HOUSE OF ASSEMBLY

Friday, 21 June 2024

ESTIMATES COMMITTEE B

Chair:

Mr L.K. Odenwalder

Members:

Hon. V.A. Tarzia
Mr D.K.B. Basham
Mrs R.K. Pearce
Ms P. Pratt
Ms E.L. Thompson
Ms D.J. Wortley

The committee met at 09:01

Estimates Vote

DEPARTMENT FOR INFRASTRUCTURE AND TRANSPORT, $1,167,341,000

ADMINISTERED ITEMS FOR THE DEPARTMENT FOR INFRASTRUCTURE AND TRANSPORT, $7,946,000

Minister:

Hon. K.A. Hildyard, Minister for Child Protection, Minister for Women and the Prevention of Domestic, Family and Sexual Violence, Minister for Recreation, Sport and Racing.

Departmental Advisers:

Ms K. Taylor, Chief Executive, Office for Recreation, Sport and Racing.

Mr T. Nicholas, Director, Corporate Strategy and Investment, Office for Recreation, Sport and Racing.

Mr A. Trottman, Director, Infrastructure and Planning, Office for Recreation, Sport and Racing.

Ms K. Faulkner, Director, South Australian Sports Institute, Office for Recreation, Sport and Racing.

Ms M. Wooldridge, Senior Manager, Sector Capability and Partnerships, Office for Recreation, Sport and Racing.

The CHAIR: Welcome, minister, and your advisers to Estimates Committee B. I respectfully acknowledge Aboriginal and Torres Strait Islander peoples as the traditional owners of this country throughout Australia and their connection to land and community. We pay our respects to them and their cultures and to elders both past and present.

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

The Hon. K.A. HILDYARD: Yes.

The Hon. V.A. TARZIA: Yes.

The CHAIR: Changes to committee membership will be notified as they occur. Members should ensure 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 6 September 2024.

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. A member who is not on the committee may ask a question at the discretion of the Chair.

All questions are to be directed to the minister, not the minister's advisers. The minister may refer questions to advisers for a response. 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*.

I remind members that the rules of debate in the house apply in the committee. Consistent with the rules of the house, photography by members from the chamber floor is not permitted while the committee is sitting. Ministers and members may not table documents before the committee; however, documents can be supplied to the Chair for distribution.

The incorporation of material in *Hansard* is permitted on the same basis as applies in the house; that is, it is purely statistical and limited to one page in length. The committee's examinations will be broadcast in the same manner as sittings of the house, through the IPTV system within Parliament House and online via the parliament website.

I now proceed to open the following lines for examination: the Office for Recreation, Sport and Racing, with the Minister for Recreation, Sport and Racing. I declare the proposed payments open for examination. I now call on the minister to make a statement, if she wishes, and also to introduce her advisers.

The Hon. K.A. HILDYARD: Thank you very much, Mr Chair, and thank you everybody for being here this morning. Can I please introduce our outstanding team from the Office for Recreation, Sport and Racing. On my right is CE Kylie Taylor, who this year reaches a milestone of 30 years in the Office for Recreation, Sport and Racing, which is extraordinary service to our community.

I introduce on my left Tim Nicholas, who is the Director, Corporate Strategy and Investment. Further on my left is Adam Trottman, who is Director, Infrastructure and Planning. Behind me on my left is Megan Wooldridge, who is the Senior Manager, Sector Capability and Partnerships, and on my right is Keren Faulkner, who is the newer Director of the South Australian Sports Institute.

The CHAIR: Thank you. Welcome to everybody. Do you have an opening statement, minister?

The Hon. K.A. HILDYARD: No, thank you.

The CHAIR: Member for Hartley, I assume you are the lead speaker. Do you have an opening statement?

The Hon. V.A. TARZIA: No opening statement from me, sir.

The CHAIR: Okay, we can go straight to questions.

The Hon. V.A. TARZIA: Thank you very much. Good morning, all. Good morning, minister. Congratulations, Ms Taylor, on 30 years. Well done. My first question is in reference to Budget Paper 4, Volume 3, page 130, highlights for 2023-24, dot point 2. How many people attended the Power of Her—Women in Leadership symposium?

The Hon. K.A. HILDYARD: I will say an approximate number: around a thousand, but I think it was just under that. Throughout the day, as happens with these things, although most people stayed for pretty much the entirety of the day, it mostly sat at around about a thousand. It was an

extraordinary day. I know that the Hon. Michelle Lensink from this place attended for some of the day. It was absolutely extraordinary.

The Power of Her—Women in Leadership symposium was of course part of our $1.3 million of legacy funding that we announced prior to the commencement of the FIFA Women's World Cup. I am so pleased that we conducted the Power of Her with that funding. It was an absolutely extraordinary event, an event that many people in our community still speak about. It brought together an extraordinarily diverse group of mostly women from many parts of our community, from many different sectors—a diversity of women in terms of cultural background, ages, etc.

We had an extraordinary line-up of speakers and panellists. I think the Power of Her—Women in Leadership symposium absolutely did what we intended it to do, and that was to harness the excitement and the power of the FIFA Women's World Cup in a way that brought women together to explore their power and how they could advance their leadership and make change in their particular sphere of influence. It was absolutely extraordinary.

I think the FIFA Women's World Cup was an extraordinary example of what happens when we see women—the best athletes in the world—being absolutely celebrated and supported for being strong, physical and talented, for being skilful. Seeing them celebrating in that way was transformative in terms of how women are seen, how the roles they can play are seen both in sport and everywhere else. The Power of Her absolutely harnessed that power and, as I said, brought a diversity of women together—those who participate in sport and those who do not—and galvanised this feeling that together, through supporting one another, harnessing one's own power, growing the collective power of women in whatever particular sphere of influence, we really can make change.

The thing that is really important to also note about the Power of Her is that since the Women in Leadership symposium, basically at the demand of the thousand-odd people there, we have continued to hold Power of Her—Women in Leadership events to keep harnessing the power of women, to keep advancing gender equality. We have held a number of events since then, and we are calling them the Power Up series of events. There have been webinars, workshops and events that have continued since the sold-out symposium which, as I said, had about 1,000 people there.

The feedback has been absolutely extraordinary. I do not think I have ever held or participated in an event where the feedback has been that positive. It was absolutely brilliant. The line-up of 25 speakers was unlike anything South Australia has ever seen before, and included the likes of 2023 Australian of the Year Taryn Brumfitt, FIFA Secretary General Madam Fatma Samoura, sporting icon Lauren Jackson, MC's Myf Warhurst and Zan Rowe, and so many more.

It also included panels of business leaders, and I think Andrew Kay from Business SA was part of a panel, together with Melissa Librandi from News Corp. We had a panel of young women who spoke about their experience in sport and beyond. It was absolutely extraordinary.

The other thing to note is that, as well as continuing with the Power Up series of events, in the last few days before the conclusion of the FIFA Women's World Cup we also announced our $18 million Power of Her funding program, a program focused on continuing to advance that legacy that came from the incredibly successful FIFA Women's World Cup. That program, as I know the shadow minister is aware, focuses on growing that legacy through increasing participation, making sure there are more programs and appropriate facilities available that enhance that participation.

Again, the Power of Her—Women in Leadership Symposium was absolutely extraordinary. It was sold out and was attended by around a thousand people. So often still I have conversations—and I know the CE Kylie Taylor does as well—where people come up to you in all sorts of places and talk about the incredible energy of that day and also, really importantly, talk about things that they have advanced or particular acts of courage they have engaged in in their sphere of influence since that incredible day on 8 August 2023.

The CHAIR: Thank you for that fulsome answer, minister.

Membership:

Mrs Pearce substituted for S.E. Andrews.

The Hon. V.A. TARZIA: I refer to that engagement, that increased participation of girls and women taking part in sport. If you look at page 132, number of state active recreation sports facilities developed or maintained in terms of performance indicators and targets, one site currently, I suppose, in the government's sight in terms of development is the Magill UniSA land. You have the east side and the west side. Would the minister support part of that master plan development being retained as some sort of sport or football or soccer facility?

The Hon. K.A. HILDYARD: In terms of the current UniSA campus?

The Hon. V.A. TARZIA: Yes.

The Hon. K.A. HILDYARD: It is my understanding that a consultation process will be undertaken in relation to the land at that site, and I am sure the Office for Recreation, Sport and Racing will put their views forward in that consultation process, as will a number of other agencies and as will, I am sure, your community, shadow minister.

The Hon. V.A. TARZIA: Budget Paper 4, Volume 3, page 130, targets 2024-25, dot point 5. What is the current representation of South Australians in selections for Australia in the 2024 Paris Olympic and Paralympic teams?

The Hon. K.A. HILDYARD: Excellent question. The reason I wanted to consult with our SASI director is that, as I think the shadow minister would be aware, there is still a window of opportunity for selection to both the Paris Olympics and the Paralympic Games, so literally each day there are selections made in particular sports. Just last Friday, the beach volleyball selections were announced, with a South Australian selected in the beach volleyball team in Zachery Schubert.

Also, three of those athletes at that selection, whilst they were not born in South Australia are athletes that we certainly claim, given they have all, really pleasingly, had some relationship with our South Australian Sports Institute, either having trained there for a period of time or resided in South Australia to explore their beach volleyball. That number, as I said, I hope will continue to increase, because there is still a window open for selection.

What I will do is let the member know about some of the incredible South Australian athletes whose selection has already been announced. I am sure the member is aware of some of these and probably knows some of these remarkable athletes. One of those athletes, who was actually on the previous iteration of our South Australian Women in Sport Taskforce, is Jessica Stenson. She competed at the Olympics in Rio in 2016 and she has, which is just remarkable, been selected for her third Olympic Games, where she will race in the women's marathon. Jess is an extraordinary woman. She had her second child, Ellie, in September 2023 and has now been selected for her third Olympics. That is absolutely remarkable.

There is Callum Peters. I am not sure if the shadow minister has had the privilege of meeting Callum Peters. Have you met Callum?

The Hon. V.A. TARZIA: I have. He has promised me a boxing session soon.

The Hon. K.A. HILDYARD: He is just delightful and such an incredible role model. He is absolutely aiming to make history in Paris, aiming to win a gold medal and to make himself the first ever Australian boxer who wins a gold medal at an Olympics. I have met him. I have met some members of his family. He is a Davoren Park local, and he is one of two Aboriginal boxers who have been selected for the Australian team.

Another person I will mention is Angus Hincksman. I know his family well. He is a lovely young man. Angus has defied every single medical expectation to be selected for his debut Paralympic games in the athletics T38 1,500 metres. His determination has seen him absolutely soar on the world stage. He is also a very proud member of our southern community, a member of the Moana Surf Life Saving Club and a member of the Southern Athletic Club, and I wish him all the best. I mentioned Zachary Schubert, who will partner with Thomas Hodges when they play in the Australian men's beach volleyball team, which spectacularly will play underneath the Eiffel Tower in Paris.

