. Dean, Chief Executive Officer, Wellbeing SA, Department for Health and Wellbeing.

Mr J. Woolcock, Chief Finance Officer, Department for Health and Wellbeing.

Prof. P. Phillips, Commissioner, Commission on Excellence and Innovation in Health, Department for Health and Wellbeing.

Mr B. Hewitt, Executive Director, Infrastructure, Department for Health and Wellbeing.

Mr A. Knez, Manager, Executive Services and Projects, Department for Health and Wellbeing.

The CHAIR: The estimates committees are relatively informal procedures and, as such, there is no need to stand to ask or answer questions. I understand that the minister and the lead speaker for the opposition have agreed to an approximate time for the consideration of proposed payments, which will facilitate a change of departmental advisers. Can the minister and the lead

speaker for the opposition confirm that the timetable for today's proceedings previously distributed is accurate.

The Hon. S.G. WADE: Yes.

Mr PICTON: Grudgingly.

The CHAIR: It is the same as every other year, member for Kaurna. Changes to committee membership will be notified as they occur. Members should ensure that the Chair is provided with a completed request to be discharged form. If the minister undertakes to supply information at a later date, it must be submitted to the Clerk Assistant via the answers to questions mailbox no later than Friday 5 September 2019.

I propose to allow the minister and the lead speaker for the opposition to make opening statements of about 10 minutes each, should they wish. There will be a flexible approach to giving the call to ask questions based on about three questions per member, alternating each side. Supplementary questions will be the exception rather than the rule.

A member not on the committee may ask a question at the discretion of the Chair. Questions must be based on lines of expenditure in the budget papers and must be identifiable or referenced. Members unable to complete their questions during proceedings may submit them as questions on notice for inclusion in the assembly *Notice Paper*.

There is no formal facility for the tabling of documents before the committee; however, documents can be supplied to the Chair for distribution to the committee. The incorporation of material in *Hansard* is permitted on the same basis as applies in the house, that is, that it is purely statistical and limited to one page in length.

All questions are to be directed to the minister, not the minister's advisers. The minister may refer questions to advisers for a response. The committee's examination will be broadcast in the same manner as sittings of the house are broadcast, that is, through the IPTV system within Parliament House via the webstream link to the internet and the Parliament of South Australia video-on-demand broadcast system.

I will now proceed to open the following lines of examination: the portfolio of SA Health, estimated payments being for the Department for Health and Wellbeing. The minister appearing before us today is the Minister for Health and Wellbeing. I declare the proposed payments open for examination and refer members to the Agency Statements, Volume 3. Minister, could you please introduce your advisers and make an opening statement if you have one.

The Hon. S.G. WADE: I would like to advise the committee that the advisers with me today are, to my left, Lynne Cowan, Deputy Chief Executive, Commissioning and Performance; Dr Chris McGowan, Chief Executive, Department for Health and Wellbeing. To my right is Julianne TePohe, Deputy Chief Executive, Corporate and System Support Services. The other advisers with me are Lyn Dean, the Chief Executive Officer of Wellbeing SA; Jamin Woolcock, the Chief Finance Officer of the Department for Health and Wellbeing; Paddy Phillips, the Commissioner, Commission on Excellence and Innovation in Health; Brendan Hewitt, Executive Director, Infrastructure; and Andrej Knez, Manager, Executive Services and Projects. I do not propose to make an opening statement.

The CHAIR: Member for Kaurna, do you have an opening statement or will you go straight to questions?

Mr PICTON: I will start with questions. I refer to Budget Paper 4, Volume 3, page 52, regarding SA Ambulance Service. Minister, while I understand local hospital networks are reporting now to governing boards, is it correct that the SA Ambulance Service (SAAS) CEO is responsible to the CEO of SA Health?

The Hon. S.G. WADE: Yes, it is.

Mr PICTON: Excellent. Minister, this week the Chief Executive of SA Health made comments on radio following a ride along he did on an ambulance in which he said that he left the ambulance when it was ramping at Flinders Medical Centre. He said he was very bored. Has the chief executive issued an apology to paramedics and other clinicians for these comments?

The Hon. S.G. WADE: Dr McGowan has provided a statement. I consider that Dr McGowan should be commended for getting out of his ivory tower to get an insight into the challenges faced by our front-line paramedics every day. Neither Dr McGowan nor I deny ramping. We are committed to eliminating it. Dr McGowan should be commended for the initiatives that he and his team are putting in place to eliminate ramping, and in my view actions speak louder than words.

Mr PICTON: Minister, on the same budget line, has the minister seen comments from SA Health's staff online expressing no confidence in the Chief Executive of SA Health?

The Hon. S.G. WADE: The union called for an apology on Tuesday. A statement from Dr McGowan was given in response on the same day. Three days later, Labor is making belated calls. That, to me, seems contrived and hollow. This is old news.

Mr PICTON: Sorry, sir, the question I am asking is: have you seen comments from your own staff online saying that they have no confidence in your chief executive?

The Hon. S.G. WADE: I refer to my previous answers.

Mr PICTON: So you have seen those comments or you have not seen those comments?

The Hon. S.G. WADE: I refer to my previous answers.

Mr PICTON: Is the chief executive apologising?

The Hon. S.G. WADE: Mr Chairman, I refer to my previous answers.

The CHAIR: Member for Kaurna, I think the minister has provided a statement to the house. We could repeat the 45 minutes of time wasted this morning in this session here, or we can continue and ask some questions about Health, which I really want to hear about.

Mr PICTON: Thank you for your commentary, sir.

The CHAIR: Thank you.

Mr PICTON: We are trying to get some answers here. Minister, same budget line: previously, on 30 April, Mr Paul Lambert, the executive director of operations at CALHN said on ABC radio, and I quote, 'Ramping over the last 100 days has decreased...it's a significant number of hours decreased.' If that is the case, why does the SA Ambulance data show that ramping has increased over that period and in fact is at record highs now of over 2,000 hours per month in both May and June?

The Hon. S.G. WADE: The situation that we have experienced since this government came to power has been extremely unusual. Obviously, we were encountering the first year without the Repatriation General Hospital. In the first year of operation of the new Royal Adelaide Hospital we experienced a heavy winter last year and quite exceptional summer demand. It is obviously also noteworthy that there has been an unprecedented early and heavy flu season.

The health system has had a lot to cope with in the last 12 months. I consider that real progress is being made on dealing with the underlying demand. Ambulance ramping did see a reduction as we went into winter, but, as I said, we have experienced a very heavy flu season. In this context, it is pleasing to see that in recent weeks we have had some of our best weeks of the year in terms of transfer of care. I also note that emergency department wait times for mental health patients are the best they have been for eight months.

Mr PICTON: Minister, same budget line: how are you or the chief executive advised and how regularly in terms of the situation of ramping in our hospitals?

The Hon. S.G. WADE: My department—myself and my office—are in daily contact with people throughout the system.

Mr PICTON: Minister, on the same budget line, are hospitals ramping right at this moment?

The CHAIR: Member for Kaurna, surely by 'at this moment' you mean as at 2.10pm. I am not sure that that question is relevant to the budget paper.

Mr PICTON: Why is that, sir? I think South Australians want to know.

The CHAIR: Because the minister cannot be responsible for what is happening right now at 2.10pm for anything outside of this budget estimates hearing.

Mr PICTON: I am happy to rephrase. Is the minister aware if hospitals were ramping today?

The Hon. S.G. WADE: I have been aware of high levels of demand today.

Mr PICTON: What hospitals is ramping occurring at today?

The Hon. S.G. WADE: With all due respect, I doubt whether I am able, without notice, to recount the status of each of the hospitals and the status of the time at which I last viewed them. The honourable member has access to our public dashboards—they are available to every South Australian.

The CHAIR: Member for Kavel, seeking the call.

Mr CREGAN: Minister, I take you to Budget Paper 4, Volume 3, page 33. Can you inform the committee about the steps the government has taken to reactivate the former Repatriation General Hospital site that was closed, decommissioned and earmarked for sale by the previous Labor government?

The Hon. S.G. WADE: I thank the honourable member for his question. The house would be well aware that Labor broke its promise to 'never, ever close the Repat', and in doing so cut off more than 100 beds from the health system. This has directly contributed to the pressure the health system faces today, and this government is determined to fix Labor's mess.

The government made a clear commitment to reactivate the Repat site as a genuine health precinct and to work with the community in doing so. As minister, one of my early actions was to stop Labor's sale of the site and to secure it for public health services going forward. We reopened the hydrotherapy pool and began the community engagement process we had promised. We have engaged the community, clinicians, veterans and other key stakeholders to determine the best use of this valuable and much-loved community asset.

The final concept master plan of the Repat site, developed on the results of public and stakeholder feedback, has received strong community endorsement, and we have also continued this government's strong record in working collaboratively with our federal colleagues, securing a joint investment of \$80 million in the Repat health precinct. I would now ask the executive director for infrastructure to provide some updates on recent activity on the Repat site.

Mr WOOLCOCK: Since March 2018, the government has successfully reopened the hydrotherapy pool and opened a further 20 new beds to add capacity to our health system and accommodate long stay patients with complex needs, some of whom have been waiting for up to six months in hospital for commonwealth supports. It has also retained 20 beds within the ViTA precinct, due for closure in December 2018.

SA Health is continuing to progress discussions with key stakeholders to deliver the master plan. The first stage of Repat reactivation building works are expected to commence later this year with the refurbishment of C Block. This early milestone will see the southern community Older Persons Mental Health Service relocating into a redeveloped C Block building.

Mr PICTON: On the same budget line that the other member used, I am wondering what is option 4 for the Repat precinct governance that was recommended for approval to the SALHN board by the CEO as listed in the agenda for its first meeting?

The Hon. S.G. WADE: I do not know to what the honourable member is referring.

Mr PICTON: I am happy to furnish you with a copy of the agenda for the SALHN first meeting that was held, which says:

Repat Health Precinct governance, recommendation: the CEO recommends the board endorse option 4 as the preferred transitional arrangement over the next two to three years, subject to ongoing review.

What does that mean?

The Hon. S.G. WADE: I take it that what the board is discussing is how the Repatriation Health Precinct should be governed in terms of the local health networks. In that context the Repat

site is becoming analogous to the Glenside site in that it will be hosting services provided by more than one LHN. In the context of the Glenside site, there needed to be discussions between local health networks about how do they govern a site that is not exclusively in their control. Without having access to those papers, I presume it is referring to similar discussions in the Repat context.

Mr PICTON: You said you do not have access to the papers. Would that not be something that the Minister for Health would be briefed about?

The Hon. S.G. WADE: Just to clarify: I was not saying that I do not have access to the papers. What I mean is, I do not have those papers; I have not tried to access them. As minister, I would be entitled to access those papers. I presume the SALHN discussion is a discussion that feeds into broader discussions within the portfolio. The discussions that SALHN is having through their board, and I am sure through their management, will feed into a broader discussion. As I said, unlike when Labor closed the Repat, the Repat will no longer be only the custodian of SALHN assets, it will also be sharing the site with other networks.

Mr PICTON: A further question on the same budget line: when will the operating theatres open at the Repat site, bearing in mind that you promised before the election that that would be happening swiftly? Is there a particular date that you have in mind?

The Hon. S.G. WADE: The reactivation of the Repat site—as I indicated in my answer to the member for Kavel—is already progressing extremely well. We are delighted to have reopened the hydrotherapy pool within months of being re-elected. We are delighted with the progress and particularly the partnership with the commonwealth government in reinvesting on that site.

One of the precincts within the Repatriation General Hospital site is a site that is dedicated to services such as surgical and care transition. On 11 March 2019, SA Health released a request for information seeking insights on how interested developers, private health service providers and local health networks could collaborate with SA Health in the provision of facilities and services relating to the surgical and procedural services within the reactivated Repat site.

The RFI closed on 3 April 2019, and SA Health has shortlisted the 10 submissions to four and will shortly commence discussions and negotiations to determine how future surgical and procedural services at the Repat can be designed to best meet the needs of the community.

Mr PICTON: I have another question on the same budget line: what is the year-by-year operational expenditure budget for the Repat precinct over the next four years?

The Hon. S.G. WADE: That clearly cannot be determined at this stage because we are in the process of finalising the partners on the site.

Mr PICTON: So nothing has been provisioned in the budget?

The Hon. S.G. WADE: I think it would be fair to say that there would be provisions already, for example, the Older Persons Mental Health Service, when Labor closed the Oakden facility in September 2017. I might seek some more information. As I was saying, the former Labor government closed the Oakden facility in late 2017. I think there was a net loss of 64 beds, or something in that order, with the closure of that facility.

The recurrent funding that is associated with those beds would transfer. Likewise, we are committing the transfer of the brain and spinal services that are currently at Hampstead and their recurrent funding will come with them. As each piece in the Repat health precinct falls into place, the capital funding and the recurrent funding will be part of that process.

Mr PICTON: On the same budget line—just to confirm, minister: obviously, this process is to examine the budget and budget figures. You do not have a figure that you can furnish before the committee as to what the budget for the Repat is over the next four years?

The Hon. S.G. WADE: I am surprised that the honourable member is asking me to tell him how much it is going to cost to fund the services on the Repat site when the government is still in the process of determining what services will be on the Repat site. Clearly, that is a question almost in the nature of hypothetical. Let's put it this way: it is going to be a lot more money than when you planned to close it.

Mr PICTON: On Budget Paper 4, Volume 3—

The CHAIR: Member for Kaurua, before you go on, would you mind if I flick to the member for Florey? I notice you are moving from the Repat.

Ms BEDFORD: Moving north. I refer to Budget Paper 4, Volume 3, page 30, under the NALHN heading. Is the minister satisfied with the progress of the clinical working party's work on the re-establishment of the level 1 ICU/HDU at Modbury Hospital? Why is the unit not already in place, given its return was an election promise?

The Hon. S.G. WADE: If I could start with the second part of the honourable member's question first, the election promises are for the term of the parliament. We are determined to deliver on our commitment to undo the damage from Transforming Health and that is exactly what we are doing right across the hospital network.

In terms of the Modbury site, as the honourable member rightly highlights, one of the key commitments that we made is that we will restore our high dependency unit at the Modbury site. In that context, we have had a clinical working party, co-chaired by Professor Andrew Bersten and Ms Alison Hodak, to develop a plan to establish the high dependency unit and enable Modbury Hospital to take more complex patients.

Following the initial planning work undertaken by the clinical working group, a high dependency unit steering committee has now been formed to oversee the implementation and delivery of the HDU. I am pleased with the progress being made and I look forward to that team delivering a high-quality high dependency unit at Modbury Hospital.

Ms BEDFORD: We now have an HDU steering committee. When is that next going to meet?

The Hon. S.G. WADE: The HDU steering committee has oversight of an HDU implementation and planning committee, which will lead four work groups. Updates will be provided to the steering committee in addition to the quarterly steering committee meetings. Each group, with its own lead, will articulate a facet of the development process.

There are four working groups: the clinical services work group, the workforce work group, the corporate and finance work group and the infrastructure work group. Key priorities for the next phase of the project include the appointment of an HDU medical clinical lead, which is expected by 1 January 2020, the refining and finalising of the model of care and extensive stakeholder engagement, including with industrial bodies.

Ms BEDFORD: That is some very thorough work. Has the level 1 ICU/HDU actually been allocated a physical space on the redevelopment plan and, if so, where?

The Hon. S.G. WADE: Yes, it has been. The location of the HDU has been established on level 1. If possible, it will be fast-tracked within the overall project program, but at this time NALHN expects the HDU to become fully operational in early 2020.

Ms BEDFORD: Level 1 is a pretty big level. Is there any specific space on level 1 that they are talking about? The last plan we saw did not have a space for it.

The Hon. S.G. WADE: I know the honourable member is a frequent visitor to the Modbury Hospital.

Ms BEDFORD: Only in my professional capacity, sir.

The Hon. S.G. WADE: Sorry, I meant as a—

Ms BEDFORD: Not as a consumer.

The Hon. S.G. WADE: Anyway, all I was adverting to is that there is a plan up in the Modbury Hospital at the moment which indicates the location of the HDU.

Ms BEDFORD: I am not sure of that. Anyway, I will go and have a look tonight. When can the residents of the north-east expect to see the eight-bed EECU functioning—again, part of the election promise that has blown out somewhat?

The Hon. S.G. WADE: I am sorry. It has just been brought to my attention that I misstated. When I said the HDU would become fully operational, I apparently said 2020; I meant to say 2021.

Ms BEDFORD: We think it will be a bit later than that, but go on, yes. We will give you that.

The Hon. S.G. WADE: We as a department live in hope.

The CHAIR: Member for Florey, could you please listen?

Ms BEDFORD: Well, I am thinking closer to the election in 2022, but I am just back to the EECU. When will that be functioning? I am a patient woman.

The CHAIR: We look forward to you being here in 2022, 2023, 2024 and 2025 estimates.

Ms BEDFORD: Well, the stress of today might preclude that, sir, and then I can be a consumer.

The Hon. S.G. WADE: In relation to the EECU, I am advised it will be later this year.

Ms BEDFORD: Up and running later this year?

The Hon. S.G. WADE: The EECU. The extended—

Ms BEDFORD: It is nearly August, and you are going to have it up before Christmas. Fantastic. So will the minister release the salary packages of individual executives, or details of the dollar cost per position, within the Department for Health and Wellbeing and the local health networks?

The Hon. S.G. WADE: I am happy to take that on notice.

Mr BOYER: On Budget Paper 4, Volume 3, page 30, Sub-program 2.2: Northern Adelaide Local Health Network, and just to build on the questions asked by the member for Florey about Modbury Hospital, have you received yet any clinical advice from those working groups and committees you referred to in your earlier answer that state that the proposed four-bed HDU will be safe?