The other thing I would say is that I know that we have offered the opportunity for the shadow minister, which I understand you have taken up, to visit our new South Australian Sports Institute,

which represents an investment of almost $90 million, with a $20 million contribution from UniSA. I think it is fair to say that the South Australian Sports Institute over its long history has clearly supported and developed and empowered extraordinary South Australian athletes. This new facility will provide that ability to provide similarly that support for generations to come.

The fact that that facility will also house research and teaching facilities through the university and the fact that it sits next to our world-leading national Centre for Sports Aerodynamics, or the wind tunnel, in South Australia absolutely positions that precinct and our state as world-leading in terms of athlete development. I think our current Olympians who hail from South Australia already are testament to, of course, themselves and their remarkable efforts but also what happens at SASI, and I think that will only grow in the future as SASI is completed later this year.

The Hon. V.A. TARZIA: I refer to Budget Paper 4, Volume 3, page 130, targets 2024-25, point 5. What is the per capita benchmark for South Australia in selections for the Australian team for the 2024 Paris Olympics and Paralympic teams? What is the per capita benchmark?

The Hon. K.A. HILDYARD: The per capita target is generally around 7 per cent. I say 'generally', obviously with fluctuations around population, etc., but there has been a tradition, rightly—and I understand this was the case in the previous government as well—of aspiring beyond the per capita target. I understand that that aspirational target for some time has been around 10 per cent.

The Hon. V.A. TARZIA: I refer to Budget Paper 4, Volume 3, page 132, performance indicators. Is the minister able to explain why there were 28 less scholarships provided in 2023-24 than there was targeted to be?

The Hon. K.A. HILDYARD: What I can tell the member is that the number of scholarships always relates to the national categorisation system. When I say that, both the Australian Institute of Sport and any particular national sporting organisation will constantly review and potentially alter categories, meaning that there are different pathways and different disciplines within a particular sport, which could mean there is what they call 'podium potential' in a particular pathway.

Our targets are constantly impacted by that national categorisation system, by both the national sporting body—that might mean Basketball Australia, Tennis Australia, Athletics Australia—and the Australian Institute of Sport. So we cannot always control what our athletes' pathway is. What I can say is that, as those categories change, SASI will then adjust their programs to make sure that any current cohort of athletes can then start to track toward a pathway that aligns with that new national categorisation and therefore—again, as the AIS and the national sporting bodies speak about—against the podium potential.

The Hon. V.A. TARZIA: I refer to Budget Paper 3, page 18, regarding vouchers. Is the minister able to provide the estimated number of vouchers to be redeemed by children participating in the music lesson initiative?

The Hon. K.A. HILDYARD: Can I first of all say that it is absolutely extraordinary, the feedback that both the member for King, as assistant minister, and I have had in relation to our latest sports voucher announcement. I would also say that that feedback has been very strong from the member for Davenport and the member for Torrens, and I think the member for Finniss was also speaking about the particular take-up, if I heard correctly—it was very late on one of the nights that we sat this week—and about which sporting bodies have provided the most vouchers. It has been an extraordinary reception to that announcement.

We made the decision to increase sports vouchers, to double the sports vouchers, and we have made a decision over the past couple years to expand them to Scouts and Guides because we want to make sure that as many children and young people as possible have the opportunity to participate in the sport and the recreation they love. We want it to be the case that they have those opportunities and that cost is not a barrier for families. We also must create those opportunities because it is alarming that, for decades right around Australia, the physical activity levels of young people have been declining. We absolutely have to continue to think about ways to provide opportunities to increase physical activity levels.

We know the lifelong benefits that come with being involved in sport and active recreation. We know there are not just physical benefits but mental and emotional health and wellbeing benefits also, and that many young people experience a really important and lovely sense of belonging to a community family through being involved in sport and recreation. What we also know, however, is that not every young person is drawn to participate in sport and active recreation in the way we think about that. Many are drawn to be involved in music and to explore their creativity.

It is really important that, whatever pursuit a particular child or young person is interested in, there are those opportunities for them to be involved. We know that for many children and young people music is the thing they want to participate in. So we are absolutely focused on making sure that, for those children and young people who want to engage that way, cost is not a barrier, hence why we expanded the sports vouchers to also include music. The benefit of sports vouchers of course also is that we take our children and young people away from screens and get them connected with other people, whether that is dance, whether that is Scouts, playing basketball or playing the violin—we want to create those opportunities.

We have had excellent feedback from community about the inclusion of music lessons. The assistant minister and I made the announcement about the doubling of the vouchers and the expansion to music lessons and participation in music activities at the Cove sporting precinct. We had an extraordinary young woman come along, I think she was 12—Serena—who is a cellist with the Adelaide Youth Symphony Orchestra. She and her dad, who was there—

The Hon. V.A. TARZIA: Point of order: I have allowed the minister a bit of opportunity to warm up, a bit of preamble, a bit of background, but the question was pretty specific: it was about the estimated number of vouchers. I ask that you rule on whether the minister should come back to the substance of the question.

The CHAIR: I think there is some strength in the member for Hartley's point of order, and I am sure the minister is coming to the particular point.

The Hon. K.A. HILDYARD: The thing I will come to is that year on year we have had a record take-up of vouchers and there are a number of things that impact on the take-up of vouchers. The first thing is awareness of the existence of the vouchers, and obviously that has improved over time. When I say awareness, I mean for both families and also providers of particular activities.

Year on year we have had this increase in the take-up of vouchers, the number of providers who are signing on to became providers and to administer the sports vouchers. We have had about a 45 per cent increase in take-up over time, which is a record across activities, but it has taken time from 2015 over the 10 years to get to that take-up. We will focus continuously on raising awareness about the vouchers so that, as it has each year, we keep growing that percentage of take-up.

I am sure that with the inclusion of music we will go through that similar exercise of making sure there is awareness, making sure providers are across how vouchers are to be administered, etc., that everybody is aware of the system and how it works. We will keep working to increase in every area, every activity, the provision of vouchers.

We anticipate that there will be 5,000 to 10,000 perhaps in this first year with the music lessons, but I have absolutely no doubt that, just as has been the case with each of the activities that we have brought on, that will grow year on year. When we included Learn to Swim, over time the take-up of those vouchers increased. When we included dance, over time the take-up of those vouchers increased. It is the same with Scouts and Guides—over time that increased. We anticipate exactly the same thing with music.

What I would say to the shadow minister and, indeed, to all the members here—and I know that a number have already been raising awareness—please, please keep raising awareness with all of the sport and active recreation clubs in your community, with all of the providers of music lessons, with the Scouts and Guides in your community. Please keep raising awareness. It is there. We have made a commitment to provide them. We want as many people as possible to take them up. But there is nothing in the modelling that Rec and Sport have spoken with me about that would indicate that there would not, with those efforts, continue to be that growth in music, just as there has been in the other areas as well.

Mrs PEARCE: I refer to Budget Paper 5, page 51: Netball SA Stadium upgrade. Can the minister provide an update about the government's plan to upgrade the facility at Mile End?

The Hon. K.A. HILDYARD: I would love to do that. I really want to start by thanking the member for her question and for her really fierce advocacy for sporting clubs within her electorate, the surrounding areas and, indeed, much more broadly. I also want to, given she has asked this question, pay tribute to her longstanding prowess on the netball court. I know she continues to play and to display that extraordinary skill that she has.

Mrs PEARCE: Very kind.

The Hon. K.A. HILDYARD: It is true. Our government really believes in the importance of sport at a community level, which, week in and week out, supports, as I said before, the mental, emotional and physical health and wellbeing of those who participate, which brings people together and helps people in every corner of our state know that they belong, that they are not alone. In South Australia, more women and girls play netball than any other sport. That figure sits at roughly 35,000 people who enjoy participating in this magnificent sport.

Supporting girls and women in sport means working toward them having the facilities, the programs, the equipment that they need and deserve. Our government is absolutely serious about backing girls and women in sport, and that is why this budget includes an additional $80 million investment, bringing the total investment to $92 million allocated to redevelop the Netball SA Stadium at Mile End. This record investment will see the existing stadium rebuilt with more courts and better seating, providing a better experience for the half a million people who currently go through the doors every year.

All 26 outdoor netball courts will also be upgraded with better shelter, improved lighting and new playing surfaces to support the strong community commitment to netball across South Australia. I think it is fair to say that anybody who has ever been at those courts at Mile End on a weekend, any weekend, or indeed for the enormous country championships, will absolutely know how important this upgrade is in supporting participation.

The indoor part of the new stadium will seat around 3,000 patrons, with an expectation to increase the number of indoor courts from four to eight. The redevelopment will mean that the stadium will also become a multisport facility, really importantly enabling sports like volleyball to have a place to play and to call home, and other court sports, like pickleball, to use this new complex. For volleyball in particular, this will be a really significant moment and a step forward for their sport, as they will also have new state-of-the-art facilities for their members to play the sport they love, and for more people to try this outstanding activity played across the world. Pickleball is now one of the fastest growing sports in the world. In South Australia alone, the number of participants has quadrupled, and this facility will make a real difference to that growing number of people getting involved.

The revitalised, flexible, indoor complex will, I think, also help to attract even more national-level sporting events to South Australia, which is of really important benefit to sport and to our state's economy, our community connection, and reputation as the sporting capital of Australia. The redevelopment will occur in two stages: stage 1 will include the redevelopment of outdoor courts and additional car parking, which is expected to be completed in 2026; and stage 2 will include a rebuild of the indoor stadium, which will commence in 2026 with the aim for it to be completed in late 2027, early 2028.

This redevelopment follows our government's really exciting announcement, in conjunction with Netball Australia and Netball SA last year, that the Adelaide Thunderbirds would move all of their home games to the Adelaide Entertainment Centre, a move that is proving hugely successful, with the team experiencing record membership numbers, even before the commencement of the season and huge success on the court throughout this season. That success, I think we are all really hopeful, will continue as we cheer those excellent women to the end of the season and hopefully towards a home final, which our government and netball also announced last year would be held right here in Adelaide in August. Between six and a half and eight and a half thousand spectators are attending Thunderbirds games currently at the Adelaide Entertainment Centre, and I have no doubt that they will continue to do so.

Our government is committed to running the new Netball SA Stadium through the Office for Recreation, Sport and Racing. A consultation phase on the development will commence soon to ensure that we have all of the right parties around the table, and to ensure that we get this generational incredible development right. I am really proud of the difference that this facility will make for current and future generations of netballers, and so pleased that the revitalised Netball SA Stadium will, of course, sit right next to our new South Australian Sports Institute. I think that, together with the netball stadium, our refurbishment of the Athletics Stadium, and our incredible, world-leading national Centre for Sports Aerodynamics, will make sure that we turn the Mile End precinct into a world-class place for sport.

The Hon. V.A. TARZIA: Supplementary: is the minister able to confirm if the CFMEU or any other union has indicated their intent to be involved in industrial matters concerning the Netball SA Stadium upgrade rebuild?

The CHAIR: I will leave that to the minister's discretion, but it sounds to me like this could be in somebody else's portfolio area.

The Hon. K.A. HILDYARD: Yes.

The CHAIR: You might want to move next door to ask that question.

The Hon. K.A. HILDYARD: Could you just repeat the actual question?

The Hon. V.A. TARZIA: It is supplementary because you are talking about the build. I am just asking is the minister able to confirm if the CFMEU or any other union has indicated their intent to be involved in industrial matters concerning that rebuild.

The Hon. K.A. HILDYARD: There has been no indication. I think also, just to be clear—I can be really clear that there has been no indication but also, as I think the shadow minister would be aware, DIT certainly manages the building of particular projects, but there has been no indication.

The Hon. V.A. TARZIA: I refer to Budget Paper 3, page 18. We were talking about music lessons. Obviously, a lot of music lessons are provided by private tutors and private businesses, so logistically how will that be managed in terms of children redeeming their vouchers?

The Hon. K.A. HILDYARD: It will be the same as sports vouchers, where providers register with the Office for Recreation, Sport and Racing. The Office for Recreation, Sport and Racing has done an excellent job to make it relatively straightforward for providers to register. Once they are registered, they can make sure that, should a family wish to claim a sports voucher to use for the payment of their particular tuition or other fees, they can do so. Just to perhaps give the shadow minister more context, already, for instance, particularly in dance, there are private providers who register so that sports vouchers can be claimed.

The Hon. V.A. TARZIA: I refer to Budget Paper 4, Volume 3, page 132, performance indicators. Can the minister confirm what percentage of eligible children redeemed sports vouchers in 2023-24?

The Hon. K.A. HILDYARD: It tracks at around 45 per cent. I say around because right now somebody could be logging on and claiming their voucher.

The Hon. V.A. TARZIA: I am sure they are.

The Hon. K.A. HILDYARD: For some time it was sitting at around 40, but there has been an increase to much closer to 45 per cent. That is the highest of any jurisdiction since they have been developed here in South Australia, which is great. It is something we can all be proud of.

The Hon. V.A. TARZIA: I refer to Budget Paper 4, Volume 3, page 131, explanation of significant movements. I am just curious: is the minister able to explain why there was a decrease of $3.5 million in the Racing Industry Fund in 2023-24?

The Hon. K.A. HILDYARD: In relation to this budget item, it is always based, because it has to be, on a careful projection of what gambling revenue will be and of course in predicting what it will be they are careful, looking at particular patterns and trends, etc. So it is always based on that projection and then of course there is the actual that is realised.

The Hon. V.A. TARZIA: I refer to Budget Paper 4, Volume 4, page 96, Program 2, sports events. Did the minister attend the 2024 LIV Golf event?

The Hon. K.A. HILDYARD: That is a good question. On the Sunday afternoon—I just cannot remember the date that Sunday was—for about an hour or so, my husband and another friend and I went. We went in the general admission.

The Hon. V.A. TARZIA: I refer to Budget Paper 4, Volume 3, page 132, explanation of significant movements. Can the minister outline the rationale as to the increase in contribution for the FIFA Women's World Cup Legacy Grants?

The Hon. K.A. HILDYARD: Can I first of all say that, as I said in relation to your very first question, I am incredibly proud of the Power of Her legacy grant program. It is absolutely about harnessing the legacy of the FIFA Women's World Cup to make sure that we are providing more opportunities for girls and women to participate in the sport that they love. When I say providing more opportunities, we know that providing more opportunities means that we need to give them better access to equipment, to programs, to facilities, and that is exactly what the $18 million Power of Her Infrastructure program is focused on.

I think the member would have noticed when we announced the program and when the program opened. What I can say is it is an $18 million program spread over three years. We wanted to make sure that we were getting those funds to clubs as soon as we possibly could, so we simply made the first tranche of the $18 million a smaller amount and the next two iterations or application rounds will be larger. So it was just really a timing issue. It is $18 million in total, as we announced. It is just about timing in terms of how many million dollars are in each of the rounds.

I can also tell the member that there will be another round of the Power of Her infrastructure program opening in the second half of this financial year. Again, I would encourage all members to let the clubs in their local communities know about the applications becoming open and of course, as you always do as local members, to support your local clubs.

It is an extraordinary program not just because, really importantly, it does directly impact that desire that we all share to enable girls and women to equally and actively participate, but it also really does preserve that legacy of the FIFA Women's World Cup. I know that, in all of the conversations with both Football Australia and Football South Australia and indeed FIFA in the lead-up to our hosting of the FIFA Women's World Cup, there were goals that they each had and strategies that they each had to shift gender inequality in the sport and elsewhere and to absolutely leave legacy programs that, in a very, very practical way responded to that desire and to that need, and that is exactly what we are doing with this program.

Sorry, I am just going to go back. I said it would open in the second half of the financial year; it is in the second half of the calendar year, so it will open in these next six months, just so everyone is clear because we want people to apply. We do not want them to miss out.

The Hon. V.A. TARZIA: I understand, thank you. I am going to ask one more question before the omnibus questions. I refer to Budget Paper 4, Volume 3, page 131, expenses. Is the minister able to confirm how much funding is budgeted to provide to Gymnastics SA in 2024-25 and provide a breakdown of that funding?

The Hon. K.A. HILDYARD: When you say Gymnastics SA, what I will first of all say is that, when we came to government, we delivered on an election commitment and invested $6.3 million in total to upgrade both The Hub Gymnastics Club in the member for Davenport's electorate—I know the member for Davenport is a great supporter of The Hub Gymnastics Club—and there was also an investment within that $6.3 million made to the Tea Tree Gully gymnastics club.

Both of those clubs are hugely successful. I know Emma Murray, who is a driving force at The Hub Gymnastics Club, is ecstatic about the development that is happening. She is really eager to make sure that through that development even more young people in the south are able to participate in gymnastics. I thank Emma and the many other people at the hub, and, indeed, the many leaders at the Tea Tree Gully gymnastics club who provide gymnastic activities to young people in that community in the north-east.

The Office for Recreation, Sport and Racing has also worked, and is working, really closely with Gymnastics SA on the development of their business case for a state centre, a home for gymnastics. I can confidently say that all the people here at this table with me are working really hard and are having ongoing important discussions with Gymnastics SA about possible locations to be explored.

In recent conversations more potential locations have been identified and, together with Gymnastics SA, in this coming financial year of 2024-25 the feasibility of those locations will be tested. Again, on the basis of the testing and exploration of possible locations, the business case they have been collaboratively working on will be further advanced and put forward for investment consideration.

Ms PRATT: These are the estimates committee omnibus questions:

1. For each department and agency reporting to the minister, how many executive appointments have been made since 1 July 2023 and what is the annual salary and total employment cost for each position?

2. For each department and agency reporting to the minister, how many executive positions have been abolished since 1 July 2023 and what was the annual salary and total employment cost for each position?

3. For each department and agency reporting to the minister, what has been the total cost of executive position terminations since 1 July 2023?

4. For each department and agency reporting to the minister, will the minister provide a breakdown of expenditure on consultants and contractors with a total estimated cost above $10,000 engaged since 1 July 2023, listing the name of the consultant, contractor or service supplier, the method of appointment, the reason for the engagement and the estimated total cost of the work?

5. For each department and agency reporting to the minister, will the minister provide an estimate of the total cost to be incurred in 2024-25 for consultants and contractors, and for each case in which a consultant or contractor has already been engaged at a total estimated cost above $10,000, the name of the consultant or contractor, the method of appointment, the reason for the engagement and the total estimated cost?

6. For each department or agency reporting to the minister, how many surplus employees are there in June 2024, and for each surplus employee, what is the title or classification of the position and the total annual employment cost?

7. For each department and agency reporting to the minister, what is the number of executive staff to be cut to meet the government's commitment to reduce spending on the employment of executive staff and, for each position to be cut, its classification, total remuneration cost and the date by which the position will be cut?

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

- What savings targets have been set for 2024-25 and each year of the forward estimates;
- What is the estimated FTE impact of these measures?

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

- What was the actual FTE count at June 2024 and what is the projected actual FTE account for the end of each year of the forward estimates;
- What is the budgeted total employment cost for each year of the forward estimates; and
- How many targeted voluntary separation packages are estimated to be required to meet budget targets over the forward estimates and what is their estimated cost?

10. For each department and agency reporting to the minister, how much is budgeted to be spent on goods and services for 2024-25 and for each year of the forward estimates?

11. For each department and agency reporting to the minister, how many FTEs are budgeted to provide communication and promotion activities in 2024-25 and each year of the forward estimates and what is their estimated employment cost?

12. For each department and agency reporting to the minister, what is the total budgeted cost of government-paid advertising, including campaigns, across all mediums in 2024-25?

13. For each department and agency reporting to the minister, please provide for each individual investing expenditure project administered, the name, total estimated expenditure, actual expenditure incurred to June 2023 and budgeted expenditure for 2024-25, 2025-26 and 2026-27?

14. For each grant program or fund the minister is responsible for, please provide the following information for the 2024-25, 2025-26 and 2026-27 financial years:

- Name of the program or fund;
- The purpose of the program or fund;
- Budgeted payments into the program or fund;
- Budgeted expenditure from the program or fund; and
- Details, including the value and beneficiary, or any commitments already made to be funded from the program or fund.

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

- Is the agency confident that you will meet your expenditure targets in 2024-25?
- Have any budget decisions been made between the delivery of the budget on 6 June 2024 and today that might impact on the numbers presented in the budget papers which we are examining today?
- Are you expecting any reallocations across your agencies' budget lines during 2024-25; if so, what is the nature of the reallocation?

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

- What South Australian businesses will be used in procurement for your agencies in 2024-25?
- What percentage of total procurement spend for your agency does this represent?
- How does this compare to last year?

17. What protocols and monitoring systems has the department implemented to ensure that the productivity, efficiency and quality of service delivery is maintained while employees work from home?

18. What percentage of your department's budget has been allocated for the management of remote work infrastructure, including digital tools, cybersecurity, and support services, and how does this compare with previous years?

19. How many procurements have been undertaken by the department this FY, how many have been awarded to interstate businesses? How many of those were signed off by the CE?

20. How many contractor invoices were paid by the department directly this FY? How many and what percentage were paid within 15 days, and how many and what percentage were paid outside of 15 days?

21. How many and what percentage of staff who undertake procurement activities have undertaken training on participation policies and local industry participants this FY?

The Hon. K.A. HILDYARD: Before we stop, this group of officials will be leaving, so thank you very much to this extraordinary team at the Office for Recreation, Sport and Racing.

The CHAIR: The allotted time has expired and the examination of the Office for Recreation, Sport and Racing has closed, so I thank you too. The examination of the proposed payments to the Department for Infrastructure and Transport and administered items for that department will be referred to committee A.

Sitting suspended from 10:01 to 10:15.

DEPARTMENT FOR CHILD PROTECTION, $799,333,000

Membership:

Mr Teague substituted for Hon. V.A. Tarzia.

Minister:

Hon. K.A. Hildyard, Minister for Child Protection, Minister for Women and the Prevention of Domestic, Family and Sexual Violence, Minister for Recreation, Sport and Racing.

Departmental Advisers:

Ms J. Bray, Chief Executive, Department for Child Protection.