The Hon. S.G. WADE: The HDU steering committee, I am advised, reached in-principle agreement for the HDU model of care, including that the HDU will have critical care oversight with a hybrid surgical/medical model aligned to the broader principles of a level 1 ICU. Level 1 east has been confirmed as the most appropriate site for the HDU.

Mr PICTON: To go back to Budget Paper 4, Volume 3, page 52, SA Ambulance Service, why is there a reduction of seven FTEs for SA Ambulance Service over the forthcoming year at a time when urgent responses have decreased by 7 per cent over the past 12 months?

The Hon. S.G. WADE: I will take the detail of the honourable member's question on notice but I am advised that part of the impact is likely to be the conclusion of time-limited projects. In relation to recruitment, in the last two financial years, the Ambulance Service has employed another 148 paramedic interns and 84 qualified paramedics.

Mr PICTON: But the actual staff members were down by five over the past year. That is what the budget papers say.

The Hon. S.G. WADE: I have undertaken to take the details of that on notice.

Mr PICTON: Same budget line: has the minister or his department received any advice or any reports that outline for him a need to increase the number of paramedics working for the SA Ambulance Service?

The Hon. S.G. WADE: From opposition, the Marshall Liberal team made a clear commitment to support the continuation of the SSWG. Consistent with that, the government is working with the Ambulance Service to look at the new operational model for SA Ambulance Service, and I certainly appreciate that my honourable colleague the Treasurer is also discussing operational issues with the Ambulance Employees Association in the context of enterprise bargaining discussions. Right throughout the Ambulance Service, its employee organisations and the department, there is an interest in developing new ways of delivering paramedic services. There is

no doubt that paramedics going forward are going to be a very agile and key element of our health service.

Mr PICTON: Have you received any report that outlines the need to increase the staffing for SA Ambulance Service?

The Hon. S.G. WADE: I have explained the discussions that are going on. Those discussions will flesh out not only the workforce needs of the Ambulance Service but also more effective ways of utilising the workers that we already have.

Mr PICTON: So these have just been discussions? There have not been any reports or consultancies done in terms of the staffing?

The Hon. S.G. WADE: I did not say that, Mr Chair. I would suggest that the honourable member might stick to asking questions and I will stick to answering them.

The CHAIR: Thank you, minister. Once again, as we traversed these issues this morning, I will determine what gets asked and answered but we will go from there. Member for Kaurua, do you have anything more on this topic?

Mr PICTON: I absolutely do.

The CHAIR: Well, we will see how we go but I think the minister is well within his rights.

Mr PICTON: Thank you for your immense fairness, as always. Can the minister confirm that a report has been received that outlines the need to increase staffing in SA Ambulance Service?

The CHAIR: I think the minister has already answered that in previous questions.

Mr PICTON: With fairness, I think he has been trying to avoid answering that question. Maybe if he had another opportunity, he might outline whether a report has or has not been received that outlines that.

The Hon. S.G. WADE: As I said, the work of the SSWG was specifically looking at the resource needs of the Ambulance Service. My understanding is there were consultancy reports linked to that. There is no doubt a lot of work being done in my department, Treasury and the Ambulance Service as we all work together to have a highly effective and sustainable ambulance service going forward.

Ms LUETHEN: I also have lots of questions because health is very important to people in the north and north-east. Budget Paper 4, Volume 3, pages 13 and 25: could the minister please outline any action he is taking to ensure the transition out of hospital for people eligible to be NDIS participants?

The Hon. S.G. WADE: I thank the honourable member for her question. I appreciate the opportunity to explain the work of the Hospital Discharge Project pilot which commenced on 1 April 2019 and which will be running for a period of six months. A commitment between SA Health and the commonwealth Department of Health in March 2019 facilitated an \$8 million project to deal with the long-stay transition to discharge project to assist in transferring long-stay patients in acute beds to alternative non-acute care options while longer term supports are confirmed. This may include some NDIS-eligible patients who are awaiting NDIS confirmations.

To date, 53 patients have been discharged from hospital, with a further three patients due to be discharged by early 2019. SA Health and local health networks have identified a further 35 long-stay patients for this project with the aim to discharge by October 2019. Of the 35, 12 patients are currently being considered by providers to determine their discharge support needs. The project is funded for two years and will improve patient flow from hospitals to communities. I will ask the Chief Executive of Wellbeing SA, Lyn Dean, to add to that.

Ms DEAN: Thank you, minister. The SA Hospital Discharge Project is a collaboration with the National Disability Insurance Scheme to streamline discharge processes within our hospital system. To date, the project has resulted in some key improvements, including the appointment of three health liaison officers from the National Disability Insurance Agency, and agreeing to trial improvement in equipment and home modification assessment processes, with hospital occupational

therapists, to assist more timely discharges. A data tool to track NDIS participants' progress through the hospital to community is also in development.

Alongside this, there is a hospital discharge framework, which is, in effect, developing policies and principles that are drafted with South Australia to guide how Health and NDIS will work together to discharge patients. This framework will be taken forward on a national level once it is fully implemented.

In addition to that, recent interjurisdictional discussions have taken place in resolving boundary issues between the NDIS and the health system. From an historical perspective, there has been disagreement from the NDIA and Health as to what would be funded in regard to nursing supports. It is recognised by the NDIS that some people will need nursing support to be discharged and cared for in the community, and now this will be funded by NDIS. The aim is to implement this change from October of this year.

The CHAIR: Member for Kurna.

Mr PICTON: Budget Paper 4, Volume 3, page 52, SA Ambulance Service: I am wondering if the minister is concerned about late meal breaks for SA Ambulance staff and if you have any response to concerns that are being raised in the Industrial Relations Commission today about SA Ambulance not meeting its requirements for staff breaks, as set out in the enterprise bargaining agreement?

The Hon. S.G. WADE: I am surprised that the honourable member thinks it is appropriate for a minister of the Crown to comment on matters that are actively being considered by an industrial tribunal, particularly when that particular minister is not the Minister for Industrial Relations.

Mr PICTON: So you do not have any response to concerns raised about your staff in SA Health not receiving their entitlements under the enterprise bargaining agreement under your management of the health system?

The Hon. S.G. WADE: I remind the honourable member that I am neither the Minister for Industrial Relations, nor, as a minister, do I intend to comment on industrial matters before an industrial tribunal.

Mr PICTON: Who is the minister who is responsible for running the SA Ambulance Service?

The Hon. S.G. WADE: I refer to my previous answer.

Mr PICTON: You cannot confirm to this committee who the minister is in charge of running the SA Ambulance Service?

Mr CREGAN: Point of order, Mr Chairman.

The CHAIR: Yes, member for Kavel?

Mr CREGAN: The member has his answer and he understands the standing orders, and he can put the question to the appropriate minister.

The CHAIR: Thank you, member for Kavel. I will uphold the question.

The Hon. S.G. WADE: I am the minister responsible for the Ambulance Service. I am not the minister responsible for the negotiations in relation to the enterprise agreement, nor am I the Minister for Industrial Relations, nor do I intend, even if I was the Minister for Industrial Relations, to ventilate in this forum matters that are before that tribunal.

Mr PICTON: On the same budget line, what are you doing as the minister, as you say, in charge of running SA Ambulance Service, to ensure that SA Ambulance staff are getting their meal breaks?

The Hon. S.G. WADE: I have put in place an extremely able management team led by David Place that is working with the employees to deliver a high-quality ambulance service.

Mr PICTON: Last month, what percentage of staff in SA Ambulance were unable to receive their meal breaks—either late or at all?

The Hon. S.G. WADE: I am happy to take that on notice.

Mr PICTON: I refer to Budget Paper 4, Volume 3, page 16, annual programs, SA Ambulance Service—Vehicle Replacement. The minister said, in a question taken on notice last year, that SA Ambulance Service places regular orders each year. What is the minister's answer as to why the government has underspent on ambulance vehicle replacements by \$2.6 million?

The Hon. S.G. WADE: At a departmental level we are not aware of the factors behind that change. We will take it on notice and come back with an answer for the honourable member.

Mr PICTON: Thank you, minister. The minister, in questions on notice last year, also said that SA Ambulance is in the process of procuring a replacement contract which was at the evaluation stage then. Has that contract now been signed?

The Hon. S.G. WADE: Replacement contract for?

Mr PICTON: For ambulances, flashing lights.

The Hon. S.G. WADE: I will take that on notice.

Mr PICTON: Is the minister aware of a document that was prepared in June 2018 titled 'A consultation paper for support services model corporate services', which outlined under 'fleet services' significant concerns raised about the fleet. It stated:

Demand for fleet services now exceeds current physical and human assets. An additional investment and a revised service operating model will be required to continue to support front-line service delivery at expected performance and compliance levels.

This investment is currently part of a review. At the current levels, fleet is unable to meet all current servicing needs and this is reflected in some instances of non-urgent servicing exceeding recommended intervals.

In the light of the above there is both an immediate and future need for additional assets and resources to accommodate increased workloads and specifically address country ambulances.

Is that something that was brought to the minister's attention, and what action has he taken in regard to the ambulance fleet?

The Hon. S.G. WADE: I will take on notice whether that document was brought to my attention. In terms of the work that I have already referred to there is work being done for a new operational model for the Ambulance Service. In recent years, there has been a fundamental shift in the services provided by SAAS and the use of those services by the community.

The historical model of ambulance officers providing first aid and transporting patients into a hospital ED has evolved into an increasingly sophisticated out-of-hospital healthcare provider model. The Ambulance Service is keen to implement a new operational model that will assist local health networks to manage patient flow by reducing ED presentations and support the management of patients outside the hospital environment in line with proposed health alternative care pathways.

The introduction of a revised clinical response model which utilises an increased use of single responders to create a more targeted see-and-treat model where complex patients can be assessed and treated, referred to alternative care pathways or transport by lower clinical-level crews are all matters under consideration. The Ambulance Service has evolved dramatically over its history, but particularly over recent decades. I am sure that it will continue to evolve. These factors all impact on the staffing and the resourcing.

Mr PICTON: Given that these concerns were raised, minister, back in June last year and then over the subsequent 12 months, \$2.6 million was underspent in terms of vehicle replacement. Is that something that is disappointing? Is that potentially going to make the situation of the ambulance fleet worse?

The Hon. S.G. WADE: I do not accept the implication of the honourable member's question which is that nothing has happened in the last 12 months.

The CHAIR: The member for Florey has been waiting very patiently. I will come back to the member.

Ms BEDFORD: I refer to Budget Paper 4, Volume 3, page 26. Where are women able to access a full range of safe and respectful specialised health care and advice on unplanned pregnancy and abortion services within our state's health system?

The Hon. S.G. WADE: Can I clarify? Is the honourable member talking about services for women before they are pregnant or in their pregnancy?

Ms BEDFORD: Both. Unplanned pregnancy and abortion services, so it is pre and post pregnancy. I am specifically looking for a full range of safe and respectful services, not piecemeal services where you visit one site and then pop over somewhere else.

The Hon. S.G. WADE: The honourable member suggests concern that she does not want piecemeal services. I suggest that SA Health is determined to provide women's health services to South Australian women no matter where they live. To the extent possible, that will be physically and geographically dispersed. I have seen or visited a range of women's health services in our hospitals and in our networks, so we will continue to provide services in a devolved environment.

In terms of pregnancy services, there is a particular centre, the Pregnancy Advisory Centre (PAC) at Woodville, which is run by the Women's and Children's Health Network (WACHN), which particularly has responsibility for abortion-related services. But we certainly have no intention to move away from devolved services.

Ms BEDFORD: I accept that but I am advised that there is nowhere now where you can gain a full range of services either at the PAC or the WCH, so there is nowhere for anyone to go to access a full range of services. I think that is the trouble in part because anyone facing this situation needs to be in a respectful and understanding setting and not moved from site to site having to repeat the story several times for people who have not read the notes. That is the difficulty.

The Hon. S.G. WADE: I think part of what the honourable member is asking me is about transfer of services from the Women's and Children's to the Pregnancy Advisory Centre. But given the importance of the honourable member's question, I propose to take it on notice so that I can give her a clear answer.

Ms BEDFORD: That would be great. Also, why were services at the Women's and Children's Hospital dropped, and what consultation took place before those services were moved to The QE? If you need to take that on notice as well.

The Hon. S.G. WADE: My understanding is they were moved to the Pregnancy Advisory Centre.

Ms BEDFORD: Again, there are some services, according to my information, at The QE that were moved.

The Hon. S.G. WADE: I will certainly come back with a full answer.

Ms BEDFORD: That would be good.

The Hon. S.G. WADE: If I can explain, my understanding is that there are two things that have happened. There have been some services transferred from the Women's and Children's Hospital to the Pregnancy Advisory Centre and because of some capital issues with the Pregnancy Advisory Centre there are some services that are currently being delivered at TQEH, but I will certainly come back with as much detail as I can.

Ms BEDFORD: And around the consultation process.

The CHAIR: Member for Kaurana.

Mr PICTON: Thank you. I will add to that. Budget Paper 4, Volume 3, page 26, Central Adelaide Local Health Network: what is the current waiting time for women to obtain a termination in CALHN? Is that within clinically recommended times?

The Hon. S.G. WADE: I am advised that the current wait times as at 30 June 2019 are an accumulative wait time, that is, consultation and procedure of 16 days, which compares to 15 calendar days in 2018.

Mr PICTON: Following that, are terminations that are surgical terminations being performed at The Queen Elizabeth Hospital? How long has that been occurring? When will they return to the Pregnancy Advisory Centre?

The Hon. S.G. WADE: The client theatre component of the Pregnancy Advisory Centre was transferred from the Pregnancy Advisory Centre at Belmore Terrace to The Queen Elizabeth Hospital at the end of January 2019 due to an infrastructure failure at the Pregnancy Advisory Centre site. As a matter of priority, the Pregnancy Advisory Centre leadership team is working through immediate issues to ensure an appropriate pathway for clients, while the theatre component is located at The Queen Elizabeth Hospital. A plan for a permanent solution for both its procedural and ambulatory components of care is being developed, with constructive input from both staff and community stakeholders.

Mr PICTON: On the same budget line, is it correct that the contract for the KordaMentha recovery plan implementation contract is being investigated by the Auditor-General?

The Hon. S.G. WADE: It is my understanding, from comments to an estimates committee earlier this week, that the Auditor-General is reviewing these contracts. It would be hardly surprising considering they are significant contracts within Health. Health contracts are reviewed all the time

Mr PICTON: Have there been any requests to SA Health from the Auditor-General for documents to be obtained from the department?

The Hon. S.G. WADE: Reviews are constant, requests are constant, and I am advised we have received requests.

Mr PICTON: Have all those requests from the Auditor-General for documents from the department been complied with?

The Hon. S.G. WADE: Reviews are constant, requests are constant and responses are constant. We continue to comply with requests from the Auditor-General.

Mr PICTON: So just to confirm, that is a yes, that all requests from the Auditor-General have been complied with?

The Hon. S.G. WADE: I cannot confirm that the responses to the requests have been fully completed. We always respond to requests. A response will go to this one. Whether the response has been dispatched, I will take that on notice, but you can be assured there will be a response.

Mr PICTON: Have any health staff been interviewed by the Auditor-General in regard to this matter?

The Hon. S.G. WADE: I would suggest that was a question for an estimates committee two days ago.

Mr PICTON: Sorry, was SA Health up two days ago?

The Hon. S.G. WADE: The Auditor-General—I am not aware of any questioning of SA Health staff. The honourable member could have asked the Auditor-General.

Mr PICTON: Is it correct that KordaMentha was originally hired by CALHN to be headhunters to find an expert to reform CALHN?

The Hon. S.G. WADE: Could the honourable member repeat his question?

Mr PICTON: I am very happy to. Is it correct that KordaMentha was originally hired by CALHN as headhunters to find an expert to reform CALHN?

The Hon. S.G. WADE: My understanding is that KordaMentha was not hired as headhunters, as the honourable member puts it; there may well have been discussions at the time we were trying to identify the resources that we needed. I will provide any further information on notice.

Mr PICTON: Thank you. Given that, why does the acquisition plan for the CALHN turnaround team dated 1 August 2018 say that:

SA Health discussed other alternatives to attracting the right candidate to the role. The group decided to approach KordaMentha about assisting to recruit an appropriate person to the role. KordaMentha was known amongst the group for their executive search function and their success and experience in finding and recruiting experts in different fields, including business turnaround.

The Hon. S.G. WADE: I cannot see what the honourable member's point is. What the honourable member just read out seems completely consistent with what I said: they were not contracted, is my advice.

Mr PICTON: But they did provide advice as a headhunter or executive search provider, but without a contract?

The Hon. S.G. WADE: I can only reiterate what I have already said, which is that I am advised that KordaMentha was not contracted as the headhunters, and what the honourable member quoted seemed to me to be consistent with that advice.

Mr PICTON: Minister, did KordaMentha recommend that CALHN and SA Health should go down the path of hiring somebody as a short-term consultancy, and put a proposal to the government to do that, instead of recruiting a person, as had been the government's original intention?

The Hon. S.G. WADE: I am advised that there was an unsuccessful attempt to recruit for a limited term an executive role within CALHN to determine a way forward and implement sustainability programs. As I said, that attempt was unsuccessful.

Mr PICTON: Was it KordaMentha who recommended hiring somebody rather than going down the executive search function?

The Hon. S.G. WADE: Sorry, if KordaMentha was recommending that we hire someone, they might have been suggesting we go through an executive search. I cannot see how the two suggestions are conflicting, but I will certainly take that on notice and, if I can add to the answers I have already given, I will do so.