Mr D. Shephard-Bayly, Acting Deputy Chief Executive, Department for Child Protection.

Ms J. Male, Chief Financial Officer, Department for Child Protection.

Ms G. Ramsay, Chief Operating Officer, Department for Child Protection.

Ms S. Barr, Executive Director, Out-of-home Care, Department for Child Protection.

Ms S. Wendt, Director, Social Worker Registration Scheme.

The CHAIR: Welcome back, everybody, to Estimates Committee B. I welcome the Minister for Child Protection. We are now examining the Department for Child Protection estimate of payments. I declare the proposed payments open for examination and I call on the minister, if she wishes, to make a statement and to introduce her new advisers.

The Hon. K.A. HILDYARD: I will start by introducing the people with me. First of all, on my right we have our Chief Executive, Jackie Bray. On my left, we have our Chief Financial Officer, Joanne Male. Further on my left, we have our Acting Deputy Chief Executive, Mr Darian Shephard-Bayly. Behind me on my left, we have Gabby Ramsay, who is our Chief Operating Officer, and Sue Barr, who is our Executive Director, Out-of-home Care. Behind them, we have Sarah Wendt, who is the Director of our Social Worker Registration Scheme.

The CHAIR: Welcome to you all. Do you have an opening statement?

The Hon. K.A. HILDYARD: No.

The CHAIR: Member for Heysen, you are the lead speaker. Do you have an opening statement?

Mr TEAGUE: I will go straight to questions.

The CHAIR: Go ahead.

Mr TEAGUE: I turn first to Budget Measures Statement, Budget Paper 5, page 12. At page 12 of the Budget Measures Statement, Budget Paper 5, we see that there is a budget measure for the Department for Child Protection that is described about halfway down that page as 'Out of Home Care—additional resources' and at operating expenses an amount that is estimated for 2023-24 to be just short of $70 million. Would the minister agree with this characterisation of the need for that provision of resource?

I will put it this way: we are talking roughly 10 per cent increase in the cost of housing children taken into state care but housed outside state facilities. The number of children being accommodated has not necessarily increased by 10 per cent, so it reflects a really significant increase in the cost of these non-government organisations looking after these children, and that can be for a whole range of reasons.

It might be that they have chosen staff at those facilities, short-term contract staff, who tend to be much more highly paid than ongoing permanent staff. It might be that the facility is only booked for a short time and that the object therefore is to deal with that in a much more cost-effective manner. Would you agree with that characterisation in terms of the need for that $70 million top-up and how that might be addressed in the year ahead?

The Hon. K.A. HILDYARD: First of all, what I will do is give the member some broader context about the investment that our government has made over the last couple of years into the child protection and family support system. Since coming to government, we have invested, including the investment that appears in the budget this year, almost $450 million. I am really glad that we are making those investments.

They are investments that speak to our government's dual commitment to make sure that we are providing care to those children and young people who cannot live safely at home, those children who live in out-of-home care, but also, as this complex portfolio demands, within that significant investment we are making decisions to prioritise and invest in those programs that help to tackle the difficult issues that families are facing, the complex issues that families are facing, and to undertake the work that is required to try to walk alongside families and help them to safely stay together. When I say that, I am talking about those investments into programs like reunification, kinship carer assessment, family group conferencing and a range of other measures.

In amongst that budget commitment is also significant investment in improving payments to the incredible carers who are absolutely vital to the child protection and family support system. The member would be aware that last year we allocated an additional $50 to each payment made to carers who were caring for children of 16 and under and, also last year, increased their payments by 4.8 per cent as a contribution to the costs of caring, recognising that that is a contribution and it does not necessarily meet every aspect of those expenses.

The investment that the member refers to is an important one in terms of making sure that, again to come back to my first comment, we are providing services and support for those children who are living in residential care. What I would also say in relation to the member's question is that, in amongst the investment, what we are always trying to do, with children at the centre—bearing in mind we absolutely always want to make sure that children are safe and enabled to thrive—is work to try to keep them safe within family as the first priority.

However, there is need for residential care support. Some of that residential care is provided directly by the Department for Child Protection and some is provided by our non-government partners. We have a very strong relationship with those partners, and we will keep working with those partners to make sure that those children and young people in residential care are being provided with the best possible support and also that we are providing that support in a way that is efficient and focuses on making sure that there is stability in the workforces of those non-government partners. So there are several things, rightly—this is a very complex area—that we focus on.

To come back to my first point, I am really proud of the significant investment that our government has made. I am dismayed that the former government actually implemented efficiency measures in relation to this department. Savings that were put in place by the Treasurer in the then government meant that in the vicinity of $17.5 million had to actually be managed in terms of savings efficiency measures cuts, or whatever that government wanted to call it.

In contrast, we are focused on investing, and we are absolutely focused and immersed in balancing that investment across the priorities. They are priorities that constantly interweave and overlap because, as I said, we have a number of objectives: of course, absolutely keeping children safe; strengthening families; providing the right kind of care when children cannot stay with their families; and also working and working to give families the best chance to stay together and be strong and safe together.

Mr TEAGUE: If we go to Budget Paper 4, Volume 1, page 83, we see the program net cost of services summary for the Department for Child Protection. The 2023-24 budget is the subject of the table, and in the middle of the page there is a single line item:

> Program
>
> 1. Care and Protection

The budget for 2023-24 is just short of $788 million and the estimated result is $855 million, which is the blowout of $70 million for which there is a need in the Budget Measures Statement to make that additional provision. What I just quoted before in my prior question was the Treasurer yesterday indicating that the means by which the government is going to have any hope of getting close to the budget that returns $70 million or so back to the $793 million for 2024-25 is by, and I quote the Treasurer further:

> …entering into different and more cost-effective arrangements with non-government service providers. If they are using short-term contract staff, why can we not give them certainty about the level of services they will be providing on behalf of government and they can employ people on a more permanent and more cost-effective basis, for example?

That is the Treasurer's question.

The Hon. K.A. HILDYARD: Yes, we have the transcript.

Mr TEAGUE: You do?

The Hon. K.A. HILDYARD: We have that, of course.

Mr TEAGUE: Does the minister have confidence that the government is going to be able to meet that approximately $70 million of operating efficiencies, to use a term that the minister just used a moment ago, by employing measures, including those indicated by the Treasurer yesterday? Does the minister have anything further or different to add, and does the minister otherwise agree with the Treasurer?

The Hon. K.A. HILDYARD: First of all, just to take the member back, I find it really curious that you describe this as a blowout but then, on the other hand, at different points in time, including late one night this week, you referred to this investment differently. We have also had the shadow treasurer talking about the need for further increases to the child protection budget. So I am very unclear as to what the member and his party's actual position is on this. We are yet to see any policies whatsoever. The only thing I can take from those words like 'blowout', etc., is that you would perhaps make cuts to the child protection budget. I find that really disappointing but not surprising because, as I said, since we came to government, we have invested—

Mr TEAGUE: Sure. We really need to focus on—

The CHAIR: I beg your pardon, minister, just hang on. There is a point of order from the member for Heysen.

Mr TEAGUE: The point of order is to bring the minister to the question. We have had one lengthy monologue and we look like we are heading into another lengthy monologue.

The CHAIR: You are well qualified to talk about lengthy monologues, member for Heysen.

Mr TEAGUE: The question—

The CHAIR: I heard your question. I am listening to the minister's answer, and I think her answer is germane to your question and to the way it was put.

The Hon. K.A. HILDYARD: The very first line of your question was to accuse the government of a budget blowout, so I am responding to that. They are exactly your words, so I do feel the need to respond to your question. I know there was some degree of monologue, so I will try to work through the different issues. But to come back to the first one, I do find it confusing as to what is the opposition's position. I also find it disappointing. I am proud that we have invested $450 million, or around about, since coming to government, in child protection and family support, and I am sure there will be opportunities to take the member through how those different investments are delivering for children, for young people, for families, etc.

To go to the other part of the member's question, of course I listened to the Treasurer yesterday in estimates and I think he did speak about exactly what I just said in my last answer about the need to keep working with our non-government partners about how service is being delivered and to work with them, as we always do—we have very strong partnerships—to make sure services are, first and foremost, child centred and focused on the safety and wellbeing of children and young people, but also that they are steady and stable in terms of the workforce and also effective and efficient. I am not quite sure if there is another part to the question, but I make those reflections.

Mr TEAGUE: Budget Paper 4, Volume 1, page 85, sets out, within child protection, Program 1: Care and Protection, Description/objective, and then moves to a series of dot point highlights for 2023-24 and is followed by a series of dot point targets for 2024-25. I will endeavour to link a highlight with a target where it is possible to do so and invite the minister, in case I have missed one.

We see that target dot point 1 at about point 6 or 7 on the page is to introduce changes to the Children and Young People (Safety) Act 2017. There is a partial dot point highlight in relation to the act, but that is another topic. I might for context note in that regard that there was a review into the Children and Young People (Safety) Act 2017, a report dated February 2023 that was tabled, as I recall, in the parliament on 23 March 2023. When will the amendments for the Children and Young People (Safety) Act 2017 be introduced by the government?

The Hon. K.A. HILDYARD: The very short answer to that is really soon. To give some context to that, as I have spoken about many times in the parliament and wherever we go, and as I have demonstrated, as our investment demonstrates, as the sorts of things we are focused on demonstrate, as some very early signs of change indicate, we are absolutely focused on doing what we can to keep children at the centre of our efforts, to keep them safe, well and supported and enabled to thrive and to make sure, which we are constantly working toward in this very complex and challenging area, we reform the system so that it meets children's and families' needs now and into the future.

The complexity of doing this cannot be underestimated. In South Australia we are receiving notifications about one in three children. There were around 114,000 call centre contacts made to the child protection and family support system in 2022-23. Every single one of those contacts speaks to a child and their family experiencing a range of complex, interconnected, difficult issues, issues that include intergenerational trauma, poverty, mental ill-health, sometimes substance misuse, and all sorts of other stresses. So this area is very complex. I will come to how the legislation fits with that point in a moment because the legislation is also, rightly, complex.

What we constantly strive to do in this system is to have children at the centre, assess risk to children—risk to children's safety and risk to children's wellbeing—and we know that there are many factors that go into those assessments. We know that the incredible workers in the child protection and family support system carry that risk in the decisions they make. That does go straight to one of the issues that we are contemplating in the legislation, as the member is well aware.

These workers are constantly assessing, making those difficult decisions about whether to remove a child and then there are a range of system issues, legal, legislative issues that come with that, service-related issues that come with that, distress—absolutely—that comes with that. There is also then this other set of issues that we look at in assessing that risk as to how we can strengthen families so that they have the best opportunity to stay together strong, so that children, and particularly Aboriginal children, have the best opportunity to stay connected, safe in family, connected to culture, country and community. We are constantly trying to work in each of those spaces, always with children at the centre.

The reason I explain that is that whenever we think about our legislation, indeed whenever we talk about any policy or practice change in the child protection and family support space, I can guarantee you that there is a push and a pull around those particular factors. Every time there is a decision to remove and there is distress for children and for families, sometimes there is also distress when a decision to keep a family together means that there are some really difficult issues that the family contemplates. It is our preference that families safely stay together, but there is always this push-pull.