Dr HARVEY: My question relates to Budget Paper 4, Volume 3, page 25. What funding has the government provided to support increased services in hospitals downgraded under Transforming Health?

The Hon. S.G. WADE: I thank the honourable member for his question, and I particularly appreciate why he is asking it. The honourable member and his colleague the honourable member for King are acutely aware of the damage done to their communities by Transforming Health. The damage was particularly felt at Modbury, The Queen Elizabeth Hospital and at Noarlunga where services were downgraded or, in some cases, shut down completely. Of course, we know from the Auditor-General's report on Transforming Health that this reduction in services came at a cost to the taxpayer of \$47 million.

The Marshall Liberal government has committed to rebuilding services at these hospitals. In the first year, we have made tangible progress. We have opened a 12-bed acute care unit at Noarlunga, we have begun the work on the TQEH stage 3 redevelopment, as well as returned 24/7 cardiac services and established a clinical working group to ensure the safe return of an HDU to Modbury. This year's budget is building on the work of the first year at Modbury where the government has committed \$96 million for the redevelopment and \$18 million over four years to establish an HDU.

An amount of \$32 million has been committed in this year's budget, continuing work towards the HDU opening at TQEH where I recently delivered on another of the government's election commitments and opened the refurbished cath labs; \$63 million of the stage 3 redevelopment has been allocated to continue the work there. At Noarlunga, the 12-bed acute medical unit has opened with funding allocated to support its ongoing operation to provide better care at the hospital and ease the pressure on Flinders Medical Centre, particularly reducing the need for diversion.

The Marshall Liberal government is delivering on its commitments, and this budget demonstrates that we are putting in the funding necessary to clean up the mess left by the former Labor government.

Mr PICTON: I refer to the same budget line in Budget Paper 4, Volume 3, page 26, CALHN. Is the minister aware that the acquisition plan for the KordaMentha original contract says that KordaMentha provided CALHN with feedback similar to other recruitment companies; however, they suggested a model which would meet CALHN's needs and allow for the capabilities relating to turnaround in CALHN to be built up over this time? This model was based on a short-term consultancy. So is it not the case that KordaMentha were asked to hire somebody, they did not do that, they said they could not find somebody and recommended that they themselves be hired as a consultancy to do the work?

The Hon. S.G. WADE: The honourable member persists in suggesting that KordaMentha was under contract to recruit an executive. I have already indicated that the advice I have been given is that is not the case. The line of questioning does draw to the house's attention the question that persists: why does Labor hate KordaMentha? What they are—

Mr PICTON: To be honest, Chair, that is not the question at all. I think we asked a very clear question in terms of whether it was KordaMentha who recommended their own appointment.

The CHAIR: Member for Kaurana, I think the answer is highly in order.

The Hon. S.G. WADE: To be clear to the honourable member, I was not seeking to reframe his question; I was suggesting the question that comes to mind as people hear you ask those questions—

Mr PICTON: Do you have an answer to the question?

The CHAIR: Order!

The Hon. S.G. WADE: Time and time again, South Australians say to themselves, 'KordaMentha helped saved Whyalla. Why does Labor want to stop them trying to clear up the mess that Labor left behind under Transforming Health?'

Mr PICTON: It is under investigation by the Auditor-General. You have just admitted that the Auditor-General is investigating it.

The Hon. S.G. WADE: Let's look at the progress that KordaMentha has made in spite of—

Mr PICTON: No; point of order, Chair: I asked a very specific question in terms of the appointment process. I was not asking for an update on the work of KordaMentha. This is about the appointment of the contract. This is budget estimates to examine the expenditure—

The CHAIR: Yes, I understand it is about the appointment of the contract. The contract has been awarded to KordaMentha and the minister is, in my mind, replying appropriately.

Mr PICTON: He is actually talking about a different contract that happened months later. I am talking about a contract last year.

Mr CREGAN: Point of order, Mr Chairman: the member has his answer and I have a supplementary question to the answer.

The CHAIR: Well, member for Kavel, we do not allow supplementaries, per se. At the discretion of the Chair, I am happy—

Mr PICTON: It is a bogus point of order.

Mr CREGAN: The morning was rather more successful, may I say. Thank you for your assistance.

The CHAIR: —to hear your supplementary, member for Kavel, but then the member for Florey has a question before she needs to leave to Committee A and then we can continue. Your supplementary, member for Kavel.

Mr CREGAN: Thank you, Mr Chair. Minister, perhaps you can give an overview or outline of KordaMentha's work so far and some of its successes?

The Hon. S.G. WADE: A very pertinent question, because in spite of the resistance of the former government members to the attempts by this government to clear up their mess, progress is

being made. The financial position of CALHN, in partnership with KordaMentha, has improved from a forecast deficit to budget of \$274 million for the year ended 2019, as outlined in the diagnostic, to a revised management forecast deficit to budget of \$224 million. This is a forecast improvement of \$50 million and well ahead of the KordaMentha contractual KPI of \$41 million.

Honourable members would be well aware of the government's concern at the relative inefficiency of the Central Adelaide Local Health Network hospitals compared with their sister hospitals right around Australia. In the period from 1 July 2017 to 30 June 2018, the estimated cost of running the central hospitals was 32 per cent above the national efficient price. Encouragingly, there has been substantial progress in dealing with inefficiencies. The indicative cost of activity for the six months to 31 December 2018 is 21 per cent above the national efficient price.

One of the most tangible demonstrations of efficiencies in our central hospitals is the reduced use of agency staff. It is now down 90 per cent, from 7.7 per cent in January 2019 to a low of 0.7 per cent in March 2019. In this and so many other ways, KordaMentha, the CALHN management and the CALHN board are working together to restore sustainability to the services in the local health network.

Ms BEDFORD: I refer to Budget Paper 4, Volume 3, page 30 and the Lyell McEwin Hospital. While I acknowledge and welcome the announcement of the additional car parking planned for the Lyell McEwin Hospital, will the \$7 million come from the existing \$52.5 million previously budgeted to extend the Lyell McEwin Hospital emergency department or will this now create a \$7 million shortfall in the current budget?

The Hon. S.G. WADE: I am advised at this stage that it is intended to deliver within the core project.

Ms BEDFORD: Will the \$7 million impact of the promise to build the hospital have any impact on the \$5.5 million Mental Health Short Stay Unit at the Lyell McEwin Hospital? Will that be pushed back as well?

The Hon. S.G. WADE: In terms of the time frame for the project, my understanding is that it is already on the public record that the time frame has been adjusted, but I will seek advice.

Ms BEDFORD: Because it is going to be very hard to ask the mental health patients.

The Hon. S.G. WADE: Sorry, I am asking capital, not mental health. Just to clarify the history there, the former Labor government closed the Mental Health Short Stay Unit at the end of 2017 and did not have plans for a new unit, certainly at least not—

Ms BEDFORD: I do not think anyone is disputing that, minister, but we elected you—

The Hon. S.G. WADE: Sorry, Mr Chair, if I—

Ms BEDFORD: —because we believed you were going to be different.

The Hon. S.G. WADE: If I could continue with my answer.

The CHAIR: I am listening, minister. You are in order.

The Hon. S.G. WADE: What I think is important for you and your constituents to understand is that this government did not regard it as acceptable to allow that hospital to operate without some form of unit. A unit was opened in 2018, last year, and planning is going ahead with the new unit.

The whole project has been damaged by the lack of proper planning by the former Labor government. There was not adequate allowance for the car parking needs. The new redevelopment effectively decommissions a whole series of car parks, so the \$7 million investment that was announced this week will lead to a 205 car park extension to the current facility, which will help alleviate the loss of the previous car parks and add to the further needs.

In terms of the Mental Health Short Stay Unit, the long-term location for that unit is on top of the ED redevelopment. It is an upper level development. We will continue to work through with clinicians and with management how we can best deliver that project. Certainly, we are being forced to reassess the plans and reassess the funding of those plans because of the poor planning of the former government.

Ms BEDFORD: When will the new redevelopment be completed at the Lyell McEwin Hospital, the emergency department?

The Hon. S.G. WADE: I am advised that it is currently anticipated in mid-2022.

Mr BOYER: I refer to Budget Paper 4, Volume 3, pages 14 to 16, investing expenditure. Just to clarify, the \$7 million that you announced, I think it was in the last week, for the new car park at the Lyell McEwin Hospital, that is coming out of the \$52.5 million that was set aside to expand the emergency department at Lyell McEwin Hospital?

The Hon. S.G. WADE: Yes.

Mr BOYER: In the same budget paper and the same line: how will that affect the expanded emergency department that will be delivered there, given that it will have \$7 million less to put towards it?

Members interjecting:

The CHAIR: Order! I know it is late in the day, but if everyone could please focus. Minister.

The Hon. S.G. WADE: Planning in relation to the project continues. The government is committed to completing the expansion of the ED and the short stay mental health unit. Considering the poor planning that we have inherited, we may need to reconsider some of the final refurbishment works of the original facilities. The expanded redevelopment will deliver important expanded capacity for the suburbs of the north.

Ms COOK: You took that long to get that answer; seriously.

The CHAIR: Order! Member for Wright.

Mr BOYER: Thank you, Chair. Budget Paper 4, Volume 3, pages 14 and 16: can the minister confirm that the number of acute assessment cubicles at the expanded ED will still be doubled as per what was announced by the previous government, or will the number of acute assessment cubicles be reduced?

The Hon. S.G. WADE: Sorry, is the honourable member asking me: does the Marshall Liberal government commit to delivering twice as many assessment units as the former government was planning to? That seemed to be what the honourable member was saying.

Mr BOYER: No. My question was: what was announced by the previous government was a doubling of the number of acute assessment units in the Lyell McEwin emergency department.

The Hon. S.G. WADE: Is that still our intention?

Mr BOYER: Yes.

The Hon. S.G. WADE: Yes. I am advised that the potential reconsideration of some of the final refurbishment works of the original ED may have a limited impact on capacity.

Mr BOYER: Chair?

The CHAIR: Yes.

Mr BOYER: On the same budget line, minister: can the minister confirm that the expanded ED will still have a dedicated room for children and families, as was announced by the previous government?

The Hon. S.G. WADE: I am not aware of any change in that context, but I will take that on notice.

Mr PICTON: I refer to Budget Paper 4, Volume 3, page 25, health services. Have any local hospital networks signed off on their service level agreements for 2019-20?

The Hon. S.G. WADE: No, they have not.

Mr PICTON: On what date were the draft agreements given to the local hospital networks?

The Hon. S.G. WADE: There have been a number of drafts and discussions are continuing. I am happy to take that question on notice.

Mr PICTON: Have any board or board chairs raised concerns with you or the department regarding the funding to be allocated under the draft service level agreements?

The Hon. S.G. WADE: The nature of negotiations is that there is more than one perspective. I am sure that, just as there were robust discussions with LHNs, CEOs and the department when the service level agreements were discussed under centralised management, I have no reason to think there will be any less robust discussions under decentralised management.

Mr PICTON: As part of these negotiations, as the minister has characterised them, will there be any additional funding that is available to negotiate with as part of those service level agreements?

The Hon. S.G. WADE: The honourable member tries to lay another trap for me. Earlier today he wanted me to be in contempt of industrial tribunals, now he wants me—

Mr PICTON: I am sorry; I would just like an answer to the question.

The Hon. S.G. WADE: —to impose myself.

Mr PICTON: Is there funding or not? This is the budget estimates. Is there more funding or not?

The Hon. S.G. WADE: If the honourable member is asking me if there is more money in health under the Marshall Liberal government—

Mr PICTON: No, is there more money than what you have offered in the draft service level agreements?

The Hon. S.G. WADE: Chair, I do not know whether this is a conversation or a series of questions. I am trying to answer the honourable member's question.

The CHAIR: Minister, it is entirely appropriate for you to answer how you see fit. It is not for you necessarily to need to—

The Hon. S.G. WADE: My understanding was that the honourable member was asking me in relation to negotiations between the board chairs and the department. Just as I do not intend to interfere in the proceedings of the Industrial Tribunal, likewise I am intending to let the board chairs and the department assistant manager have discussions about the appropriate level of resourcing for the networks.

Mr PICTON: Is there a deadline by which the service level agreements need to be agreed?

The Hon. S.G. WADE: As I understand it, just as under this government and under the previous government, there is no deadline as such. It was certainly not uncommon under the previous government for service level agreements to be signed off in the last quarter of the year.

Mr PICTON: Has each board established a register under the Health Care Act section 33D of board members' interests, and how are these registers accessible by the public?

The Hon. S.G. WADE: I am happy to take the honourable member's question on notice.

Mr PICTON: Can the minister assure the house that no member of any board has been appointed in breach of section 33B(5), which says that people cannot be employees or provide services to the LHN and be a member of the board?

The Hon. S.G. WADE: Certainly, I can assure the house that the department and myself did our best to ensure that the eligibility criteria of the act were respected.

Mr PICTON: Is it true that the presiding members panel, which brought together presiding members of all the health advisory councils, has been discontinued?

The Hon. S.G. WADE: It is not clear to me that it has been, so I will take that on notice and seek further advice.

Mr CREGAN: Minister, I take you to Budget Paper 4, Volume 3, page 13. Can you outline to the committee the recent restructure of the Department for Health and Wellbeing subsequent to the government's reforms?

The Hon. S.G. WADE: I thank the honourable member for his question. The Marshall Liberal government was elected with a commitment to devolve governance and responsibility in the health system away from a centralised bureaucracy to local health networks. The whole *raison d'être* is: local decisions for local communities.

The former Labor government abolished local boards in 2008, centralising decision-making. As part of their disastrous Transforming Health experiment, Labor continued this centralising trend with the abolition of statewide clinical networks, shutting out clinicians and the community with ever-growing centralisation of decision-making. The end result was that the South Australian community lost touch and lost faith in Labor's ability to deliver health services.

The Marshall Liberal government is determined to turn the ship around. To support the devolution of governance and the refocusing of health, my department has been undergoing a restructure to reflect its place in a changed health system and its place in a devolved, decentralised health system. I will ask the chief executive of the department to give the committee more information about the process of renewal of his department.

Dr McGOWAN: As the minister said, after the devolution out to the regions, we thought it was opportune to look at the department. It was left a very different department wanting to do different things. We are no longer a deliverer of service and a micromanager of services. We had to be very clear about what our role was going forward, so we engaged quite heavily. We engaged with our staff and we also engaged some of the best bureaucratic minds in health from across the country, previous DGs who are highly respected and who gave their time freely, by the way, with some excitement.

We came up with four core roles. They have turned into the pillars of the department and we have structured accordingly. They are to make sure that, as the government came in and made its policy about a focus on prevention, the public health role was elevated to be reporting to the chief executive—a critical part of a very preventative focus—and that division is called the division of health regulation and protection.

The second division is, if you are stepping away from being the provider and direct manager of services and becoming a commissioner of services, we wanted to be excellent at commissioning and design and bring all the functions of commissioning into one division where they could focus on that, and so we have created the commissioning and performance—so commission, performance, monitor, support and plan.

If there is one role the department needs to do and has not really done to its degree in the past, it is to be the steward of the health system in respect of knowing how the health system is unfolding, where is the national agreement going, what is happening with private health insurance, what is happening with genetics and epigenetics and how we position the department for the next decade or two. That long-term view of the stewardship of the department is very important, so we created the system leadership and design. Then, of course, the department itself needs to be managed as a corporate function.

We also, at the minister's instigation, created two new fundamental pillars, attached offices, that of Wellbeing SA to make sure that we do not go through the abandonment of our primary care, and to have a strong, dedicated focus on prevention and hospital substitution. That is beginning to materialise now.

The second key issue was to make sure that, in this devolved region, the clinicians had a mechanism by which they could cross the regions and still connect around clinical domains such as cardiology, respiratory, or whatever. So we have created the Commission on Excellence and Innovation in Health, which will not only provide the mechanisms to re-establish clinical networks and capitalise on the research and opportunities which are coming with continuous development but also will make sure the regions are quite harmonised across the regions. The commission is also focusing on the opportunities that come with digital health.

A couple of other things we have done in this structure are that we have essentially made sure that the critical role of the Chief Psychiatrist and director of mental health services reports directly to the chief executive so that the fundamental importance of mental health is recognised. I would put it to you that there is probably not much redefining society today more than technology, yet technology was buried down in the organisation, so we have elevated the head of digital health to be a direct report to the chief executive as well. That, I hope, creates a department that is well positioned to deliver the health services we need in the future in line with the government's priorities.

Mr PICTON: I refer to Budget Paper 5, page 52, regarding the public car parking fee structure. Minister, how many staff of the Department for Health and Wellbeing, as opposed to the LHNs, have a car park included as part of their salary package?

The Hon. S.G. WADE: I need to take that question on notice.

Mr PICTON: How many of your staff, minister, have access to a car park as part of their salary package?

The Hon. S.G. WADE: I need to take that on notice.

Mr PICTON: Is it true that the *Gazette* lists James Murphy, Greg Westenberg, Narelle Hards, Karen McColl, Anna Tree, Jonathan Nicholls—members of your staff—as having access to a free car park?

The Hon. S.G. WADE: The honourable member refers to a document. From past experience, I have no reason to believe what he says, so I will need to take that on notice.

Mr PICTON: Minister, do you pay for your car park in the city?

The Hon. S.G. WADE: I am not aware that I pay for my car park in the city.

Mr PICTON: You would know if you were paying for it, would you not?

The Hon. S.G. WADE: I refer to my previous answer.

Mr PICTON: Does the chief executive pay for his car park in the city?

The Hon. S.G. WADE: I will take that on notice.

Mr PICTON: Do any Department for Health and Wellbeing staff, or do your ministerial staff, undertake any night shifts?