A really good way of thinking about that is when I think about the conversation that I have had with many kinship carers. I think that is a really stark example that comes up to describe the complexity of child protection and family support. I speak with amazing kinship carers and I am eternally grateful for what they do. I have spoken all over the state with grandparents, great-grandparents, siblings, aunties, uncles, and close extended family members who are caring for children. I absolutely applaud them for doing so.

The reason I use this as an example is that every time one of those amazing kinship carers is caring for a child who is at risk, there is another side to that story where, because they are kinship carers, they have become estranged from their child, their niece, their nephew, their grandchild, and as a result of whatever has happened there they are caring for their children. So there is this constant tension and risk and heartbreaking complexity in the system. We grapple with that every day. The process of changing legislation equally reflects that deep complexity.

The member is right, we conducted a thorough review, as we committed to do before the election and as we are also required to do by the legislation. More than 900 people engaged with that process of review. Hundreds of people attended community consultation sessions. We received numerous written submissions and numerous responses to the online survey, and the document that I tabled in parliament also reflects the complexity that I spoke about. There are a range of views in relation to almost every clause of the legislation that reflect that complexity, that push and pull, the heartbreak and the risk that sits in that system, and the opportunity for change and positivity for children that sits in the system.

We have undertaken, as we should, with a deep understanding of the complexity, the interconnectedness of issues, and we have contemplated that review. We have also contemplated other information that has come to us, other reviews that have happened alongside the review of the legislation. That is why we have taken our time to get this legislation right, because there are competing views: there are always two sides to what is happening for particular children.

In the legislation we need to get our thresholds for notifications right. We need to get it right in terms of ensuring that Aboriginal families are empowered in decision-making. We need to get it right in terms of who can have contact with particular children and how that works. We need to get it right in terms of absolutely putting children at the centre of that legislation and preserving their rights and amplifying their voice, recognising that every single point that I make also has other views about what should happen in relation to that particular circumstance.

We have done a very thorough review, and we are going through a very robust process to make sure we get it right. We will be consulting and providing information on a draft bill, and I will be happy to talk with the member about that when the time comes for it to be released, to talk through that bill and the complexity within it and the varying range of views that exist about almost every clause within it.

We are determined that we get this right. Legislative change is really important to making sure that our vision for the reform of the child protection and family support system can rely on legislation that gets a whole lot of fundamental things right, that enables children and families in the right way and also provides the right kind of protection for those children and for those families.

Mr TEAGUE: The introduction of changes to the act was a target for 2023-24, so the question is: having failed that target, will we see the amendments to the act before the end of this parliamentary sitting year, 2024? Just as it was a target in 2023-24 to refresh the statement of commitment, it was a target in 2022-23 to establish the peak body for Aboriginal children and young people. Are the minister's long answers or long monologues to the estimates committee today really just cover for a failure to meet target after target?

The CHAIR: Member for Heysen, I do have to point out to you that the way you phrase questions and the implications and assertions you make do invite the minister to make the lengthy answers that she does, and I would not be surprised if her answer now reflects on the things she has already said. You kind of invite these things on yourself, but I invite the minister to answer as succinctly as she can.

The Hon. K.A. HILDYARD: I just want to clarify because there were a number of things, you are right, that I will have to address in that question. I will come to the thing about my fulsome answers and the assertions that the member has made about targets, etc. You spoke about legislation and you spoke about the statement of commitment and the peak. I will try to address all of those points that you made in your question. I think I have them all.

Mr TEAGUE: The two previous targets that have not been met in my proposition, just to restate them, were a target in 2023-24 to refresh the statement of commitment—that has not happened—and a target in 2022-23 to establish the peak body. We see there is a highlight in 2023-24, which is the second from the bottom dot point highlight for 2023-24, the establishment of the Aboriginal peak body, but the target for 2024-25 heads into finalising implementation of the peak body.

The question was: having failed to meet the stated target last year in 2023-24 for the introduction of the changes to the Child and Young People (Safety) Act 2017, on top of the failure to meet the targets, two of which I have identified, are the long answers of the minister just cover for repeated failure to meet targets?

The Hon. K.A. HILDYARD: I will try to go in backwards order. First of all, my long answers are absolutely because I am desperate, absolutely desperate, for the member to understand the complexity in the child protection and family support system and what children and families are going through. I am desperate for you to understand and to walk with us in driving reform. I try over and over again in my answers in parliament, in speeches at particular events that you are at, through inviting you to our Child Protection and Family Support Symposium that you did not attend. I am trying so hard to invite you into this conversation to walk alongside you.

I have heard your leader say that reform in the child protection and family support system needs to be bipartisan. The sector is crying out for that bipartisanship. I try over and over again to invite you into that and the reason I do so is that this is a challenge for our whole state, for our whole community. We need the whole of government, the whole of our parliament, the whole of community and the whole of the sector absolutely focused on how we can, with children always at the centre, reform our system.

It is complex. It is long term, as Professor Leah Bromfield from the Australian Centre for Child Protection says. We need to transform the system and that needs a 20-year vision. This is not a quick process. This is not just about changing particular programs. This is about fundamentally re-envisaging a system that was built decades and decades ago to respond to incidents of physical harm. It is not a system that was built all those decades ago that even contemplated some of the issues that families and communities face in an intergenerational way. Our system is changing to contemplate that complexity, to contemplate the now prevalence of cumulative harm and neglect, which is the prevalent form of abuse and risk now.

So the reason I give these answers is that I am desperately trying to bring the opposition along on this journey. We need to have everyone involved in this change. We do not need small-target potshots and trying to make a point about words. What we need is genuine bipartisanship, with children at the centre, that advances us toward genuine, lasting, long-term change that makes a difference in the lives of children and young people.

I am inviting you again to be part of that, to absolutely be part of that. I was really disappointed that you did not come along to the symposium, with the whole sector, with families, with children, all speaking in a very open way about the problems with the system, about what needs to change. That is why I keep speaking with you in this way, in an attempt to bring us together as a community, as a government and opposition, trying to make change. As I said, it is also what the sector wants. The sector have been very clear. They want us to act together for this most important thing.

The reason I am so deeply, deeply engaged in this process is that I am heartbroken every single day by what children and young people and families go through. I am acutely aware that no one person can actually turn everything around, so I constantly, with those children in my heart, invite others into this program for change, and I extend that invitation again to you today. I hope that answers your question about why I give long answers. I hope that answers your question, and I hope that you have heard that invitation that has been extended to you again.

I think I have comprehensively answered the question about legislation. It is really complex. We are determined to get it right. We are determined that children are at the centre of it, and we are determined that we do the best job we can to respond to a range of different, complex, slightly different views from all sorts of different parties right across the sector, from families, from carers—there are a range of views. We are focused on getting that right. As I said right at the beginning of my previous answer, you will have that legislation really soon and I look forward to talking with you about that.

In relation to the peak body for Aboriginal children and young people, I am really proud to talk about the peak body. I am not sure if the member saw our release and discussion recently about the peak body. There is an incredible steering group that I am so grateful for. They have been working together with SNAICC to develop the peak body and recently came and saw me about their progress with the peak body.

You can talk about it as a failed something—whatever your language was—but, actually, empowering Aboriginal people to steer that process, enabling them to take that power and to develop the peak in the way they want to, is the right thing for us to do. That is the right thing for us to do, and I stand by empowering those people in that way. They absolutely should lead decision-making about their peak body. It needs to be Aboriginal-led decision-making that shapes what that peak body looks like.

So we have funded it—something that I do not think when you were in government you even contemplated funding—we have provided $3.2 million and we have absolutely empowered the Aboriginal community to develop what that peak looks like, and rightly so. That is something I will stand by and I will not resile from. It is the right thing to do. That is a very important point.

To come back to another point, when the steering group came to see me a few weeks ago they let me know the name they had developed for the peak body, and the name they have developed and announced is Wakwakurna Kanyini, which means 'holding on to our children'. It is a beautiful name and, as I understand it, is a combination of both Kaurna and Pitjantjatjara words—I think that is right.

They spoke with me about the beautiful progress they had made in developing the peak, and it was lovely to hear about the processes they have gone through to develop it, the consultation they have done. Their shared leadership was extraordinary. As well as letting me know about the name, the beautiful name of the peak body, they also let me know that they have been out advertising for a CEO of the peak. I think it is perhaps today—or very, very soon—that that process closes. So in terms of the member's question about progress, they have been making incredible progress.

The other thing, rightly, that they are doing alongside that, of course, is talking about how the organisation will continue to be governed, their ongoing connection with SNAICC and, really importantly, how we will walk together as they bring forth the issues that Aboriginal children and families continue to experience. When I say 'bring forth', they bring forth their ideas, their feelings, about how things can change.

I can absolutely say to the member, very proudly, that he can say as many things as he wants about this, but I will not resile. I am really proud to empower the peak body, those remarkable Aboriginal leaders who drive that peak body, and I will continue to do so, because that is the right thing to do. Empowering Aboriginal-led decision-making is absolutely the right thing to do, and I will continue to do what I can to empower that decision-making.

The establishment of the peak, of course, responds to longstanding calls for funding for that peak. It was back in 2021 that SNAICC first started working on this, but there was not the funding from the previous government. As I said, we proudly provided that funding. I understand, as I said, that those Aboriginal leaders who are leading the establishment of the peak are engaging with community right across the state but also with the multiple Aboriginal organisations in our state that rightly need to have a voice in that establishment process.

I also understand that some of the other things that have been progressed by the peak body are the development of a project plan, and the engagement of an artist for the beautiful logo they have developed for Wakwakurna Kanyini. They have gone through a communication stakeholder

engagement plan, they are well progressed in terms of that governance, they are well progressed in terms of identifying those practical infrastructure requirements, etc.

Again, I want to be really careful that I summarise those developments because I do respect that that establishment steering committee absolutely needs to lead that process, and I really look forward to continuing to walk alongside them. I have such faith in the peak body in terms of their enormous collective heart and desire to improve outcomes with and for Aboriginal children and families.

One of the things that we spoke about in our meeting was the desire to make sure that we walk together as we also respond to Commissioner April Lawrie's report, the Holding on to Our Future report. The peak body will be integral to response but also, again, how we change the system, how we better embed the Aboriginal Child Placement Principle. We will continue to walk alongside the peak body.

The other thing that I would say again is that there is so much to do. The over-representation of Aboriginal children and young people in care is terrible. It is a call to action, a call that we are absolutely focused on and are deeply thinking about. The peak body investment is obviously a response to that over-representation, a response that we are proud of and we are hopeful about. That over-representation is unacceptable. Everybody agrees with that.

What I can say is that the tiniest, tiniest signs of a complete slowing of growth have happened over the last few years. In 2020, the growth rate of Aboriginal children in care was 13.1 per cent. It now sits, right now, at minus 0.4 per cent, taking into account the first 10 months of the 2023-24 financial year. That is a very small but important change, but there is so much to do in this space, and I will be absolutely relying on that Aboriginal-led decision-making that will come through the peak body for Aboriginal children and young people as we take those steps forward.