The Hon. S.G. WADE: I am well aware that my staff and I and members of the department work long hours.

Mr PICTON: Do you believe that it is more deserving of people who are executives in the department or ministerial advisers to have access to free car parks at the same time that you are putting up car parking rates by 130 per cent for nurses, cleaners and other hospital staff?

The Hon. S.G. WADE: What I am aware of is that under this government there are fewer ministerial staff than there were under the former government. The honourable member's line of questioning highlights yet again the shameless hypocrisy of the current opposition. They do one thing in government and then criticise this government for continuing practices that they started. What I can assure the honourable member is that there will be fewer ministerial car parks under this government because there are fewer ministerial staff.

Mr PICTON: Minister, is it not true that, according to the budget papers, you have increased the staff in your own office from 12 FTEs last year to 17 FTEs this year?

The Hon. S.G. WADE: My ministerial office has had an increase of two FTEs this financial year as a result of the redistribution of our staff within ministerial offices within the Marshall Liberal government. In that process, there has not been an increase in ministerial staff.

Mr PICTON: Minister, do you still stand by your comments in February 2018 that hospital car park fees represent 'a significant financial burden on many patients, carers and relatives at what is often a very difficult time', an 'unnecessary stress' and your concerns about, 'Trying to complete a

hospital visit within a strict time line can interfere with a person's capacity to support a loved one? You would know. You do not need to check a briefing if you still agree with that statement, do you?

The Hon. S.G. WADE: The Marshall Liberal team in opposition was very concerned about the lack of sensitivity of the former Labor government, particularly to long-stay patients. You saw that most starkly at the Royal Adelaide Hospital, where weekly car parking fees at the RAH had been \$65 per week. For people making regular lengthy visits to family or friends or for patients who needed to make repeated visits, that was a real impost.

The government, on its election, undertook a review. One of the things that this review highlighted was that exemptions did not apply at the Women's and Children's Hospital. As a result of the review that was undertaken, the Women's and Children's Hospital has commenced to implement car parking exemptions for eligible consumers. Also, the government reduced the weekly car park fees at the Royal Adelaide Hospital, the weekly pass, to that comparable with other hospitals.

Consistent with our concern for long-stay repeat patients and people who are visiting them, existing exemption arrangements at all metropolitan hospitals have been broadened to include not only patients but also parents or carers of a baby or a young child patient. Patients or parents or carers of a baby or a young child patient who are required to attend the hospital for clinical reasons at least once a week for a period of at least four weeks are eligible for exemption. This includes patients in palliative care, paraplegic, quadriplegic, chemotherapy, radiotherapy and renal patients.

Other patients, relatives or carers may be eligible for car parking exemptions, subject to the approval of the Health facility manager (or delegate). Volunteers approved by the health facility manager are also exempt. These are important expansions of exemptions to make car parking more affordable to those on whom it falls most heavily.

Mr PICTON: Minister, did you consult with any nurses, cleaners or other staff before you decided to increase their car parking costs by 129 per cent?

The Hon. S.G. WADE: I think the committee would be well minded to remember that the former government—

Mr PICTON: I am sorry, I was not asking about the former government. I was asking if you consulted with anybody.

The Hon. S.G. WADE: The former government established the car parking rates and failed to increase them in relation to public car parking since 2011.

Mr PICTON: So we should have hiked up parking rates, you think?

The Hon. S.G. WADE: In relation to staff car parking, it is the government's view that we need to ensure that we properly balance demand in supply in car parking so that it makes good sense to have well-functioning precincts and to make sure that public transport is a viable option, too, for access. Staff car parking fees have been aligned more closely with the cost of public transport. The government needs to continue to raise revenue to invest in car parking facilities. We saw that commitment in the Lyell McEwin Hospital announced this week.

Mr PICTON: You just took that out of the \$52 million for the ED upgrade we just heard—there is no extra money.

The CHAIR: Order!

The Hon. S.G. WADE: The government will continue to fund car parking, and for that matter the ongoing operation of those car parks through sensible revenue measures, both in relation to public car parking and in relation to staff car parking.

The CHAIR: The member for Newland has the call.

Mr PICTON: He wasn't even seeking it—you startled him.

The CHAIR: He was seeking the call.

Dr HARVEY: I have a very important question relating to Budget Paper 4, Volume 3, pages 13 and 25. Could the minister update us on the progress that has been made to provide more people with care closer to home and ease pressure on our busy emergency departments?

The Hon. S.G. WADE: I certainly will. The Marshall Liberal government is committed to providing South Australians with care closer to home and to provide more support for people to stay well and out of hospital. Earlier this year, we launched three innovative home hospital pilot programs in the northern, southern and central local health networks.

These three pilot programs have helped free up hundreds of hospital bed days by providing home or community care to a total of 660 patients. The programs have prevented dozens of presentations to emergency departments and hospital admissions, providing much-needed relief for our busy hospital staff and busy EDs. The pilots have shown that receiving care at home or in the community is embraced by patients and delivers high-quality sustainable care.

For older patients, a hospital stay often worsens their overall condition. It may disrupt their routine and sleep, reduce access to family and friends and involve prolonged bed rest, which can rapidly decrease muscle strength. Receiving care in a familiar and comfortable surrounding benefits a patient's wellbeing.

The South Australian health system is currently one of the most expensive systems in Australia, on average operating above the national efficient price. In order to create a more sustainable health system, we need to move towards a system that provides safe, high quality but lower cost alternatives to hospital care. I would ask the CEO to give us advice on the progress of the pilot projects.

Dr McGOWAN: I thank the minister. There are three major projects we are running, which are quite exciting. In the north we have a program run by a group called Pop-Up, and it has essentially found the frequent flyers or frequent presenters to the emergency department. These are often people with very complex needs and they often have not had a general practitioner to support them. Essentially, they work with those people to connect them with a general practitioner and to provide them with the support they need.

So far they have 216 patients enrolled, 153 actively today; 63 of those patients have been discharged, but there is a lot of evidence to indicate that maybe up to 45 presentations a day might be avoided by that service alone. We are continuing to do an evaluation of all of these, but particularly of that one to validate that. But it seems like a pretty important role in helping people keep away from the hospital and getting the primary and preventative care they need.

In the south, RDNS is working with the Southern Adelaide Local Health Network to again connect with people who have either been in hospital too long and cannot get out without support, or get people from the emergency department straight into the community. As of Wednesday, 434 patients had received care under that pilot, most of them aged over 65; 230 of those referrals having come straight from the emergency department, so you can pretty much assume that those people are saved admissions; and 204 referrals from the inpatient unit, again indicating that they probably got out earlier. With these programs, 85 per cent of them have indicated that they prefer to get that care than be admitted to hospital. It is saving pressure on our hospitals and giving people better care.

Mr PICTON: On the same budget line, Budget Paper 5, page 52, minister, do you have any sympathy for nurses or cleaners facing this extra \$725 a year with your car park fee increase?

The Hon. S.G. WADE: The honourable member continues to highlight the impact on staff—

Mr PICTON: Yes, get used to it; we are going to do a lot of it.

The Hon. S.G. WADE: —and what I think staff appreciate is that they want to have affordable car parking, but they also need to have it accessible. If the government does not maintain management of the car parking which balances supply and demand, what will happen is that the car parks will be overwhelmed by other users. Let's remember where some of our facilities are. The Royal Adelaide Hospital is a relatively short walk from the CBD. If we do not maintain a credible pricing structure for the hospital, staff and patients will not—

Mr PICTON: You are increasing the other hospitals more than the RAH.

The Hon. S.G. WADE: —be able to get access to car parks when they need them. Likewise, the Flinders Medical Centre is going to be the beneficiary of the Flinders Link facility, which is going to make it extremely convenient for people to access that precinct. There is real concern that, if we do not maintain proper arrangements for our car parking, people will not be able to get car parks when they need them.

Mr PICTON: Do you think that a nurse who finishes a night shift at 11 o'clock at night at the Lyell McEwin Hospital or Modbury Hospital has any other choice but to get home by driving their car that they have parked in the car parks that you operate where you have increased the fees by \$725 a year—a real wage cut for those low-paid staff?

The Hon. S.G. WADE: The government and the local health networks will continue to work with their employees to make sure that there are transport and car parking arrangements that meet their needs. When I was at the Lyell McEwin on Wednesday, I discussed with staff then the arrangements that are in place to make sure that staff can access the car parks safely. There are arrangements such that security guards can accompany staff when needed. So we are mindful of the fact that health does involve shift changes in the after-hours context, and that will be part of local health network planning—as it always has been, it always will be.

Mr PICTON: Minister, previously you said that the new car park at The QEH would open mid-2019. I would say it is now past mid-2019. When will that open and when will the change to the two hours free end at The QEH?

The Hon. S.G. WADE: The honourable member's question reminds me again of the shameless hypocrisy of the Labor government. It was the—

Mr PICTON: Maybe you could just answer the question.

The CHAIR: The minister is answering the question, member for Kaurna.

The Hon. S.G. WADE: It was the former Labor government that established the practice of not having the first two hours free in multideck car parks. That is a practice that has continued under this government. I do not—

Mr PICTON: When is it opening?

The Hon. S.G. WADE: I do not think it is completely correct to say that all car parks at The QEH—the at-grade car parks—will be removed, but I will take that on notice. I think there is a relatively small number of at-grade car parks which, on my understanding, would continue to be free. I am advised that the opening of The Queen Elizabeth Hospital multideck car park is scheduled for September.

Mr PICTON: I refer to Budget Paper 4, Volume 3, page 13, ministerial office. Can the minister advise whether Ms Georgina Downer ever wrote to him advocating for an upgrade to the Mount Barker emergency department prior to 1 February 2019?

The Hon. S.G. WADE: My office and I spoke with the candidate for Mayo and, for that matter, local state members in the area in the context of the Community Health and Hospitals Program. That was announced by the Prime Minister on 11 December. The commonwealth formally wrote to SA Health on 24 December and the submissions were due on 31 January. As I said, my office and I had discussions with the local Liberal members, the priority projects were then incorporated into the draft grant application and the submission was made on 31 January.

Mr PICTON: So there was no letter from Ms Downer; it was just a discussion that your office had with her?

The Hon. S.G. WADE: As I said, my office and I spoke with the Liberal candidate for Mayo, Georgina Downer, and local state members. That was very useful and our submission to the program was very successful.

Mr CREGAN: If I can take the minister to Budget Paper 4, Volume 3, page 39, Sub-program 2.5: Barossa Hills Fleurieu Local Health Network. Can the minister outline to the

committee the scope of services to be provided for dialysis patients at the Mount Barker District Soldiers' Memorial Hospital?

The Hon. S.G. WADE: I thank the honourable member for his question. The government is delighted to be improving the services at the Mount Barker District Soldiers' Memorial Hospital with the installation of three haemodialysis chairs. This will mean that local renal dialysis patients have access to life-changing services closer to home.

I was delighted that the honourable member was able to join me in visiting the hospital recently. The community is excited that local patients receiving dialysis treatment in the Hills area will be able to get that at Mount Barker, rather than needing to travel to Murray Bridge or Adelaide. Up to 12 patients each week will be able to receive the treatment in the dual-purpose chemotherapy and haemodialysis unit. The unit will be delivered with an \$800,000 investment. We know that treatment for kidney failure is a stressful time for patients and this new service removes the added pressure for treatment and enables them to receive their care closer to home.

In terms of services to the people of Mount Barker, we certainly appreciate the growing demands on the area and are working to expand the paediatric services provided at that hospital in accordance with our election commitments. Mount Barker is the third largest birthing hospital in country South Australia, with more than 500 births annually.

We are continuing to work with the local hospital network and the hospital in a service planning process with input from local general practitioners, the health advisory council, staff and stakeholders. The service planning process has identified paediatric services as a priority for expansion.

Mr PICTON: Same item as before: page 13 of Budget Paper 4, Volume 3. As the minister was the decision-maker in relation to the FOI in relation to correspondence with Georgina Downer, why did you decide to omit large portions of the document that had been sent by your chief of staff, Mr James Murphy, to Ms Georgina Downer?

The Hon. S.G. WADE: A number of the elements of the document related to unsuccessful projects that we are continuing to advocate for. It is in the interests of this state that we maintain good relations with other governments, so in accordance with the FOI Act those decisions were made.

Mr PICTON: Minister, if the document is so sensitive that there would be issues for the state with its release, have you or your office now asked Ms Downer to return the document to your office?

The Hon. S.G. WADE: The honourable member fails to appreciate the different contexts in which the two documents were provided. One was to a Liberal candidate when an active grant round was underway. We provided her with a letter—a copy of a letter that had already gone to her federal ministerial colleague—and it was in South Australia's interests that I would seek the support of a member of the Liberal team to advocate for those grant bids. She had lobbied for a number of the projects. We wanted her continued support to secure the money. Having a federal Liberal lobby a federal Liberal minister makes strategic sense.

It makes no strategic sense to now provide in an FOI and therefore put into the public domain the details of projects that we are trying to work with the commonwealth to fund. We believe that the FOI Act was appropriately applied.

Mr PICTON: I am sure that was the answer to some question, but it was not an answer to my question. My question is: given that Ms Downer was not elected; she is no longer a candidate in the Liberal team, as though that has some particular status; she is a private citizen, with no attachment, no potential of being elected anytime soon; and the minister has outlined that these are particularly sensitive documents and that it is in the state's interest that they not be disclosed, has the minister now asked Ms Downer to return the documents to his office?

The Hon. S.G. WADE: I have nothing to add to my previous answer.

Mr PICTON: So you have not asked her to do that?

The Hon. S.G. WADE: I have nothing to add to my previous answer.

Mr PICTON: Was the same document or any other cabinet documents or cabinet submission attachments sent to Mr James Stevens?

The Hon. S.G. WADE: I refute the implication in the statement, which is that this was a cabinet document. What was sent to Ms Downer was a letter with two attachments that were—

Mr PICTON: Listed as cabinet submissions.

The Hon. S.G. WADE: The letter had already been provided to the federal Liberal minister. The documents were not cabinet submissions. The whole purpose of the cabinet submission was to sign off on my grant application. The cabinet submission included attachments that were destined to be attachments to the grant application. The letter that was provided to Ms Downer, as I said, had already been sent to the commonwealth minister.

Mr PICTON: My question is in relation to Budget Paper 4, Volume 3, page 26, Central Adelaide Local Health Network. I refer the minister to the CALHN organisational and financial recovery documents, particularly the January activity summary which lists that KordaMentha during January—

The CHAIR: Sorry, Member for Kaurana, I am just try to find it—page 26?

Mr PICTON: Sorry, yes, page 26, Central Adelaide Local Health Network.

The CHAIR: Which dot point?

Mr PICTON: Sub-program 2.1.

The CHAIR: Wonderful, thank you.

Mr PICTON: One of the listed highlights or key activities in January for KordaMentha was discussions with Treasury regarding the TVSP program. What is the nature of the TVSP program that is discussed in this document?

The Hon. S.G. WADE: This is a matter that is in the hands of the Central Adelaide Local Health Network rather than the department, but our understanding is that CALHN management and the board, in discussion with KordaMentha, are looking at separation options that are available to them.

Mr PICTON: How many separations are being foreshadowed as part of that?

The Hon. S.G. WADE: I am happy to take that on notice, but I would be very surprised—

Mr PICTON: I have another question. Budget Paper 1, page 3, \$550 million for the new women's and kids: what is the outline of that funding over the forward estimates?

The CHAIR: Alas, minister, the time has expired for the answering of questions. Perhaps you could take that on notice and reply to the house. There being no further questions, I declare the examination of proposed payments for the portfolio SA Health completed.

Sitting suspended from 16:00 to 16:14.

Departmental Advisers:

Dr C. McGowan, Chief Executive, Department for Health and Wellbeing.

Ms M. Bowshall, State Director, Drug and Alcohol Services SA, Department for Health and Wellbeing.

Dr J. Brayley, Chief Psychiatrist, Department for Health and Wellbeing.

Ms L. Dean, Chief Executive Officer, Wellbeing SA, Department for Health and Wellbeing.

Mr J. Woolcock, Chief Finance Officer, Department for Health and Wellbeing.

Mr B. Hewitt, Executive Director, Infrastructure, Department for Health and Wellbeing.

Mr M. Bandick, Director, Drug Policy and Population Health, Drug and Alcohol Services SA, Department for Health and Wellbeing.

Mr A. Knez, Manager, Executive Services and Projects, Department for Health and Wellbeing.

The CHAIR: Noting the time, we will finish at 6.14. I would like to move to SA Health, Mental Health and Substance Abuse. The minister appearing is the Minister for Health and Wellbeing. The estimated payments are for the Department for Health and Wellbeing and the South Australian Mental Health Commission. I declare the proposed payments open for examination and refer members to Agency Statements, Volume 3. Minister, if there has been a change of advisers, could you please reflect that for the committee?

The Hon. S.G. WADE: Thank you, Mr Chair. I am happy to do so. To my left is Dr Chris McGowan, Chief Executive, Department for Health and Wellbeing; and Ms Marina Bowshall, State Director, Drug and Alcohol Services SA. To my right is Dr John Brayley, the Chief Psychiatrist.

Also with me today are Lyn Dean, Chief Executive Officer, Wellbeing SA; Mark Bandick, Director, Drug Policy and Population Health, Drug and Alcohol Services SA; Jamin Woolcock, Chief Finance Officer; Mr Brendan Hewitt, Executive Director, Infrastructure; and Mr Andrej Knez, Manager, Executive Services and Projects.

The CHAIR: Thank you, minister. Do you have an opening statement?

The Hon. S.G. WADE: No.