The third part of your question was in relation to the statement of commitment. What I can first of all say in relation to the statement of commitment is—rightly, I say this all the time—I am so grateful to the incredible foster and kinship carers, the growing number this year of foster and kinship carers, who open their whole lives, their hearts, their homes to children and young people. They absolutely help transform young people's lives.

That is why we are working to better support those carers. It is why last year, as a contribution to caring, we increased the carer payment by 4.8 per cent, plus another $50 for each of those payments. It is why, having listened to foster and kinship carers earlier this year, I announced the flexible respite payment of $800 each year on top of existing respite care arrangements. I have literally gone all over the state. My office tells me I have done almost 50 forums or conversations or round tables with carers, and we are making changes according to what they tell us. The flexible respite payment is a really important part of that.

In relation to the statement of commitment, which was another part of the member's four-part question, the member may remember that in 2020 and 2021 the previous minister moved amendments to the Children and Young People (Safety) Act. During the course of those amendments, the incredible people at Connecting Foster and Kinship Carers, the peak body for carers here in South Australia, came to see both myself, as the shadow minister at the time, and the minister and advocated so strongly that we include measures around procedural fairness for carers into the bill. I moved amendments along those lines. Unfortunately, your government did not support those. Similar amendments were moved in the upper house. Unfortunately, they were also not supported. So the Hon. John Darley at the time introduced a bill to establish the foster and kinship care inquiry.

The previous minister appointed Dr Fiona Arney to conduct the foster and kinship care inquiry, and she handed down her report. One of the recommendations in that report was to establish a Carer Council, which we have tasked Connecting Foster and Kinship Carers, the peak body, with doing. That Carer Council is established and, in terms of carer-led decision-making, they are rightly reviewing the statement of commitment.

Again, I am committed to empowering the voice of carers. The Carer Council, rightly, is looking at the refresh of the statement of commitment, and I really look forward to our continued work

with the Carer Council and to any refresh that they advise is needed to the statement of commitment. I am not, again, going to resile from the fact that we are empowering them to look at that statement of commitment. That is the right thing to do, to have carers' views heard about the statement of commitment. I will certainly keep the member up to date about their views, any refresh and the launch of any refreshed statement of commitment.

Mr TEAGUE: In Budget Paper 4, Volume 1, at page 87 there is a table of performance indicators. The first line item contains data and the heading '% of investigations commenced within 7 days from notification (response time)'. There is a target that finds itself in the 2023-24 budget of 75 per cent. That is repeated in 2024-25. We have seen against that target of 75 per cent an actual result for 2022-23 at 56.4 per cent and an estimated result for 2023-24 of 57 per cent. Just for some SA perspective, I understand that is against, for example, a result in 2018-19 of a tick over 80 per cent.

In circumstances where there is an opportunity for some comparison, we have Victorian data that sets a performance measure that is the percentage of child protection investigations assessed as urgent that were visited or attempts made to visit within two days of receipt of the report, which is running somewhere in the high 90s. I just wonder whether the minister is satisfied with that result and whether or not there is some explanation for the deterioration since 2018-19 and otherwise against the target, and is the target realistic?

The Hon. K.A. HILDYARD: I am glad you have asked that question actually because I have been wanting an opportunity to explain the way that data is now calculated. What I can say is that that target of 75 per cent is a target that is set against national reporting, and it is a target that references a seven-day national reporting time frame. What has changed now in South Australia is that here in South Australia investigations are assessed as requiring either a 24-hour commencement—and I understand that we are one of only a few jurisdictions that has the 24-hour assessment—or we have a 10-day commencement.

Whilst I do not have every detail on how other jurisdictions assess their notifications of risk or imminent harm, what I can say is that here in South Australia now it is either a 24-hour response or a response within 10 days, so measuring against a seven-day response is actually quite different for South Australia. It is an interesting way in which we measure that particular metric in South Australia.

As I said, just to be really clear, South Australia's responses either commence within 24 hours or within 10 days. Just be really clear, the data, the 75 per cent target, refers to a seven-day national time frame. I want to make the point really clearly that that has been the case for some time. It has not changed; it has been the case for some time. I hope that is now clear for the member; please tell me if it is not. We are measuring against something different from what the national target sets out. I want to make that point clearly.

The second thing that I would say is that here in South Australia we have the lowest threshold for notifications in the country—in the country—which, as you know, is one of the issues that we are contemplating in the legislation. What I can also say, just to go back to the point that you made about reaching the target, is that it is a different target. But if you took a national average, the national average of achieving against that target of 75 per cent is actually 52.5 per cent, so we are actually better—better, which I am sure the member will be really pleased to hear—than the national average. I hope that makes sense. As I said, I invite the member, if that is not understood, to let me know.

What is also really important to note here is that the RoGS data referred to South Australia as being 18 per cent better in concluding investigations than any other jurisdiction. One of the things that I have been turning my mind to here, in the reform of our system, is that we have this very low threshold, which means we have more notifications than any other state. As I mentioned earlier, they are up to around about 114,000 call centre contacts per year.

Going back to your point about the earlier data, we are doing more investigations now. Back in 2019, we did 5,353 investigations. This year, to date, we have already done 11,000. That is a really important point for the member to think about in understanding the data and the context: we are doing more investigations, we are better than the national average in terms of our response times—which, again, I am sure he is glad to hear—and we are 18 percentage points better than other

jurisdictions in the country at completing investigations, in an environment where we are receiving more notifications than any other jurisdiction.

That may sound really promising, because we are exceeding those national averages and we are the best in the country at investigations. The thing to be really aware of, and again this is an attempt to try to get the member to understand this broader context, is that we have got very, very good at undertaking investigations, which is excellent, it is fantastic. However, when we have this volume of notifications—higher than any other jurisdiction—we are the best at undertaking investigations, which is excellent, but it also means that we are constantly—there is this argument, and I am sure the member would have seen it in the review report in terms of the review of the legislation—contemplating whether that is the best thing.

Does that mean that we are focused totally on investigations, without having the group of children most at risk more quickly in front of us? That is the thing we need to contemplate in terms of the review of the legislation. I hope that has cleared up the fears against that national average. Again, to be really clear, the national average response time, when you average it over the 24-hour, seven days, 10 days, is 52.5. As the member has pointed out, in the budget papers we exceed that national average. Again, to reiterate, we are dealing with a different timeframe for those responses.

Mr TEAGUE: Getting back to page 85, the workforce strategy—and coming back to the point about highlights and targets—in 2022-23 there was a target to begin on the workforce strategy. A highlight in 2023-24 was to consult on a draft, and a target for 2024-25 is to finalise and implement a workforce strategy. Can we expect that will actually be achieved some time in the year ahead?

The Hon. K.A. HILDYARD: Absolutely—here it is right here. Thank you for the question. I am really pleased to be able to talk about the workforce strategy. The reason we went down the path of developing a sector-wide child protection and family support workforce strategy is that we know we need to continue to attract more of those incredible workers who I think are extraordinary in terms of their commitment to the wellbeing of children and young people and in terms of, as I described before, the risk they carry every single day. They are the ones who have to make the most heartbreaking, difficult decisions in really difficult circumstances.

We need more of those workers and we need more of those workers in an environment where a number of sectors need more workers. Both nationally and at a state level we have growing industries for which we need more workers, and across the broad, fulsome human services sector we need more workers also. We went about a comprehensive process of making sure we consulted with the sector, with children and young people, with carers, to have their input into the development of a workforce strategy.

I am really pleased that since coming to government we have grown the child protection and family support workforce, but we need even more of them. I am really pleased we went through that consultation process early. I am also really pleased that just recently, following all that consultation and feedback from the sector, from workers themselves, from unions, from all sorts of people interested in developing the workforce, we have concluded our consultation process. We have had a final version of the workforce strategy out for another round of consultation. That has also concluded. I can literally hold it up in my hands. The final touches of the strategy are done, and I think we are literally just working out a date in the coming days and weeks to launch the strategy.

What I would say is really pleasing is that the feedback on that final draft has been very positive and, as well as people engaging with the strategy in the consultation processes, I think another really good thing has come out of that and that is that I think, right across the sector, there is unity of purpose in terms of the need for more workers, the issues that need to be addressed to attract and retain more workers, issues around job security, issues around how we develop understanding of what child protection and family support work is, the sorts of pathways to that work, how people can move across the sector from government to non-government and back again and how that is contemplated.

We have had really good, consistent feedback. I feel really positive about the workforce strategy and, as I said, the actual document, but also the fact that there is such unity of purpose around the need for change and everybody, no matter which perspective they are coming from, to work together toward that. So please stay tuned. We are literally—and it may have happened while

I have been in here—we have been trying to find a date in the coming days and weeks to actually launch the final strategy and then, of course, we will continue to go about implementing it.

Mr TEAGUE: I think we have—

The CHAIR: It is 11:45 on this line, member for Heysen.

Mr TEAGUE: Good.

The CHAIR: I am as surprised as you are.

Mr TEAGUE: I did not want to impact on the time allocated for the next session. In the circumstances then, Budget Paper 4, Volume 1, page 85 might be the most convenient point of reference. The minister has referred to the highlight from 2023-24 as the second dot point for 2023-24, the increase in carer payments, and the minister spelt out what they were.

My question is in relation to the target for 2024-25, which is the implementation of a targeted campaign to increase carer recruitment. My question is: are the increased payments having an effect? Is there otherwise a plan or more particularisation the minister can provide in relation to when that targeted campaign will be put into effect? What other measures, other than the increasing of payments, will be deployed, and will we see that target met in 2024-25?

The Hon. K.A. HILDYARD: Thank you very much. Again, I think there are a few questions in there, so I will try to address the different points that have been made. I am just checking on one particular figure that I want to provide you with about the growth in the number of foster and kinship carers. This is some really good news that, again, I am sure the member will be happy to hear. First of all, I cannot talk about carers without, again, thanking them for what they do—they are extraordinary. Children and their families rely on them, and our whole system relies on these remarkable people. They are absolutely extraordinary, and I thank them.

I also reiterate how much our government understands that family-based care is a vital placement option for children and young people in contact with the child protection and family support system. Carers are crucial to keeping children and young people safe and giving them love and a home environment that nurtures and supports them to thrive and grow.

The other thing I want to say about carers—before I give you these figures—is that it is often really challenging to be a carer. As I said, I have traversed the state and met hundreds and hundreds of carers, and I am inspired by every single one of them. As you mentioned, rightly, last year we increased carer payments by 4.8 per cent, and an additional $50 payment this year. We have also provided the additional $800 flexible respite payment, as asked for by carers.

One thing I would say is that it is absolutely crucial that we keep attracting and retaining carers. It is really important to note that we do so whilst—as I spoke about in my very first answer to you—we also have those other priorities of family group conferencing and reunification of families, trying to get families back together. In both family group conferencing and reunification we are seeing success. In the case of family group conferencing our success rate now sits at 92 per cent. Our reunification numbers are growing. I say that because we are always trying to do multiple things at once. Every time we reunify a child, that is a beautiful thing, but it may also change numbers in terms of foster and kinship carer numbers.