The CHAIR: Then I will call on the member for Karna.

Mr PICTON: My question refers to Budget Paper 4, Volume 3, page 22, the South Australian Mental Health Commission. Minister, where is the Mental Health Commissioner, whose budget is subject to this hearing of estimates?

The Hon. S.G. WADE: There is only one witness appearing here today and that is me. I bring some advisers. I do not bring all my advisers.

Mr PICTON: Is it not pretty important to have the commissioner when the commissioner's actual budget is up for debate and scrutiny by this committee?

The Hon. S.G. WADE: There are a lot of officers, a lot of executives right through the health network who are also not here today.

Mr PICTON: Did you ask the Mental Health Commissioner to not come to estimates today?

The Hon. S.G. WADE: No, I did not.

Mr PICTON: Did the Mental Health Commissioner volunteer not to come to estimates today?

The Hon. S.G. WADE: I will have to take that on notice. My understanding is that the commissioner might well be interstate on other duties, but I am happy to take that on notice.

Mr PICTON: Is there a representative from the commissioner's office here today?

The Hon. S.G. WADE: Mr Chair, I would like to remind the committee that ministers are entitled to bring advisers to these meetings. Of the 40,000 employees I have, I certainly do not bring them all. I have brought those who might assist. As in the previous session, from time to time I will have to take questions on notice, but I am happy to answer questions on the budget. I thought this was an opportunity to ask questions on the budget, rather than asking questions on how I organised my day.

Mr PICTON: Why did you invite the Mental Health Commissioner not only to come to last year's estimates—

Mr CREGAN: Point of order.

Mr PICTON: —but to give evidence—

The CHAIR: Order! There is a point of order. Member for Kavel.

Mr CREGAN: The question is in the nature of argument. It is also repetitive, and it is possibly not relevant to any budget line item.

Mr PICTON: Point of order: the Mental Health Commissioner—

The CHAIR: Member for Kurna, I actually have not ruled on the member for Kavel's point of order before you raise a point of order. I was probably going to rule in your favour, but because you interrupted my deliberations, I am going to throw to the member for Kavel, who probably has a question.

Ms Cook interjecting:

Mr CREGAN: Thank you, Mr Chair.

The CHAIR: The member for Hurtle Vale, you can have an early minute if you keep that up.

Mr CREGAN: I take the minister to Budget Paper 4, Volume 3, pages 30 to 33. Could the minister please explain what the fixated threat assessment centre initiative is?

The Hon. S.G. WADE: I thank the honourable member for his question. The Marshall Liberal government has funded the establishment of a fixated threat assessment centre to mitigate mass casualty terrorism events by lone actors and others, mass casualty events in schools and assassination attempts on dignitaries. Whilst these are low likelihood events, they can be catastrophic events.

The South Australian fixated threat assessment centre will provide a coordinated evidence-based approach, using agreed assessment tools and the input of forensic psychologists, forensic psychiatrists and specialist mental health nurses to support sworn police officers.

The initial focus will include the following groups: firstly, persons fixated with undertaking terrorist acts but without that threat being linked to an underlying ideology; youths fixated with undertaking mass casualty attacks on schools; and persons who may pose a fixated threat to South Australian dignitaries. Considering the Chief Psychiatrist's involvement in this work, I will ask Dr Brayley whether he had any thoughts to add.

Dr BRAYLEY: The minister has referred to the professional composition of the team: the half-time forensic psychiatrist, there is a full-time forensic psychologist, and two specialist mental health nurses. The funding also supports an analyst for SAPOL. Given the significance of the initiative, the decision was to establish a centre rather than a panel. Originally, we were going to have a virtual panel but it has become a centre. The most recent planning discussions have had the centre to be located with sworn officers from the state protective security branch within SAPOL, so it would be based with them.

Back on 16 July, the Department of the Premier and Cabinet organised a fixated threat assessment capability round table with representatives from WA, Northern Territory, ACT and Tasmania, and they heard work that Victoria was presenting, because Victoria has had a leadership role in this area. The budget for this in 2019-20 is \$602,000.

Mr PICTON: Same budget line, Budget Paper 4, Volume 3, page 22: South Australian Mental Health Commission: how much of the Mental Health Commission's \$2.1 million budget will be transferring to the Department for Health and its subset of Wellbeing SA?

The Hon. S.G. WADE: The honourable member's question is based on a misnomer. First of all, Wellbeing SA is not part of the department. Over the next year, it will be an attached unit. The Mental Health Commission is also an attached unit. I want to make it clear that the reorganisation of mental health services, as a result of the governance review earlier this year, will see no diminution of investment in mental health. The government commissioned a mental health governance review by Aspek Consulting, from which the government prepared an interim government response.

The review and the response went out for community consultation and there was significant feedback in relation to the proposals in relation to the Mental Health Commission. It would be fair to say that the primary concern was about the engagement of lived experience. In terms of the health promotion and preventive elements, it makes eminent sense that Wellbeing SA, which is a whole-of-person prevention and primary health agency, was a logical location for mental health

prevention and primary care, and that, as proposed by the review, it made sense for those services to be delivered in concert with Wellbeing SA.

Mr PICTON: Point of order, Chair: my question was very specific in terms of the \$2.1 million budget. This is budget estimates. I am wondering if the minister can turn to what is happening with that \$2.1 million?

The CHAIR: Member for Kaurana, I am listening to the minister. It is very germane. He is talking about the issues that you have asked and, as far as I am concerned, he can continue.

The Hon. S.G. WADE: The other elements of the consultation response, which the government has responded to, are the need to strengthen the lived-experience focus of the commission and to maintain a mental health lived experience and peer worker focus, the codesign capacity within the Mental Health Commission, and so on.

In response to community consultation, the government's final response amended our response to recommendation 5. It saw the health and preventive elements going to Wellbeing SA and the lived-experience element being strengthened in a Mental Health Commission that will be expanded. It will now include three commissioners—a full commissioner and two part-time commissioners—and there will be an open call for positions. People with lived experience of mental health, as either a consumer of services or a carer, will be encouraged to apply.

Primarily, the resources that are currently budgeted to go to the Mental Health Commission will be primarily allocated between the Mental Health Commission and Wellbeing SA. There may well be some resources that are transferred to the Office of the Chief Psychiatrist, but, as I said, the resources will continue to be dedicated to mental health. The final budget allocations between those three agencies will become clear, particularly as the future shape of the Mental Health Commission and the future shape of Wellbeing SA are clarified in the months ahead.

Mr PICTON: On the same budget line, has the minister been satisfied with the performance of the Mental Health Commissioner, Mr Chris Burns?

The Hon. S.G. WADE: I have huge respect for Chris Burns. Not only is he a highly regarded veteran but the work that he has done in the commission, particularly in developing the strategic plan, have been important milestones in our journey. I particularly appreciate the environment he was working in. He had a government, when he was first appointed, which had let the previous Mental Health Services Plan lie unresponded to. In other words, basically there has now been a seven-year hiatus between the last Mental Health Services Plan—

Mr PICTON: Don't worry, we are getting to that.

The Hon. S.G. WADE: —and the one that is currently under development. So I appreciate the commissioner had a hard context environment in which to operate.

Mr PICTON: Given the minister's respect for the Mental Health Commissioner and the work that he has done, will he be continuing in the role as the South Australian Mental Health Commissioner?

The Hon. S.G. WADE: It is completely up to the commissioner to decide whether he wants to be part of the new Mental Health Commission. As I said, there will be an open call for positions and I would be pleased if Mr Burns wanted to put his name forward.

Mr PICTON: Why will he not just be reappointed?

The Hon. S.G. WADE: This is a government that respects due process.

Mr PICTON: Will the new Mental Health Commissioner, whoever he or she may be, continue the same status as a senior member of the executive service, that is, with a contract with the Premier of South Australia?

The Hon. S.G. WADE: I must admit that I have not turned my mind to the contract. What was more important to consumers and carers in the feedback I was getting was their reporting lines, and one thing that was clear in the consultation was that the community wanted the Mental Health Commission to have a direct reporting line to the minister and that will happen.

Mr PICTON: So the Mental Health Commissioner will not report to the head of Wellbeing SA, but will report to the minister?

The Hon. S.G. WADE: I was saying the Mental Health Commission collectively. I would like to stress that this is an expanded and enhanced commission that the government will be establishing. As a commission, they will have a direct reporting line to the minister. In terms of the secretariat function, the secretariat function will be based within Wellbeing SA, and my understanding is that the officers of the secretariat would answer to the commission on commission matters and answer to Wellbeing SA in relation to other matters.

Mr PICTON: Who will the commissioner report to? To the minister or to the CEO of Wellbeing SA?

The Hon. S.G. WADE: My understanding is that as the head of an attached unit, the Mental Health Commissioner would not report to the head of another attached unit, which is Wellbeing SA. I have nothing more to add.

Mr PICTON: So the Mental Health Commissioner is reporting to the minister or to the CEO of Wellbeing SA?

The Hon. S.G. WADE: I have nothing to add to my previous answer, which is that the Mental Health Commission will report to me; they do not report to the head of Wellbeing SA.

Mr PICTON: Last year, the minister indicated that there would not be any changes to the Mental Health Commission. What has changed his mind over the past 12 months?

The Hon. S.G. WADE: I have no intention of answering that question because it is a direct misrepresentation of the statement I made.

Mr PICTON: In terms of the governance report that the minister outlined, which South Australian stakeholders were consulted during the consultant's drafting of the mental health governance review?

The Hon. S.G. WADE: Consultation is very important in mental health reform. That is why the government released the review, with its draft interim response, and undertook consultation on that. The government responded to the consultation in the final response. South Australian mental health consumers can see the sincerity of the government in terms of community engagement because we have substantially revised recommendation 5 in response to the community consultation.

Mr PICTON: Over the past nine months, has the Mental Health Commissioner given you any advice about his concerns about your proposed changes to the Mental Health Commission?

The Hon. S.G. WADE: Yes, the Mental Health Commissioner was clear that he did not support recommendation 5. As it went out to consultation, it was clear that he was not alone.

Mr PICTON: Since your revised changes to that plan to keep it but connect it to Wellbeing SA, has the Mental Health Commissioner raised any concerns with you about that proposal?

The Hon. S.G. WADE: I do not recall the Mental Health Commissioner communicating with me on the final response, other than in broad terms, which is that he welcomed the continuation of the Mental Health Commission. In detail, I will need to take that on notice.

Mr PICTON: Are you aware of anybody who has expressed concerns regarding the poor consultation following the release of that Aspex Consulting report into mental health governance?

The Hon. S.G. WADE: I am not sure which period the honourable member is talking about. Is the honourable member talking about the consultation—

Mr PICTON: After the report was released.

The Hon. S.G. WADE: There were certainly concerns about the consultation method, but there are a lot of opinions about consultations. I find a lot of people are frustrated about consultations that lack a focus. One thing that can be clear from this consultation is, by having a mental health

governance review report and the draft interim response, the community was able to clearly express its views because it had a clear proposal to respond to.

I believe the fact that the government engaged the community, listened to the community and responded to the community means that we will have a better, more robust mental health governance framework going forward.

Mr PICTON: Minister, are you aware of an online video called *How to Spot a Bad Consultation*, which was shared in April 2019?

The CHAIR: Member for Kaurua, I have given a lot of latitude; I am just not quite sure in which budget paper and line item that appears.

Mr PICTON: It is the same line item, in terms of the Mental Health Commission.

Ms Cook interjecting:

The CHAIR: Thank you for your assistance, member for Hurtle Vale, but I am not sure if it does.

Mr PICTON: I am sure the minister is happy to answer.

The CHAIR: The minister can answer if he chooses, but that question is very out of order.

The Hon. S.G. WADE: I would make the comment I made before, which is that there are lots of opinions about consultation. The proof of the pudding is in the outcome. In spite of some scepticism that the government was willing to change its proposal, the fact that we have substantially reformed the original model demonstrates that that scepticism was unfounded.

Mr PICTON: Minister, are you aware that the video *How to Spot a Bad Consultation* references the consultation organised—

The CHAIR: Member for Kaurua, I have already ruled on that.

Mr PICTON: If you let me finish the sentence, Chair—

Ms COOK: You let him go.

Mr PICTON: —you will find that it has direct relevance to the budget papers.

The CHAIR: Member for Hurtle Vale, you really want to go home early, don't you? Then we all have to come back at 9.30 on Monday. It would really annoy your shadows on Monday if they could not participate fully in estimates.

Mr PICTON: We can come back tomorrow.

The CHAIR: No.

Mr PICTON: It says 'the next day' in the standing orders so that would be tomorrow, Saturday.

The CHAIR: Monday is the next scheduled day of sitting. What is your question, member for Kaurua?

Mr PICTON: My question is: in regard to the consultation held about the Mental Health Commission and its abolition following the release of that consultants' report, are you aware that concerns were raised online that SA Health staff, executives and policy officers were there to set up but then left and did not actually participate in the consultation itself?

The Hon. S.G. WADE: If the honourable member is concerned that some staff were involved in preparation for the meeting but did not stay for it, I am happy to take that on notice, but it sounds rather petty to me. The fact of the matter is that lots of people in SA Health have lots of different roles. SA Health and, for that matter, other members of the department and the wider portfolio were engaged in the consultation. I believe that it was a robust consultation. The fact that the government substantially reformed its position demonstrates that it was a successful consultation.

Mr PICTON: My question relates to Budget Paper 4, Volume 3, page 25, health services. How closely do you as minister or the department monitor the number of mental health patients waiting over 24 hours for a bed in emergency departments?

The Hon. S.G. WADE: I thank the honourable member for his question. The department, and particularly the Office of the Chief Psychiatrist, monitor such indicators. I must say that it is very pleasing to see that the latest rate for the proportion of mental health patients who were waiting longer than 24 hours has fallen. In June, it was 8.5 per cent, which is in fact the lowest rate in eight months. That is particularly pleasing considering the high demand that we have been experiencing through summer and with the large flu season.

We are determined to continue to see improvement in that important area of timely delivery of care. In that context, we are hopeful and optimistic that the opening of the 10 forensic mental health beds at Glenside will help to continue that positive trend. I am sure that part of the positive trend is related to the work of the court diversion service strategy. Considering his key role in rolling that out, I ask the Chief Psychiatrist to explain how the court diversion service strategy has helped improve the reduction in the number of mental health patients staying for more than 24 hours.

Dr BRAYLEY: Certainly, minister. Regarding the court diversion strategy, the concern had been the number of forensic outlier patients in community beds. The community bed number is modelled on the needs of the community. Back in February of this year, we were up to 15 forensic patients who were either in an ED or in an acute community unit. The forensic court diversion began in March and since then, through to June, the figure dropped to 7.8 forensic outlier patients. This reflects the number of orders that are avoided when people are assessed and referred to mental health teams and information is given to the court.

This reduction is important because 10 new forensic beds were opened with the aim of addressing this overflow of people who are forensic patients into the community beds. If it was not for the initial reduction calls by the court diversion service, we would not have had enough capacity with our 10 beds to be effective. In the last week, there have been four forensic overflow patients in community beds.

Mr PICTON: On the same budget line, given that the minister gave the stats before for June, I am wondering if you can outline how many patients in the calendar year 2019 have waited over 24 hours for a bed in emergency departments, and what proportion is that?

The Hon. S.G. WADE: Is the honourable member asking me the number of patients from 1 July 2018 to 30 June 2019 and what proportion of patients that is?

Mr PICTON: If that is the format in which you have it, I am happy to have it. If not, then the calendar year 2019.

The Hon. S.G. WADE: I was trying to understand the honourable member's question. I presume, therefore, that you have confirmed that and I will take that on notice.

Mr PICTON: So you do not have that information in front of you? There is not a table in front of you with that information on it?

The Hon. S.G. WADE: I said I would take that on notice.

The CHAIR: The member for King is nodding at me intently.

Ms LUETHEN: I refer to Budget Paper 4, Volume 3, pages 19 and 20. Could the minister explain what he has done to improve services for older South Australians living with enduring mental illness following the shameful legacy left behind by the former Labor government?

The Hon. S.G. WADE: I would like to thank the honourable member for her question. Honourable members will recall that there were two significant reports into older persons mental health services in response to Oakden. One was by the Chief Psychiatrist and one was by the Independent Commissioner Against Corruption. The South Australian government is implementing a number of measures to protect our most vulnerable people. We are reforming the state's mental health services for older people and making improvements to governance, monitoring, infrastructure, safety and quality and the mental health workforce.

The state government is committed to protecting South Australia's most vulnerable by strengthening powers to investigate allegations of abuse or neglect and restoring open and accountable government. Primarily, we are doing it through the changes to the Independent Commissioner Against Corruption legislation. The state government accepted all six of the Chief Psychiatrist's recommendations and all 13 of the commissioner's recommendations, and SA Health has taken on oversight of the implementation of the recommendations. I will ask the Chief Psychiatrist whether he might elaborate on that.

Dr BRAYLEY: Thank you, minister. In terms of the initial recommendations coming out of former chief psychiatrist Aaron Groves' report, that of course is leading to the older persons mental health reform currently underway. We have work underway for the 18-bed tier 7 dementia unit at the Repat site. There is a committee that I am chairing that is developing the model of care for that new facility.

It will also consider how it interfaces with other specialist dementia care units for people with tier 5 and 6 dementia and issues of staffing, culture and standards of care. That work is currently underway. We also have a rollout of rapid access teams, psychogeriatric teams that will go into residential aged-care facilities to provide assessment, advice and support. That is basically starting in 2019-20.

In terms of commissioner Lander's ICAC report, a preliminary response was published in March of this year and we are about to present a completed report to the minister. This work will address governance roles, responsibilities and local health network training for SLS. Already there has been an increase in the number and frequency of Chief Psychiatrist inspections and a particular focus on unannounced inspections.

A review of community visitor training and qualification requirements will be included in that report. Mr Julian Gardner from Victoria, the inaugural public advocate from Victoria, was asked to do that work, as well as looking at our functions and resources and assets generally, amongst other recommendations that were in the ICAC report. There is a range of specific actions involving our systems generally but also particularly the Office of the Chief Psychiatrist and the Community Visitor Scheme.

Mr PICTON: In relation to the same budget line, Budget Paper 4, Volume 3, page 25, health services, the same subject: the report that was just mentioned by the Chief Psychiatrist was previously due to be delivered to the chief executive before 30 June. Was that delivered to the chief executive before 30 June and, if so, will it be made public? Also, the preliminary report said that a review of the use of restrictive practices would be completed in early 2019 and an updated policy to be published in June. Has that occurred and, if not, why?

The Hon. S.G. WADE: If the honourable member is referring to the specialised aged-care reform program report which was due to be issued by the end of June, the answer is yes, it was delivered and it is available on the SA Health website.

Mr PICTON: No, that is not what I was referring to actually. I was referring to the final report following the Chief Psychiatrist's response report which he mentioned earlier this year. He said that he was due to give it to the chief executive soon but that previously it was promised before 30 June. The preliminary report from the Chief Psychiatrist also talked about a restrictive practice review which would be completed in early 2019, with an updated policy published in June, and that appears to not have occurred either.

The Hon. S.G. WADE: I understand that the ICAC update report will be provided to the chief executive most likely by the end of next month.

Mr PICTON: Question following Budget Paper 4, Volume 3, page 25, health services: has the government now established a plan for the rollout of the reduction in funding to mental health NGOs of \$6.8 million this year?

The Hon. S.G. WADE: SA Health has commenced the process of meeting with all current non-government organisations providing psychosocial services to negotiate funding agreement extensions to 30 June 2020, with a further option to extend services to June 2021. All NGO agencies

have received their service agreements for the first quarter of 2019-20 for signing, with 93 being executed as at mid-July.

Mr PICTON: When will the next quarter contracts be arranged?

The Hon. S.G. WADE: The department is engaging BDO advisory to help develop a pricing framework and model to support the transfer of funds as mental health consumers transition to the NDIS. As part of this process, BDO advisory will be consulting with a number of NGOs. I am advised that a meeting is scheduled in that context for early August.

Mr PICTON: When are you expecting a report from BDO in terms of what the funding for the next quarter should be, presumably the second quarter of this coming financial year?

The Hon. S.G. WADE: It is hoped that the BDO work might be completed by the end of August. Obviously, that would need to be considered.

Mr PICTON: Will that BDO report be made public?

The Hon. S.G. WADE: I doubt it. We do not normally make consultancy reports public.

Mr PICTON: Will that BDO report be shared with the NGO providers?

The Hon. S.G. WADE: I would just like to reiterate what I said in my earlier remarks, which is that SA Health has commenced the process of meeting with all current non-government organisations. I highlighted that BDO is consulting with a number of non-government organisations. The department has funded the Mental Health Coalition with, I think, two separate significant grants to help the transition, so we certainly intend that the BDO work will be a collaborative effort with the NGOs.

Mr PICTON: Minister, what is your response to the comments from Catherine House CEO, Louise Miller Frost, to the Social Development Committee, who said that she was assured by the Chief Psychiatrist that their existing level of funding would continue until June 2020?

The Hon. S.G. WADE: I am happy to take the question on notice. I have not read those remarks.

Mr PICTON: Minister, were any of the mental health NGOs advised at the beginning of this year by the government, by the Chief Psychiatrist, or anyone else in the department, that their funding would be continuing in the 2019-20 financial year?

The Hon. S.G. WADE: Anyone else in the department? With 40,000 staff, I will need to take that on notice.

Mr PICTON: What about the Chief Psychiatrist? Did he advise any of the NGOs?

The Hon. S.G. WADE: I am happy to take that on notice.

Mr PICTON: He is sitting right next to you.

The Hon. S.G. WADE: Mr Chair, there is only one witness here today.

The CHAIR: Indeed, and I will remind the committee of that.

Mr PICTON: How does the minister respond to the fact that Catherine House CEO, Louise Miller Frost, found out about the three-month contract when she opened the contract offer?

Ms COOK: Oops!

The CHAIR: Member for Hurtle Vale, no need to interject.

The Hon. S.G. WADE: The process of the rolling out of these contracts is challenging. There is no doubt about that, but this is a process that is the subject of a signed agreement between two governments, and one of the governments was a Labor government in South Australia that signed a bilateral agreement to fund the NDIS by providing for funding to be transferred from the state government to the NDIS to cover the services for those clients who are eligible to transfer to the NDIS.

Mr PICTON: Not many of them at Catherine House.

The Hon. S.G. WADE: It is shamelessly hypocritical for the Labor Party to brand this transition of funding as cuts because they are transitions that are laid out in a bilateral agreement that they signed. We appreciate that this is challenging. It is challenging for consumers, it is challenging for providers, it is challenging for the department, but it is completely unhelpful for the opposition to persist in fearmongering when what they should be doing is working with stakeholders and the government to make sure that this transition is as smooth as possible.

I welcome the commitments given by the Chief Psychiatrist in particular, and his team, to work with mental health organisations and with consumers to facilitate continuity of support. The process is, as I said, not without its challenges, but it offers in the long-term significant benefits for Australians living with psychosocial disability. We want to work with them to help them make the most of the NDIS to pursue their life goals.

Mr PICTON: Can you guarantee that no existing mental health clients or organisations like Catherine House will be left unsupported when these full reductions take place in the second quarter of this financial year?

The Hon. S.G. WADE: I reiterate what I just said, which is that the Chief Psychiatrist and his team have made contact with mental health organisations assuring them that SA Health will continue to work closely with providers to ensure that no South Australian is worse off as a result of the transition to the NDIS.

Mr PICTON: Are there any further funding reductions planned in the 2020-21 financial year?

The Hon. S.G. WADE: The advice available to me is that there will be the transition of funding this year. I am advised that we are not aware of further transition of funding in the next financial year—that is, 2020-21—but I will take that on notice and seek confirmation, because these are matters that also engage the Department of Treasury and Finance.

Mr PICTON: Are there any other mental health programs that are likely to be subject to reductions in funding over the next 12 months?

The Hon. S.G. WADE: I am not aware of any other reductions, but I will take that on notice.

Dr HARVEY: My question relates to Budget Paper 4, Volume 3, page 30. Could the minister outline any recent reforms to forensic health services?

The Hon. S.G. WADE: I thank the honourable member for his question. It highlights the importance of tackling forensic mental health as a particular cohort. As the Chief Psychiatrist mentioned in his earlier remarks, there was a significant increase in forensic mental health patients that was having a knock-on effect, if you like, on the broader health system. It was impacting on length of stay for other mental health consumers, and it was adding to the stress on emergency departments.

The honourable member's question highlights the importance of the changes to actually deliver appropriate mental health care to people with forensic mental health issues. The commissioning of the 10-bed secure inpatient forensic unit at Glenside, of course, will increase capacity but, very importantly, it will give us an opportunity to have a much better flow between the emergency departments and the other parts of the forensic mental health network.

The 10 forensic and Department for Correctional Services subacute rehabilitation patients have now moved from James Nash House into that 10-bed unit. Prior to opening the unit, minor capital works were completed and the Chief Psychiatrist's office inspected and approved the facility. I might ask the Chief Psychiatrist, who I know would do a much better job of explaining it to the committee, how the forensic mental healthcare pathway is improved by adding the Glenside campus facility.

Dr BRAYLEY: Currently, in South Australia, the forensic bed capacity is 70 beds, with 50 inpatient beds at James Nash House, the 10 inpatient beds at Glenside Hospital which have just been opened which will cost \$4.9 million this year to operate—\$20.35 million has been allocated over four years for their operation—and 10 residential step-down beds at Ashton House.

It has been a particular benefit because our Forensic Mental Health Service also caters for people who have a forensic disability, people with intellectual disability, brain injury and other disabilities that might have led to offending where people have been found not guilty by reason of mental impairment or unfit to plead. They are looked after in a unit called the Tarnanthi unit. Eight of the beds of these 10 beds bring together the forensic disability client cohort.

This then frees up beds at James Nash House for acute admissions which may be prisoners who have a mental illness or other forensic patients who need acute care. These people might otherwise have been going to emergency departments or into other wards. We have seen a link between the forensic outlier numbers and waits in emergency departments, so this is good for the patient group who are now at Glenside, with a particular focus on forensic disability. It creates more beds for forensic patients and has benefits for the community as well.

Mr PICTON: My question is in relation to Budget Paper 4, Volume 3, page 25, regarding health services. On what date, minister, did you delegate your responsibilities over services for eating disorders?

The CHAIR: Member for Kaurana, eating disorders? Where would I find that on page 25?

Mr PICTON: It is a health service that is provided to people.

The CHAIR: Within SALHN, I assume?

Mr PICTON: Largely in SALHN but not exclusively.

The CHAIR: Perhaps you would just want to say that as well.

Mr PICTON: Yes, I am happy to—SALHN.

The Hon. S.G. WADE: My understanding was that the gazettal was on 6 June.

Mr PICTON: Did the minister receive any advice that prompted him to make this delegation?

The Hon. S.G. WADE: In the conduct of my ministerial duties I have discussions both within the department and with the Cabinet Office. As a result of those discussions and my own consideration, the delegation was made. I think it is worth highlighting that that is—and I am not sure what the word is. The honourable member for Kavel might help me. It is a concurrent delegation. In other words, minister Lensink has the functions and powers pursuant to the Health Care Act 2008 and the Mental Health Act 2009 with respect to eating disorder services but I continue to have those powers, too.

Mr PICTON: Was there any conflict of interest that arose between the election and when the delegation was made that prompted that delegation to be made?

The Hon. S.G. WADE: The delegation was made, particularly in the context of the Marshall Liberal government delivering on its commitment to paediatric eating disorders. The Marshall Liberal team went to the election with that commitment. A report on the governance of the services was commissioned by the chief executive of SA Health. I have made the ministerial delegation on eating disorders to minister Lensink, particularly so that she might be able to take forward the government response to that report.

Mr PICTON: So was there any particular conflict that arose between the election and when you made the delegation?

The Hon. S.G. WADE: The delegation was made in the context of my wife's role in eating disorder services. Let me stress that the delegation is concurrent. In other words, I still have the functions and powers pursuant to the Health Care Act 2008 and the Mental Health Act 2009. As the paediatric eating disorder service issue was considered, I decided that it was appropriate to make the delegation because I thought that that report raised an issue of conflict of interest in relation to me making the decision because of my wife's involvement in eating disorder services.

Mr PICTON: Minister, did you make any decisions or consider any advice regarding that paediatric eating disorder clinic before you made the delegation?

The Hon. S.G. WADE: I certainly received advice, but the decisions in relation to that report and the way forward will be made by minister Lensink under the delegations.

Mr PICTON: Is that limited to the paediatric eating disorder clinic, or is that in relation to all eating disorders services?

The Hon. S.G. WADE: I will continue to refer issues to minister Lensink or, for that matter, to any other minister who I choose to delegate from time to time. In relation to eating disorders, if I think that that raises issues of conflict of interest—as I said, I retain powers in relation to eating disorder services.

If I could give the honourable members a suggestion on that, the Chair quite rightly asked the question, 'Where does the money for eating disorder services go?' In relation to the Statewide Eating Disorder Service, that is a statewide service that is hosted by the Southern Adelaide Local Health Network. Therefore, the standard funding allocation to the Southern Adelaide Local Health Network, some of that will go to fund the Statewide Eating Disorder Service. In my view, there are issues in relation to eating disorders that will not represent a conflict of interest. In this context I formed the view that there was an issue in relation to paediatric eating disorder services, so that is why a delegation has been made.

Mr PICTON: Minister, do you regard that you have any conflict in relation to the Statewide Eating Disorder Service that is planned for the Repat site?

The Hon. S.G. WADE: No, I do not.

Mr PICTON: On the same budget line, Budget Paper 4, Volume 3, page 25, my question to the minister is: where is the Mental Health Services Plan?

The Hon. S.G. WADE: During the 2018 state election, the government made mental health and wellbeing in our communities a top priority and committed to the development of the Mental Health Services Plan. The government sees the plan as an important part of rebuilding our mental health services in South Australia. The plan responds to a seven-year hiatus in planning for the mental health system since the Stepping Up report, 2007-2012. That report effectively expired some seven years ago.

The Mental Health Commissioner and the Chief Psychiatrist worked together with extensive community consultation. Of course, that built on the Mental Health Strategic Plan 2017–2022. The report itself has been given to the government, and we are working through it. I intend to take it to cabinet in the not-too-distant future.

Mr PICTON: Did you not promise to deliver that plan within 12 months of coming into office, which would have been 18 May 2019, some four months ago now?

The Hon. S.G. WADE: I just make the point that we might be four months late—the former government left a seven-year hiatus.

Mr PICTON: It is more than four months because it is not being released today. When is it likely to be released?

The Hon. S.G. WADE: These matters are matters for cabinet.

Mr PICTON: So you do not have the revised deadline, after the 12-month deadline has now well and truly passed, of when this plan is going to be released?

The Hon. S.G. WADE: It will certainly be less than seven years.

Mr PICTON: I thought you thought that this was a very urgent plan that needed to be dealt with immediately. Why do you not have a deadline for when you would release this plan?

The Hon. S.G. WADE: I appreciate the honourable member may well be running out of questions, but I have nothing to add to my answer.

Mr PICTON: I have a lot more, do not worry about that. Have you seen a draft of the Mental Health Services Plan?

The Hon. S.G. WADE: Yes.

Mr PICTON: Has cabinet seen a draft of that plan?

The Hon. S.G. WADE: I imagine that is wandering off to cabinet matters. I thought I was telling the committee earlier that I was working on the plan with a view to taking it to cabinet.

Mr PICTON: Has any provision been made in the budget for funding allocation to deliver what will be in the plan?

The Hon. S.G. WADE: That goes to the content of the plan and cabinet consideration. I will wait for that consideration.

Mr PICTON: Well, it actually goes to the content of the budget papers that we have been presented with.

The Hon. S.G. WADE: I have nothing to add to my answer.

Mr PICTON: So there is no money that we can identify in the budget for this plan?

The Hon. S.G. WADE: No, that was not my answer.

Mr PICTON: Where is the funding for it?

The Hon. S.G. WADE: I have nothing to add.

Mr PICTON: Is it true that community consultations on the mental health plan were booked for country venues and then cancelled and not rescheduled?

The Hon. S.G. WADE: I am happy to take that on notice.

Mr PICTON: I have a question in relation to Budget Paper 4, Volume 3, Central Adelaide Local Health Network. Are all action items from the Glenside Inpatient Rehabilitation Services report being met inside the time frames outlined in the CALHN action plan? If not, what action items have fallen behind?

The Hon. S.G. WADE: We do not have that level of detail. I am happy to take the question on notice.

Mr PICTON: When was the minister first made aware of complaints about the Inpatient Rehabilitation Services at Glenside?

The Hon. S.G. WADE: I will need to take that on notice.

Mr PICTON: Did any patients meet with you about that service?

The Hon. S.G. WADE: Not that I recall.

Mr PICTON: Did any staff members raise complaints with you about that service?

The Hon. S.G. WADE: Primarily, the issue was raised with me by the Chief Psychiatrist.

Mr PICTON: Did the minister or SA Health notify the Office for Public Integrity with concerns regarding this service?

The Hon. S.G. WADE: Mr Chair, I would hope that members of parliament would appreciate our need to respect institutions. I have no intention of answering that question.

Mr PICTON: You have already made clear on previous occasions that you have referred matters to the OPI. Why would you not make it clear in this regard?

The Hon. S.G. WADE: I have nothing to add to my answer.

Mr CREGAN: I take the minister to Budget Paper 4, Volume 3, pages 39 to 41. Could the minister outline to the committee what the Borderline Personality Disorder Collaborative run by the Barossa Hills Fleurieu Local Health Network is?

The Hon. S.G. WADE: I thank the honourable member for his question. The Borderline Personality Disorder Collaborative is a new service that is implementing a statewide model of stepped care in partnership with all local health networks. It is responding to a significant service gap in relation to people with borderline personality disorders. It commenced operations on 1 July 2019,

and I was pleased to officially launch the BPD Co hub on 7 June at 100 Greenhill Road, Unley. I acknowledge the fact that the shadow minister for health and wellbeing also joined me for that event.

The Barossa Hills Fleurieu Local Health Network is hosting and leading the development of a statewide borderline personality disorder centre of excellence, which will be called the Borderline Personality Disorder Collaborative, or BPD Co for short. I am very pleased that this initiative is finally underway after years of lobbying by consumers and carers.

People with BPD often find themselves misunderstood and marginalised by the broader health system and within EDs more broadly, and funding this service will go some way towards supporting up to 68,000 South Australians living with BPD and their family carers. I wonder if the Chief Psychiatrist might want to add anything on that service?

Dr BRAYLEY: Yes, certainly. Currently, the service is providing advice and consultation, but it will be offering a range of services—a hub-and-spoke type of model—so training, research, early brief psychological therapies, working in partnership with people in local health networks, individual group programs, and then people with high needs or people who have complex needs would be receiving services directly from the BPD Co clinic, which is on Greenhill Road.

Currently, the advice and consultation services have been operating. We are booked to do a gazettal inspection. We understand that they are going to be ready for a gazettal inspection on 2 August and then, after that, the full range of services will be provided by BPD Co.