Taking that into account, I can say that over the past financial year—or up until 31 May—we have actually grown net the number of foster and kinship carers. We have more carers in the system than we did a year ago, and we have less children in care. We have a lot more to do in both of those things but they are excellent steps in the right direction. Just to be really clear, we have more carers in the system than we did a year ago, and we have less children in care than we did a year ago.

Amongst all those multiple and complex efforts, that is making a difference. I say that because it is a really important thing to say as it is really good news. Also, both of those things about the number of carers—to go to your question about whether the money is growing that number—all of our efforts impact upon one another. To ever say that one particular facet of our work to reform the system means that it has delivered that particular growth, the answer is more complex than that. To be really clear, we have more carers in the system, and less children in care.

In terms of the Carer Recruitment Strategy, we are constantly looking at new ways of recruiting and retaining carers. Our Carer Council is also looking at this particular issue. Carers themselves have very good ideas about what the best way to go about doing that is. Just in the last couple of days, I have seen a first iteration of particular aspects of our carer campaign that will be launched. I think we are just looking for a date in the coming days and weeks. I really look forward to sharing that with the member and, of course, in terms of that strategy, we hope that it also further increases the number of foster and kinship carers.

There is just one final thing I would say about that. One of the things that impacts on carer numbers is the retirement of particular carers and I just want to draw the committee's attention to a couple of examples—I am hoping I can find my piece of paper with that—of extraordinary carers who have recently retired. I will point to two couples, in particular. Both of these couples I have had contact with.

I met Wendy and Tony in 2022 at a carer recognition event. Wendy and Tony are extraordinary. Over the course of 38 years, they have fostered more than 330 children. I met them in Port Augusta, where they were undertaking their caring role. They have decided to retire, and they have moved to Adelaide. Wendy and Tony are the most beautiful couple and so are—they say they have 330 children—their biological children. They are all beautiful.

But the thing that was so remarkable about Tony and Wendy when I met them is that I also met their daughter Leticia, from memory, and Leticia also spoke about the incredible experience for her of having these other children in their house and being part of that caring journey. The thing that Leticia now does, again to go to foster carer numbers, is she has also decided to explore a foster caring role, which is just so incredibly lovely.

There are many reasons that carers may no longer be carers and one of them is, of course, because of retirement. The other two I want to mention briefly are Margie and Gary. They have been carers for more than 30 years. They have looked after 107 children in South Australia and another 200 when they lived in the Northern Territory.

They have cared for children for those 30 years. They have mostly done so constantly on short term and respite foster care arrangements, which again is quite remarkable because they are very quickly providing support, love and care to children for a short period of time and giving them the best experience they possibly can and then those children will move on. I want to acknowledge those carers and say thank you to both of those couples. There are many other examples I could give you as well.

In terms of our carer strategy, I do not think any of us would ever offer anything but love, gratitude and understanding to those carers who stop caring because they have got to a point in their lives where they want to retire. I wish them all the very best and again I look forward to sharing further details about the campaign with the member. I am hoping we might have a date in my diary in the next few days to launch it, but it is looking really good.

Again, I would just reiterate that, to be really, really clear, we have now more carers in the system than we did a year ago and we have fewer children in care then we did a year ago. We have so much more work to do—complex, challenging work—but we are focused and we will continue in this difficult, hard environment. I will continue to extend invitations to the shadow minister and the opposition to be part of this journey because, again, we need everybody involved.

Mr TEAGUE: Budget Paper 4, Volume 1, at page 88 has activity indicators for the department. Program 1 for Child Protection is Care and Protection. Fourth on the list of activity indicators is the number of children and young people under the guardianship of the chief executive for a period up to 12 months. That number is projected for 2024-25 to be 650 children. That is 100 more children than there were in 2022-23. What is the reason for that increase and what is the annual cost to the budget per child for this measure?

The Hon. K.A. HILDYARD: What I can say to the member is that what you will see there is that this particular figure relates to the number of children and young people under the guardianship of the chief executive for a period of up to 12 months. That is as opposed to the number of children who may be on an order all the way until they are 18 years old.

So what that figure speaks to is also—again, there is always this push-pull—there are potentially fewer children on orders up to 18 years old, which speaks again to what I have spoken about in terms of our investment into reunification. The number of reunifications is growing. It also speaks to reunifications, family group conferencing—that body of work that we are doing to strengthen families and restore families being together.

So that is not about more children overall being in care because, as I said, that number has gone down. Pleasingly, we have now slowed growth to minus 0.2 per cent. It has gone consistently down since we have been in government. There are a whole range of factors that go into that. We are seeing a slowing of growth, so that number does not speak to growth or otherwise. A 12-month order means that we are exploring viability of reunification. That is a good thing, that we are seeing more families being considered for those processes that can lead to reunification.

I just want to be clear, for the member's benefit, that that is not a figure about the number of children in care. That figure has gone down; we are just beginning to see—touch wood, touch everything—a slowing of growth. That figure refers to those children on orders up to 12 months, which absolutely indicates children and families being considered for possible reunification.

Mr TEAGUE: And the second part of the question?

The Hon. K.A. HILDYARD: I am sorry, you are going to have to repeat the second part of the question.

Mr TEAGUE: The annual cost to the budget per child.

The Hon. K.A. HILDYARD: Sorry; which line are you talking about?

Mr TEAGUE: Budget Paper 4, Volume 1, page 88, the table, activity indicators, and the headline that the minister repeated just now.

The Hon. K.A. HILDYARD: The thing to be really clear about is that when you are talking about children being on those orders up to 12 months, there are multiple things that happen for each of those children. Sometimes children will be on a very short-term order and reunification may happen really quickly; family group conferencing may be highly successful and mean that the child is cared for in an extended family environment with a whole lot of people wrapped around them.

Very sadly, sometimes, for those children that you see represented there, reunification is not possible, and those children may go on to be subject to a 218 order. If you think about a child, if they are 12 that may be six years, and that may be for a particular reason or a particular need that child has. It may be that they are in specialist residential care for all of that time.

Mr TEAGUE: How many children are in out-of-home care right now, for example?

The Hon. K.A. HILDYARD: If I can just finish. When we say 'in care', that can be with a kinship carer or a foster carer. To go to your question about the cost for that particular cohort of children, again there are multiple and complex factors happening at that time, in those first 12 months. The range of placement types that may happen is that they may be in short-term general foster care, they may be in specialist foster care, they may be in kinship care, they might be in family day care, they may actually be in independent supported living.

Sometimes children come into care at the age of 16 years and nine months and, for those 15 months until they are 18, we actually support them to live independently. Somewhere in—

Mr TEAGUE: Does the minister know, or will the minister take it on notice?

The Hon. K.A. HILDYARD: I am trying to answer the question you just asked me.

Mr TEAGUE: How many children are in out-of-home care right now?

The Hon. K.A. HILDYARD: Residential care in NGOs, residential in NGO specialist placements, residential care with DCP, they might be on a placement and support package. To go to the question about those numbers, it is really complex but—and, again, this is nuanced and there are complex factors—often it is a better thing that rather than growth in the 'to 18' orders we see there are more children in the up to 12 months orders, because we know there is that viability for reunification, etc.

Mr TEAGUE: How many in out-of-home care today?

The Hon. K.A. HILDYARD: I can talk with you about the number, I can talk with you about the numbers that are published online, absolutely. You have those figures, and I presume you look at those figures. As at 30 April there were 4,854 children in care—that number is very clear. I have the number for today, and that will be published in due course.

The reason I say that—it is really important for you to understand this—is that I am always aware of the number, but when we have the number what needs to be understood is that at the end of each month we have to look backwards and before we publish it make sure that we have been notified of every order that has been made, every almost 18 year old who may find their transitional living placement a few days before their 18th birthday, children who have been reunified.

I always have the number, to be really clear, in case the member was not. I always have the number. The official number is published, and the really good news is that the number, right now, that I have is continuing to trend downwards—thank God.

The CHAIR: The allotted time has expired and I declare the examination of proposed payments for the Department for Child Protection complete. I want to thank the minister's advisers and advise that we will now move to the Office for Women. I will just give you a chance to reorganise yourselves. While you are doing that, minister, I note for the committee that you will be staying here as Minister for Women and the Prevention of Domestic, Family and Sexual Violence.

The Hon. K.A. HILDYARD: Excuse me, I am so sorry, Mr Chair. Can I please just say thank you to all of the wonderful DCP staff who have been with me today and who have helped me with preparing for estimates as well. I really appreciate them. Thank you.

The CHAIR: On behalf of the committee, I thank you too.

DEPARTMENT OF HUMAN SERVICES, $1,118,873,000

ADMINISTERED ITEMS FOR THE DEPARTMENT OF HUMAN SERVICES, $235,634,000

Minister:

Hon. K.A. Hildyard, Minister for Child Protection, Minister for Women and the Prevention of Domestic, Family and Sexual Violence, Minister for Recreation, Sport and Racing.

Departmental Advisers:

Ms S. Pitcher, Chief Executive, Department of Human Services.

Ms R. Ambler, Deputy Chief Executive, Department of Human Services.

Mr N. Ashley, Chief Financial Officer, Finance and Business Services, Department of Human Services.

Ms B. Marsden, Director, Office of the Chief Executive and Governance, Department of Human Services.

Ms S. Vas Dev, Director, Inclusion Support and Safeguarding, Office for Women, Department of Human Services.

The CHAIR: As I said, we will be looking at the Office for Women. I call on the minister to make a statement, if you wish, and to introduce your new advisers, please.

The Hon. K.A. HILDYARD: Thank you very much, Mr Chair. I would like to introduce Nick Ashley, our Chief Financial Officer, on my far left; Sandy Pitcher, our CEO of the Department of Human Services; and Ruth Ambler, Deputy CE, Department of Human Services. Behind me is Bel Marsden, who runs the Office of the Chief Executive; and Sanjugta Vas Dev, our wonderful Director of the Office for Women. Thank you to all of them.

The CHAIR: Do you have a statement, minister?

The Hon. K.A. HILDYARD: No.

The CHAIR: The member for Heysen, you are still the lead speaker, I understand?

Mr TEAGUE: Yes.

The CHAIR: Do you have a statement?

Mr TEAGUE: No statement—questions.

The CHAIR: I advise the committee we have until 12:30.

Mr TEAGUE: We are focused on program 1 within the Department of Human Services agency. I am going to, therefore, Budget Paper 4, Volume 3, page 83, and I anticipate I will stay there, or thereabouts. We see the description/objective for the program, highlights 2023-24 and targets 2024-25. I turn first to dot point 5, which is:

> Deliver on the South Australian allocation of the national 500 new community sector workers initiative, to support women experiencing domestic, family and sexual violence.

Do you have that?

The Hon. K.A. HILDYARD: Yes.