Mr PICTON: I refer to the same line item in Budget Paper 4, Volume 3, page 26, CALHN, in relation to Glenside again. Has the audit of nursing staff been completed and, if so, what were the findings of that audit?

The Hon. S.G. WADE: That is even more detailed than the previous question so I am even in a greater need to take the question on notice.

Mr PICTON: Has any disciplinary action been taken against any staff member since the release of the report?

The Hon. S.G. WADE: Again, I will need to take that on notice.

Mr PICTON: Are any of the original staff members still working in the unit?

The Hon. S.G. WADE: It is my understanding that there are.

Mr PICTON: How many would be working there?

The Hon. S.G. WADE: I will take that on notice.

Mr PICTON: A question in relation to Budget Paper 4, Volume 3, page 41, Eyre and Far North Local Health Network: has the minister been advised of a lack of mental health services to cover Eyre Peninsula?

The Hon. S.G. WADE: There are certainly ongoing discussions about the needs for mental health services on Eyre Peninsula. For example, I am aware of concern that the inpatient mental health beds at the Port Lincoln hospital are not open. My understanding is that they have never been open since the former government built them.

Mr PICTON: How many psychologists are practising on Eyre Peninsula?

The Hon. S.G. WADE: I am happy to take that question on notice.

Mr PICTON: How many psychiatrists are practising on Eyre Peninsula?

The Hon. S.G. WADE: I am happy to take that question on notice.

Mr PICTON: Did the minister see reports in the *Port Lincoln Times* where concerns were raised by the presiding member of the Mid West Health Advisory Council that there were no psychologists on Eyre Peninsula?

The Hon. S.G. WADE: I have already given an undertaking to get back to the honourable member with the answer. I will deliver on that commitment.

Mr PICTON: Have you had concerns raised with you about mental health services on Eyre Peninsula by the member for Flinders?

The Hon. S.G. WADE: Yes, he has.

Mr PICTON: What were those concerns that he raised?

The Hon. S.G. WADE: In particular, he has discussed with me the inpatient beds at Port Lincoln hospital, but I would suggest that honourable members might try to be the best MP they can be without trying to coach others.

Mr PICTON: Do you have plans to open those inpatient beds at the Port Lincoln hospital?

The Hon. S.G. WADE: The government will always be alert to the level of demand or unmet need for services and, to the extent that resources are available, we strive to meet them.

Mr PICTON: What is the make-up of the Child and Adolescent Mental Health Service staff on Eyre Peninsula?

The Hon. S.G. WADE: I will have to take that question on notice.

Mr PICTON: I refer to Budget Paper 5, page 53, youth treatment orders. Does the funding outlined in the budget for youth treatment orders represent the full amount of funding required to implement the detention orders?

The Hon. S.G. WADE: Mr Chair, although I am in a familiar place, I am not familiar with your standing orders. Considering that youth treatment orders is on your *Notice Paper* in the House of Assembly, I wonder if the member might be more within standing orders if he asked his question in the context of that bill.

The CHAIR: I am glad you raise that, minister, because it allows me to reflect on your comment about the role of members of parliament. I wonder what that would be like, coming from the upper house.

Mr PICTON: They are long three-hour days in the upper house, sir.

The CHAIR: Member for Kurna, if you could indulge the other place and rephrase your question, that would be wonderful.

Mr PICTON: Have you been given advice in relation to what funding is going to need to happen for youth treatment orders?

The Hon. S.G. WADE: I just regard this line of questioning as anticipating the debate on the bill. In our house, our members would raise this in the context of the consideration of the bill. If we want to run two considerations of the bill, then I will get my advisers to—

Mr PICTON: Point of order: we are here to examine the budget. There is a specific line in the budget about this matter.

The CHAIR: On which page, member for Kurna?

Mr PICTON: It is Budget Paper 5, page 53, line 13, youth treatment orders. If you accept what the minister from the other place is suggesting, then this house is unable to examine this section of the budget, which I think is completely unacceptable for our role in examining the contents of the government's budget.

The CHAIR: Member for Kurna, I uphold the point of order. Minister, youth treatment orders is in the budget, and parliament is not sitting as a committee stage of parliament. We are looking at the estimates budget process.

The Hon. S.G. WADE: I would make the point that the youth treatment orders funding in the budget papers is actually from the Attorney-General's Department.

Mr PICTON: So that does not provide you, in health, with the funding necessary to undertake any actual youth treatment for people.

The Hon. S.G. WADE: The funding for treatment will become clear as a model of care is developed.

Mr PICTON: Has that funding been allocated, or is that a further request that needs to be made?

The Hon. S.G. WADE: The only funding for youth treatment orders that has been allocated in this budget is what is shown on page 53.

Mr PICTON: Have you received any preliminary estimates about what funding is going to be required?

The Hon. S.G. WADE: The model of care working party is continuing to work through the model of care. Once that is settled, we will be able to get a better idea of the costs involved.

Ms LUETHEN: I refer to Budget Paper 4, Volume 3, page 22. Could the minister please provide advice on how the state government is working with our federal colleagues to deliver improved alcohol and other drug treatment services across South Australia?

The Hon. S.G. WADE: I thank the honourable member for her question. As part of our commitment to reducing alcohol and other drug harms, the state government continues to work collaboratively with our commonwealth colleagues and with states and territories to address and reduce supply, demand and harms under the National Drug Strategy 2017-2026 and its substrategies. Our strong partnership with our federal colleagues continues to pay dividends for all South Australians and demonstrates the benefits of a positive and respectful relationship with Canberra.

I particularly welcome the commonwealth government's \$20 million investment in South Australian alcohol and other drugs sectors as part of the South Australian alcohol and other drug treatment grant opportunity. This funding is for 2018-19 to 2020, to support substance misuse treatment services in South Australia. In addition, the federal Minister for Health, the Hon. Greg Hunt, has announced a further \$3 million in funding for alcohol and other drug treatment services in the South-East region of South Australia. South Australia is also one of only three jurisdictions to be included in the commonwealth's take-home Naloxone project pilot.

I will ask Marina Bowshall, the Executive Director of DASSA, to outline the organisations and communities that will benefit from some of these investments.

Ms BOWSHALL: Thank you, minister. There are nine organisations that have received funding from the Australian government as part of the \$20 million package. The Aboriginal Drug and Alcohol Council has received funding for a set of outreach services and diversionary activities in Ceduna region, and the Aboriginal Health Council of South Australia has received funding for alcohol and other drugs sector, workforce development and capacity building across many regions of the state.

Baptist Care has received funding for a residential rehabilitation program for young people from across the state to access. Country and Outback Health Incorporated has received funding for outreach services, counselling and case management for the Mid North and Peterborough region. Mission Australia has received funding for a youth-focused case management, prevention and early intervention pilot for the Fleurieu Peninsula region, Murray Bridge and also for the Playford council region.

The Murray Mallee General Practice Network has received funding for counselling and case management in the Murray Bridge area. The South Australian Network of Drug and Alcohol Services has received funding for workforce development and capacity building for the training of the sector, again to support services across many regions of the state. Sonder has received funding from the Australian government for in-home withdrawal management for the Port Adelaide region and also for the Playford council region.

I should add that Drug and Alcohol Services was also fortunate to receive some funding through this initiative. We have received funding to pilot an assertive outreach program, and we are currently negotiating with the Southern Adelaide Local Health Network and also the Flinders and Upper North Local Health Network to establish those assertive outreach programs.

The focus is on accessing and supporting health services, GPs, justice and other sectors when they come across young people who are treatment resistant and need to be assertively managed and supported to access treatment services, and also supporting the families of those young people to give them access to the various support services and skills they need while they are going through that particularly difficult time with the young person in their family.

Mr BOYER: Minister, on Budget Paper 4, Volume 3, page 20, grants for suicide prevention, I want to ask about the Suicide Prevention Community Grant Scheme. The SA Health website states that the 2019-20 grant applications have closed and that the successful grant recipients were to be announced, I think, in June of this year, but I cannot find any mention of them on the SA Health website. Can you advise us of the recipients?

The Hon. S.G. WADE: I do not have that level of detail with me; I will take that on notice.

Mr BOYER: On the same budget line, minister, it is my understanding that Talk Out Loud were, for the first time in a number of years, unsuccessful for a grant that they had used in the past for conducting their empowerment camps for young people; is that true?

The Hon. S.G. WADE: I will need to take that on notice.

Mr BOYER: On the same budget line, who signs off on the suicide prevention community grants? Do you do that, or does the Chief Psychiatrist do that?

The Hon. S.G. WADE: Sorry, if you could ask the question, and we do not need multiple choice, we can answer the question.

Mr BOYER: Well, you have failed at that for most of the day today.

The Hon. S.G. WADE: To be frank, they are not the only two options.

The CHAIR: Order! Come on, we have been pretty good so far.

The Hon. S.G. WADE: Fortunately, I am not constrained by the multiple choice from the honourable member and I can give a completely different answer—

Mr BOYER: Just an answer would be fine.

The Hon. S.G. WADE: —that being that these grants are considered by a selection panel. In the 2018-19 financial year, the selection panel made a recommendation to the Chief Psychiatrist, which was then submitted to a deputy chief executive within the department. Under the new governance arrangements, the selection panel will make the recommendation to the Chief Psychiatrist and the Chief Psychiatrist will sign off on it.

Mr BOYER: Same budget line, minister: is the Chief Psychiatrist able to tell us if Talk Out Loud were successful or otherwise?

The Hon. S.G. WADE: I have no intention of allowing direct questioning. I am a witness. If the honourable member wants to ask me a question, feel free. If not, I am sure other members have questions.

The CHAIR: The member for Wright should know better than that.

Mr BOYER: Same budget line: minister, how many unsuccessful applications were there for funding in the 2019-20 community grants scheme?

The Hon. S.G. WADE: I will take that on notice.

Mr BOYER: On to Woodleigh House. Actually, I might ask some questions first about the establishment of a peer mental health workforce. This is Budget Paper 4, Volume 3, page 24, targets. I refer to the establishment of a peer mental health workforce cooperative model and embedded guidelines for the peer mental health workforce and ask: is this the mental health priority care centre that is going to be located in the CBD that you announced with Senator Birmingham in May this year?

The Hon. S.G. WADE: Could the member give us the page reference he is referring to?

Mr BOYER: Budget Paper 4, volume 3, page 24, targets.

The Hon. S.G. WADE: No, it is not.

Mr BOYER: Same budget line, then: when will the priority care centre you did announce with Senator Birmingham in May this year be operational?

The Hon. S.G. WADE: I appreciate that the terms might have had more clarity as we move forward, but as of today I am using the words 'priority care centres' for enhanced GP-type services in the community, and I am tending to talk about the federal funding relating to mental health urgent care centres.

I thank the honourable member for highlighting the commonwealth government's commitment to invest \$14.7 million to establish a mental health urgent care centre in the Adelaide CBD. It is our view that this will help ease pressure on our hospital systems, including the Royal Adelaide Hospital emergency department. The investment will mean that many people with mental health conditions will be able to get the services they need without going to an emergency department. It is our expectation that the centre would be operational next year.

Mr BOYER: Same budget line: what was the state government's financial contribution to the establishment of that centre?

The Hon. S.G. WADE: The commonwealth and the state will have discussions about the final model of care and the capital costs and so forth, so those details will only be settled once those negotiations are finished.

Mr BOYER: Same budget line, Chair: minister, are you saying that you committed to this without knowing how much it would cost the state?

The Hon. S.G. WADE: The commonwealth government has made a commitment to invest \$14.7 million. The Marshall Liberal government is going to partner with them to deliver a mental health urgent care centre. The full capital and recurrent costs will be subject to negotiation between the commonwealth and the state.

Mr BOYER: Same budget line, Chair: can you give us any indication of what the cost might be? Had you been furnished with any detail of what the cost might be before you partnered with Senator Birmingham and the federal government to deliver this?

The Hon. S.G. WADE: I have nothing to add to my answer.

Mr BOYER: You do not know?

The CHAIR: The minister has completed his answer.

Mr BOYER: I refer to Budget Paper 4, Volume 3, page 30, Sub-program 2.2: Northern Adelaide Local Health Network. Is the upgrade of Woodleigh House going ahead?

The Hon. S.G. WADE: There has been some capital investment in Woodleigh House the financial year that has just passed, and there will be further capital investment in the current financial year.

Mr BOYER: Same budget line, Chair: have the works that were tied to the capital investment you refer to that was set aside for the previous financial year commenced or been completed?

The Hon. S.G. WADE: No. Just to reiterate, I said there had been further capital works this financial year and to be doubly clear, the works that started last year are continuing this year.

Mr BOYER: Same budget line, Chair: when do you think that all those upgrades to Woodleigh House will be complete?

The Hon. S.G. WADE: I am happy to take that question on notice.

Mr PICTON: Same budget line, Chair: is the minister but also, particularly given his role under the act, the Chief Psychiatrist satisfied with the treatment at Woodleigh House currently and are there any conditions currently on the treatment under the Mental Health Act at Woodleigh House?

The Hon. S.G. WADE: There are limitations in place in relation to Woodleigh House.

Dr BRAYLEY: Following inspections last year, gazettal conditions were put in place either in late December or early January that are still in place. Those conditions that limit the acuity of patients who can be admitted to Woodleigh House will remain in place until current capital works that are underway are complete. There has also been work on clinical systems in Woodleigh House that NALHN have undertaken and, at times, a member of my staff. We had also arranged some input from a senior interstate psychiatrist who supported those works to develop clinical systems further at Woodleigh House.

Mr PICTON: To clarify, does that mean that, when the current capital works are underway, as just mentioned by the minister, the conditions that the Chief Psychiatrist has on Woodleigh House will be lifted?

The Hon. S.G. WADE: I stress to the committee that the need for improvement highlighted by the Chief Psychiatrist is not limited to capital works. By the time the capital works are completed, it is expected that that will meet the capital works elements of the Chief Psychiatrist's concerns. The other concerns are a matter for him.

Mr PICTON: Has there been any consideration by the government of moving the older persons' mental health unit from the Lyell McEwin Hospital to Modbury Hospital?

The Hon. S.G. WADE: There is the ongoing consideration of how we can best respond to older persons mental health services and needs, particularly considering that we are still dealing with the impact of the loss of 64 beds with the closure of the Oakden facility, only partly offset by beds made available at Northgate. Certainly, the Chief Psychiatrist's limitations placed on Woodleigh House indicate what we all know, which is that Woodleigh House is a very tired facility.

Mr PICTON: At what stage are those considerations about moving services from Lyell McEwin to Modbury Hospital for older persons mental health?

The Hon. S.G. WADE: I have nothing to add to my previous answer.

Mr PICTON: The minister was saying that obviously there is an issue in terms of capacity for older persons mental health. How would it help that capacity to move services from one hospital (i.e. Lyell McEwin where they are established) to another hospital in Modbury?

The Hon. S.G. WADE: It is a hypothetical question.

Mr PICTON: So it is not being considered by the government?

The Hon. S.G. WADE: I have nothing to add to my previous answer.

Mr PICTON: Is the government still committed to three different older persons mental health facilities?

The Hon. S.G. WADE: What we are focused on at the moment is reopening Ward 18. Work on that is progressing well. We have identified a preferred partner for the dementia village adjoining it. As I mentioned earlier, the outreach team will also be on the Repat Health Precinct. The work is continuing not just in relation to facilities, because I think we can often get overly focused on buildings and beds.

With the work in relation to aged-care service reform, in the context of the needs of people with dementia, it is not just going to be Ward 18, it is not just going to be the specialised dementia care unit that will be placed on that site and in partnership with the commonwealth government, it will not just be the cottage-style dementia village that we will be delivering in partnership with a non-government provider. We are very much looking forward to the impact of the rapid access service, which will provide specialist in-reach support into mainstream residential aged care.

One of the really important initiatives that the government has underway under this reform program is to work collaboratively with the aged-care sector to share innovation in continuing to provide high-quality person-centred care for people with dementia. There has been a lot of focus on the needs of people, in particular in tier 7, in terms of tier 7 behavioural and psychological symptoms of dementia. There has also been a lot of work done on tiers 5 and 6.

There is an increasing prevalence of dementia in our community at the same time that we are experiencing an increase in the ageing population, so we need to have a broad-based strategy

to both strengthen residential aged-care facilities in dealing with their clients with BPSD as well as developing specialist services. We certainly are keen to build on the establishment of the 18-bed neurobehavioural unit at the Repat site and we will be looking at adding to that tier 7 bed stock as we are able.

The CHAIR: Sorry, gentlemen, time has expired. There being no further questions, I declare the examination of the proposed payments for the portfolio of SA Health, Mental Health and Substance Abuse and the estimated payment for the South Australian Mental Health Commission completed.

Departmental Advisers:

Dr C. McGowan, Chief Executive, Department for Health and Wellbeing.

Ms J. Walters, Acting Executive Director, Hospital Avoidance, Department for Health and Wellbeing.

Ms C. Mason, Acting Director, Office for Ageing Well, Department for Health and Wellbeing.

Mr J. Woolcock, Chief Finance Officer, Department for Health and Wellbeing.

Mr A. Knez, Manager, Executive Services and Projects, Department for Health and Wellbeing.

The CHAIR: The portfolio is Office for the Ageing, and the minister is the Minister for Health and Wellbeing. I declare the proposed payments open for examination and refer members to Agency Statements Volume 3, noting that this session will finish at 6.14pm. Who is reading the omnibus questions?

Mr PICTON: The member for Wright; he is very excited.

Mr BOYER: Thank you, Chair:

1. For each department and agency reporting to the minister:
 - What is the actual FTE count at 30 June 2019 and the projected actual FTE count for each year of the forward estimates?
 - What is the total employment cost for each year of the forward estimates?
 - What is the notional FTE job reduction target that has been agreed with Treasury for each year of the forward estimates?
 - Does the agency or department expect to meet the target in each year of the forward estimates?
 - How many TVSPs are estimated to be required to meet FTE reductions over the forward estimates?
2. Between 1 July 2018 and 30 June 2019, will the minister list the job title and total employment cost of each position with a total estimated cost of \$100,000 or more which has either (1) been abolished and (2) which has been created.
3. Will the minister provide a detailed breakdown of expenditure on consultants and contractors above \$10,000 between 1 July 2018 and 30 June 2019 for all departments and agencies reporting to the minister, listing:
 - the name of the consultant, contractor or service supplier;
 - cost;
 - work undertaken;
 - reason for engaging the contractor, and

- method of appointment?
4. For each department and agency for which the minister has responsibility:
- How many FTEs were employed to provide communication and promotion activities in 2018-19 and what was their employment expense?
 - How many FTEs are budgeted to provide communication and promotion activities in 2019-20, 2020-21, 2021-22 and 2022-23 and what is their estimated employment expense?
 - The total cost of government-paid advertising, including campaigns, across all mediums in 2018-19 and budgeted cost for 2019-20.
5. For each department and agency reporting to the minister, please provide a full itemised breakdown of attraction and retention allowances as well as non-salary benefits paid to public servants and contracts between 1 July 2018 and 30 June 2019.
6. What is the title and total employment cost of each individual staff member in the minister's office as at 30 June 2019, including all departmental employees seconded to ministerial offices?
7. For each department and agency reporting to the minister, could you detail:
- (a) How much was spent on targeted voluntary separation packages in 2018-19?
 - (b) What department funded these TVSPs? (except for DTF Estimates)
 - (c) What number of TVSPs were funded?
 - (d) What is the budget for targeted voluntary separation packages for financial years included in the forward estimates (by year), and how are these packages funded?
 - (e) What is the breakdown per agency/branch of targeted voluntary separation packages for financial years included in the forward estimates (by year) by FTEs?
8. For each department and agency reporting to the minister, how many executive terminations have occurred since 1 July 2018 and what is the value of executive termination payments made?
9. For each department and agency reporting to the minister, what new executive appointments have been made since 1 July 2018, and what is the annual salary, and total employment cost for each position?
10. For each department and agency reporting to the minister, how many employees have been declared excess, how long has each employee been declared excess, and what is the salary of each excess employee?
11. In the 2018-19 financial year, for all departments and agencies reporting to the minister, what underspending on operating programs (1) was and (2) was not approved by cabinet for carryover expenditure in 2019-20?
12. In the 2018-19 financial year, for all departments and agencies reporting to the minister, what underspending on investing or capital projects or programs (1) was and (2) was not approved by cabinet for carryover expenditure in 2019-20? How was much sought and how much was approved?
13. For each grant program or fund the minister is responsible for please provide the following information for 2018-19, 2019-20, 2020-21 and 2021-22 financial years:
- (a) Name of the program or fund;
 - (b) The purpose of the program or fund;
 - (c) Balance of the grant program or fund;
 - (d) Budgeted (or actual) expenditure from the program or fund;

- (e) Budgeted (or actual) payments into the program or fund;
- (f) Carryovers into or from the program or fund; and
- (g) Details, including the value and beneficiary, of any commitments already made to be funded from the program or fund.

14. For the period of 1 July 2018 to 30 June 2019, provide a breakdown of all grants paid by the department/agency that report to the minister, including when the payment was made to the recipient, and when the grant agreement was signed by both parties.

15. For each year of the forward estimates, please provide the name and budgeted expenditure across the 2019-20, 2020-21, 2021-22 and 2022-23 financial years for each individual investing expenditure project administered by or on behalf of all departments and agencies reporting to the minister.

16. For each year of the forward estimates, please provide the name and budget for each individual program administered by or on behalf of all departments and agencies reporting to the minister.

17. For each department and agency reporting to the minister, what is the total cost of machinery of government changes since 1 July 2018 and please provide a breakdown of those costs?

18. For each department and agency reporting to the minister, what new sections of your department or agency have been established since 1 July 2018 and what is their purpose?

19. For each department and agency reporting to the minister:

- What savings targets have been set for each year of the forward estimates?
- What measures are you implementing to meet your savings target?
- What is the estimated FTE impact of these measures?

The CHAIR: Minister, would you like to introduce your advisers for the record, please?

The Hon. S.G. WADE: Yes, I would. I would like to introduce Dr Chris McGowan, the Chief Executive of the Department for Health and Wellbeing, and Ms Jeanette Walters, Acting Executive Director of Hospital Avoidance. Also with me are Cassie Mason, the Acting Director of the Office for Ageing Well; Mr Andrej Knez, the Manager of Executive Services and Projects; and Mr Jamin Woolcock, the Chief Finance Officer of the Department for Health and Wellbeing.

The CHAIR: Thank you, minister. Member for Kaurna.

Mr PICTON: Thank you very much. I would like to commend the member for Wright for his excellent reading out of that and taking one for the team.

The Hon. S.G. WADE: Without taking a breath.

Mr PICTON: That is right. There has to be a better way, surely. I refer to Budget Paper 4, Volume 3, page 25, health services. Has the minister received the audit report into state-run aged-care facilities?

The Hon. S.G. WADE: No, I have not.

Mr PICTON: Has the department received that report?

The Hon. S.G. WADE: My understanding is that they have.

Mr PICTON: When was that report received by the department?

The Hon. S.G. WADE: I will take that on notice.

Mr PICTON: Will the government be accepting all recommendations contained in the report that the department has received?

The Hon. S.G. WADE: As I said, I have not received the report. Once I have received a briefing from the department on the report, I will consider both any recommendations in the report and the department's advice on those recommendations.

Mr PICTON: Given the importance of this issue, will you be asking the department for an urgent briefing on the report that they have received?

The Hon. S.G. WADE: I do find it somewhat galling that a member of the former government would—

Mr PICTON: I did not ask if you found it galling.

The CHAIR: Order!

The Hon. S.G. WADE: —assert to me the urgency of this matter. This government went to the election committing to do an audit of facilities that are not audited or accredited under the commonwealth residential aged-care facilities arrangements. Not only did we deliver on that commitment in government but we also broadened the scope of that audit to include an audit of facilities that are also audited by the commonwealth.

We addressed a major gap in the quality assurance framework of the previous government and, if you like, took the opportunity to test the quality of our facilities that were already being accredited under the commonwealth regimes. We are determined that we will raise the standards in terms of aged-care quality and safety.

Mr PICTON: How many state-run aged-care facilities have failed to meet accreditation standards over the past year?

The Hon. S.G. WADE: I will offer preliminary advice, but take on notice and correct the information if I need to. My understanding is that there were six sites that had advice from the accreditation agency that there were standards not met. One of those sites had two elements to the one site, but my understanding is that only one site received a sanctions notice. But, as I said, I will take on notice to confirm that.

Mr PICTON: What are the names of those six sites?

The Hon. S.G. WADE: Renmark Nursing Home, the Ira Parker Nursing Home, Melaleuca Court Nursing Home, Loxton nursing home, Riverton aged care and Bonney Lodge.

Mr PICTON: Has action now been taken to address those standards, and are they all now meeting accreditation?

The Hon. S.G. WADE: Each of them are at different stages in the process.

Mr PICTON: That is the answer?

The Hon. S.G. WADE: Yes.

Mr PICTON: Which ones have not actually implemented changes to address their accreditation issues?

The Hon. S.G. WADE: Following an unannounced assessment visit on 7 November 2018, the Renmark Nursing Home received advice that they were two not met outcomes. An action plan was developed and a revised plan for continuous improvement was submitted to the Australian government compliance centre. On 8 February 2019, the commission determined that all improvements had been completed and no further action was required.

In relation to the Ira Parker Nursing Home at Balaklava, the nursing home was issued with a notice on 21 February 2019. On 20 March 2019, the nursing home received advice that it had 19 not met outcomes and a sanctions notice was issued for a period of six months. Immediate corrective actions were undertaken, including the appointment of an administrator and a nurse adviser and regular meetings with the Australian government compliance branch. The Ira Parker Nursing Home received the commission audit report on 11 June 2019. The report noted that the initial 19 not met outcomes had now been met in terms of requirements under the standards.

This report requires review by the compliance branch and they will confirm the next steps for the Yorke and Northern Local Health Network. A meeting with the compliance branch was held on 24 June. Following the meeting, the compliance branch informally advised the Yorke and Northern Local Health Network that they can now apply for the sanctions to be lifted. The Yorke and Northern Local Health Network will now undertake this work.

In relation to Melaleuca Court, on 28 and 29 May 2019 the commission conducted a site visit. The audit report was received on 5 June and two not met outcomes were identified. The report highlighted two recommendations that required a response from Yorke and Northern Local Health Network. In relation to the Loxton nursing home, it underwent a full accreditation audit on 6 May to 8 May 2019. The audit reported noted six outcomes not met. The audit report is available on the website.

The site provided a response to the audit report. A decision was received on 13 June 2019, with the outcome being re-accreditation for two years until July 2022; however, the site has a timetable for improvement until 9 September 2019 to ensure that all 44 outcomes are fully met. The site currently meets 38 of 44 outcomes and a review will occur in September.

In relation to the Riverton aged-care facility, an unannounced visit was undertaken by the commission on 15 May 2019. The audit report highlighted one not met standard. The report is not yet publicly available. The commission determines when reports are published. The site provided a response to the audit report, and the commission referred the audit report to the aged-care compliance centre within the department for risk assessment and action. The compliance centre conducted a risk assessment and found that the risk to care recipients at the service was low, as the evidence from the commission did not identify current risk to care recipients and Riverton had commenced a comprehensive review in order to create a plan to address the noncompliance that mitigated any potential risk to care recipients.

In relation to Bonney Lodge Hostel at Barmera, it underwent a full accreditation visit from 25 to 28 June 2019. The report highlighted 21 not met outcomes. The facility has until 1 August 2019 to provide a full response for each outcome to the Aged Care Quality and Safety Commission. Hawdon House nursing home, which is also at Barmera, which I understand is co-located, underwent a full accreditation visit on 25 to 28 June 2019, and that audit report also highlighted 21 not met outcomes; likewise, that facility has until 1 August to provide a full response to the commission.

Mr PICTON: Can the minister advise whether the government has any plans to outsource any of the government-run aged-care facilities?

The Hon. S.G. WADE: There are no current plans for changes in the delivery of residential aged-care services in country South Australia.

Mr PICTON: Can you rule out any plans to outsource—

The Hon. S.G. WADE: That sounds like a hypothetical question to me.

Mr PICTON: What has been the government's rollout of the flu vaccine this year in state-run aged-care facilities?

The Hon. S.G. WADE: My understanding is that it is the practice of the department to offer residents of state-run residential aged-care facilities the flu vaccination and that that occurred this year.

Mr PICTON: Do you know when that occurred this year?

The Hon. S.G. WADE: I will take that on notice.

Mr PICTON: Were any state-run aged-care facilities put in lockdown because of influenza outbreaks within the facilities this year?

The Hon. S.G. WADE: I will have to take that on notice. We have the Office for Ageing Well with us, not the public health division.

Mr PICTON: Has there been any investigation into the over-reliance of sedatives in aged-care facilities in South Australia?

The Hon. S.G. WADE: The honourable member is asking a general question. That issue in that context is part of the regulatory oversight of the commonwealth in terms of residential aged-care facilities.

Mr PICTON: So it is not something, even within the state-run aged-care facilities, that the government is looking at?

The Hon. S.G. WADE: I thought the honourable member was asking generally. We always strive to maintain and improve the quality and safety of our facilities. I am sure that, through the accreditation processes that I have just outlined for the honourable member, issues such as the appropriate use of medication would be under constant review.

Mr PICTON: When the minister visited Ira Parker Nursing Home on 27 March this year, was he aware that sanctions had been put in place in terms of that aged-care facility?

The Hon. S.G. WADE: I will take that on notice. I certainly was aware that accreditation issues had been raised.

Mr PICTON: Given the minister's commitment before the election to always be open and transparent about failures within the health system, if he knew of it then why was it only days later that news emerged—

Ms LUETHEN: Point of order.

The ACTING CHAIR (Dr Harvey): Member for King, point of order.

Ms LUETHEN: I was wondering whether the member can indicate the budget reference line he is referring to.

The ACTING CHAIR (Dr Harvey): Member for Kaurna, are you able to reference the budget line?

Mr PICTON: Yes: Budget Paper 4, Volume 3, page 25, health services.

The Hon. S.G. WADE: I will certainly take the details on notice. In relation to the management of not met outcomes and sanctions, Country Health SA works with the commonwealth so that, in an orderly way, the patients and their families can be advised. We will continue to do that because the welfare and care of those residents and their families is our top concern.

Mr PICTON: I refer to Budget Paper 4, Volume 3, page 22, Sub-program 1.4: Corporate and System Support Services, which is where, I believe, OFTA, or whatever the acronym is now, sits. Given the minister has raised concerns in the parliament regarding Lifestyle SA retirement villages and a dispute with residents around food and alcohol services, what has OFTA done to end the dispute between residents and Lifestyle SA?

The Hon. S.G. WADE: I have discussed these issues with the Attorney-General. It is my understanding that a licence is not required to sell liquor at a retirement village by the committee association or operator. The intention of the liquor licensing laws is to regulate the location of the sale and consumption of liquor and to ensure that liquor is not sold to or by minors. A residents' committee, the operator or a resident can sell liquor within the village without requiring a licence.

I am advised that residents' committees will be able to operate the bar and run events in their villages going forward. I am advised that Lifestyle SA is currently working on operational guidelines for functions in the villages, including the sale of alcohol, where any profits are to be used for the benefit of the residents of the village. In the meantime, it is business as usual, with residents' committees continuing to operate the bar and hold functions.

Mr PICTON: Has the minister met with residents regarding their concerns on this matter?

The Hon. S.G. WADE: I have certainly met with residents' representatives and, I suppose in that sense, I have met with residents, yes.

The ACTING CHAIR (Dr Harvey): The member for King is seeking the call.

Ms LUETHEN: I refer to Budget Paper 4, Volume 3, page 19. How is the government improving the customer service experience for older South Australians accessing government services?

The Hon. S.G. WADE: I thank the honourable member for her question. Creating an age-friendly South Australia is a critical element to ensure that older South Australians feel valued and can participate in all aspects of life, including into old age. The government is committed to supporting South Australians to age well and identify opportunities to combat ageism, including challenging the way that ageing is framed in the language and structure of the services our government delivers.

We want to ensure that government customer service settings provide a quality customer experience for older South Australians. I am very pleased that in 2018-19 the government, through the Office for Ageing Well, allocated \$15,000 to deliver the age-friendly customer services rollout project across South Australian government customer service settings. I will ask Ms Walters to provide more information about this important project.

Ms WALTERS: The age-friendly customer services rollout project aims to improve the customer experiences of older people who access a range of government services, supporting older people to feel valued, listened to and respected when accessing government services. To develop the project the Office for Ageing Well worked with a group of seven older volunteer age-friendly advisors and staff from a range of customer-facing areas across the South Australian government on an age-friendly customer services pilot project in 2018. This has informed the larger scale rollout project.

The age-friendly advisors discussed their own experiences when accessing government services, as well as the experiences of their peers, and described their age-friendly customer service ideals. They told us they want government services that respond to the diversity of their needs and interests, are easily accessible, treat them with dignity and respect, encourage their participation in service design and review, and are supported to be age-friendly.

The Office for Ageing Well used these priorities and the South Australian Charter of the Rights and Freedoms of Older People to develop and test a suite of age-friendly customer service guidelines and resources. To ensure their relevance across a range of customer service settings, key South Australian government stakeholders helped co-design and test the guidelines and resources, including within SA Health in the Royal Adelaide Safety and Quality Unit, the Central Adelaide Aged Care Assessment Team, the Office for Ageing Well, the South Australia Police, the Public Library Network, Service SA, Housing SA in the Adelaide and Marion offices, the Women's Information Service, the Public Trustee, and the Justice of the Peace service.

Mr PICTON: In relation to Budget Paper 4, Volume 3, page 25, health services, does the government track the number of people waiting to be assessed for home care packages? If so, do you have the updated figures on how many South Australians are waiting?

The Hon. S.G. WADE: That is commonwealth data. It is released from time to time. We do not have the latest figures, but I am happy to take that on notice.

Mr PICTON: Have any concerns been raised with you or the Office for Ageing Well about South Australia not getting its fair share of home care packages in South Australia?

The Hon. S.G. WADE: Yes, indeed there have been. I should say that we want to acknowledge the commonwealth investment in home care packages. Earlier this year, a commitment to another 20,000 home care packages was made by the commonwealth. However, I am concerned that the data indicates that older South Australians are not getting an equitable share of the available home care packages.

South Australia has 8 per cent of Australia's population aged over 65 yet only 6.4 per cent of new home care entries were South Australian. This is a reduction from 7.7 per cent in 2018. One of our concerns is that South Australia may be suffering because of our attempt to respect the commonwealth performance expectations on Aged Care Assessment Teams. Because of my concerns I have written to my federal colleague on that issue.

The ACTING CHAIR (Dr Harvey): The time for questions has expired I am sorry, member for Kaurua. There being no further questions, I declare the examination of the proposed payments for the portfolio of the Office for Ageing Well and the estimate of payments for the Department for Health and Wellbeing completed.

At 18:15 the committee adjourned to Monday 29 July 2019 at 13:00.