Mr TEAGUE: How many of those 500 new community sector workers are for SA, and what is the department doing to recruit them? When can we expect to see those workers in action in South Australia? If it is relevant or of interest to the minister to refer to the statement of income table on the following page, 84, in relation to commonwealth government revenues in that regard, then I would embrace it; otherwise, it is a question in terms of the commonwealth government revenue relevantly, the question going to number and timing for those community sector workers.

The Hon. K.A. HILDYARD: Thank you very much to the member for the question. I think he will be pleased with the rollout of the 500 workers here. Can I first of all say thank you to Minister Rishworth and the federal government for this commitment and for their willingness to wholeheartedly collaborate and focus together on the absolutely crucial work that we must do to prevent the horrific prevalence of domestic, family and sexual violence right across the nation.

I value the fact that—amongst this terrible situation that we confront where every four days in this country a woman is killed by a man. They are absolutely devastating figures that speak to the loss of women who have lived and worked amongst us, who are loved, who are members of their community, volunteering, working, being part of community life. That loss, that brutality, is absolutely devastating, and it is something that absolutely plagues me every day. I know that is the case for everybody in this house right now and so many others around the country. As we always say, tackling that awful prevalence, that devastating fact, that loss of those precious women, requires everyone to be involved. We have to keep, and we are, finding those ways for more people to play their part.

In relation to this question, I am really pleased about the strong partnership between the federal and our state government but also the collaboration across jurisdictions. As I said, I think the member will be pleased with the rollout here. Our 2023-24 allocation of workers is 29.6 FTEs. There are already 24 new community workers who are working in South Australia as a result of that commitment.

What I can also say is that the Office for Women has executed every single one of the contracts for those workers with the various parts of the sector that will be employing those workers. As I said, we already have 24 new community workers through that partnership, which is a great step forward—and I will talk a little bit in a moment about some of the places where they are undertaking their vital work—but we have also executed every single funding contract with the sector for those workers.

I am advised that the sector, for that much smaller remaining portion of workers to be recruited, is in various stages of recruitment. I know some are just waiting for particular contracts to be signed or for workers to actually start, but we have a really positive story to tell here. It has been quite odd, actually, in South Australia, that there seems to have been talk about the rollout of the

program. Every time I hear that I am slightly puzzled because we are absolutely moving forward. We have fully executed contracts with all of those service providers.

Can I say that those service providers are absolutely brilliant, as I know the member agrees. They walk, with such commitment, with women who have experienced domestic, family and sexual violence, making a difference in their lives and empowering them to walk new journeys. In other instances in the sector they are absolutely responding to the need to tackle perpetrator behaviour. In other parts of the sector they are working with women towards economic empowerment and are undertaking all sorts of education programs and all sorts of roles that make a difference in the lives of those women and those families who are experiencing domestic, family and sexual violence.

So I am really, really confident that, as the sector continues to progress with that final bit of recruitment of workers, those new workers—the ones who have already started and the ones who will start—will absolutely add to the incredible, absolutely brilliant workforce that works across the domestic, family and sexual violence sector.

Just as a matter of interest, I understand that we are one of the leading jurisdictions in this rollout. I do not have the figures from the last three hours because I have been in here, but earlier today I understood that we were second, I think just behind Tasmania. We are certainly up there in terms of this rollout, which is something that I am really proud of. When I say that, I do not take credit for that: I am really proud of the work that the sector is doing to make this happen.

What I can say is that about half of those additional frontline workers in South Australia are set to support regional and remote communities. Some of them are in our regional safety hubs, which, since coming to government, we now ensure have paid staff members. Also, various local services now have increased capacity to ensure that they can meet the needs of women experiencing violence, through services based where they live, which is so incredibly important.

Across the sector as well, in terms of that commitment, as I said, we know that there will be workers focused on rural and remote regions. We know that a portion of the workers will be focused on working with women from culturally and linguistically diverse backgrounds. We know that at least one of the workers or one of the FTEs will focus on working with women with disability. Almost one of the workers will work with members of the LGBTQIA+ community, and just over three of those FTEs will specifically work with Aboriginal women. So I am really pleased with the partnership, really pleased with the execution of our contracts and really pleased that the sector already has 24 new community workers up and running. I am looking forward to working alongside all of them.

Finally, I would say that the member would be aware that our government, prior to the election, committed significant funds for the establishment of both a southern domestic violence prevention and recovery hub and also for a northern multiagency hub. I am so pleased that both of those services are now up and running. It is quite a remarkable thing when you engage with the community and the sector and they tell you what is needed through working together and ensuring the investment in what they have asked for.

When you see that journey progress and come to life, it is remarkable. I am so pleased that some of those new workers will be working. Already, two are working in the southern safety hub, and two are allocated to the northern hub, with one having already started. That is really good news. I am happy to keep going if the member would like about other areas where those workers have started.

Work has already commenced with the Women's Safety Contact Program at the Women's Safety Services. Another is already working with Women's Safety Services on the personal protection app. Another is already working in the vitally important Multi Agency Protection Service. Other workers have been allocated to the Zahra Foundation, to the Salvos, to The Haven at Gawler Community House and to The Haven at Mount Barker Community Centre. In the case of those latter two workers, at Gawler and Mount Barker, they have already commenced as well, which is great news for those outer metropolitan areas as well, so really good news.

Mr TEAGUE: Budget Paper 4, Volume 3, page 84, so over the page from the target reference to the program summary table that I mentioned in the question, we see that in 2024-25, at the bottom of the table, there is an increase of 7.5 FTEs to 42.4—do you see that?

The Hon. K.A. HILDYARD: Yes.

Mr TEAGUE: That is from an actual result of 34.9 FTEs in 2023-24. Are all of those additional 7.5 FTEs frontline community workers, and are any of them the 24 FTEs that the minister just talked about in terms of those commonwealth-funded community sector workers?

The Hon. K.A. HILDYARD: The vast majority of those workers—you would have seen the $1.5 million commitment to establish a dedicated domestic family and sexual violence royal commission response unit—that you have spoken about relate to the funding for the Royal Commission into Domestic, Family and Sexual Violence response unit.

This is a really important commitment. I think the member would understand that, when a royal commission is established, it of course is right and incredibly important that there is funding and support for the functioning of the royal commission itself. We have been very clear, the Premier and I, in our announcements around the royal commission, when we stood together with our absolutely brilliant royal commissioner, Natasha Stott Despoja, that that $3 million would be provided for that year of the royal commission to make sure the royal commission runs in the way that it needs to.

The decision we have also made that is reflected in those FTEs, and also reflected through that $1.5 million, the decision we made to also provide $1.5 million alongside that, will absolutely help with the coordination, collection and release of any government information and data to the royal commission itself. It will help to lead whole-of-government submissions, it will help coordinate the provision of any response to any interim report.

It will help with providing that historical, state-based context about the sector, the way that we have approached responses to domestic, family and sexual violence. It will make sure that we are briefing government, etc., on particular milestones and, really, really importantly, it will help us, in partnership with the sector, to make sure that the voices of those incredibly courageous survivors are heard, that they are supported, connected, enabled and empowered to provide, in very safe ways, their stories, their hopes for future change in the system as a result of this Royal Commission into Domestic, Family and Sexual Violence.

What I would just reflect on in relation to that last point is that I do not think I could quite put into words not just the number of people but the incredible conversations that I have had with women since the royal commission was announced, women who have literally approached me at shopping centres and when I was here for the What Were You Wearing rally. When I have been out in particular areas talking, people have messaged me on social media saying, 'To me, this is the opportunity to tell my story' or 'to tell my daughter's story' or 'to talk about the impact of violence that I experienced as a child'.

It is incumbent upon us, in announcing this royal commission, to make sure that we have the mechanisms for those courageous people to absolutely be heard. So a large part of that $1.5 million and those FTEs that you have referred to being reflected in the budget papers, their role will be about walking alongside those people and making sure that they are absolutely heard. At the end of the day, this royal commission is for them, it is about them, it is their voices that need to be privileged in it.

It is those survivors who need to be heard. To me, that is at the core of the royal commission. That is why we are increasing the FTEs so that they absolutely can be and, in ensuring that they are heard, that we send a message to our community at large that we are a community that will not tolerate domestic, family and sexual violence and that we will absolutely listen to and act on the voices of those survivors.

Mr TEAGUE: I will just give the opportunity for the minister to correct what might be an overstatement. There is an indication the minister has given to the committee of an additional $1.5 million. I just compare that to the second dot point under the explanation of significant movements below the table that describes additional funding for the Royal Commission into Domestic, Family and Sexual Violence response unit at $1 million. Is there a reference point for what the minister has described as another—

The Hon. K.A. HILDYARD: The commitment is $1.5 million, so it is $1 million in this coming financial year 2024-25 and then we have deliberately allocated the $500,000 in the second year because, of course, once we receive the findings of the royal commission, that is certainly not when the work will end but, rather, it will be a really important time for that work not just to continue but absolutely to accelerate. So we will continue to have workers there ready to help advance the recommendations. Of course, those workers, no doubt, will sit alongside—I think the Premier, the Treasurer and I have all been really clear that we will receive recommendations through the royal commission and will need further action.

Ms PRATT: Minister, thank you for expanding on what is to come. If I may, while the agency is listening, what consideration can or will be given for women who are survivors of violence where the classification is non-domestic? We rightly talk a lot about perpetrators who are known to us, but for women who experience something similar but are in a smaller cohort—I am not familiar with the terms of reference but is there opportunity for the committee to consider that element?

The Hon. K.A. HILDYARD: That is a really good question, thank you, member for Frome. I was just having a conversation about this the other day, and I was particularly thinking about it when the person I was speaking with said, 'We're very glad that you have also encompassed sexual violence—domestic, family and sexual violence.' One of the things that I have been very clear about and which the commission needs to contemplate is the horrific rise and prevalence of sexual violence—sexual violence perpetrated by anyone, not necessarily within a family unit or by a partner or former partner—and, for many obvious reasons, that is really important.

It is also really important because we are seeing an extraordinary rise in incidents, across the spectrum of sexual violence, that do not look like what I had certainly envisaged as sexual violence in the past. When I say that, I think of things that have happened in the past, when talking with friends, etc., where, when we used to think about sexual violence, we would perhaps envisage something happening late at night in the dark. That still happens, and it is awful, and it will be contemplated, of course.

What we also see now are these new ways of perpetrating sexual violence. Very topical at the moment has been the rise of AI, deepfakes, online harassment and sexual abuse, all of which is also sexual violence. It is driven in part, not entirely, by this growing online rallying call to misogyny. I talk about the Andrew Tates of the world who, as fast as we are educating young men through respectful relationship programs, they are literally going as fast as they possibly can to take those young men on a different path. Again, that all sits in that continuum of sexual violence.

I have been very clear and the Premier has been very clear that that whole awful newer world of types of sexual violence absolutely needs to be thoroughly explored. It worries me greatly, and I think that—and I say this about jurisdictions around the world that are doing all sorts of things—we have to do this faster and better because those who are against us are accelerating their efforts and undoing every piece of good work.

Ms PRATT: If I could push the minister further on my question, that is: will you undertake to guide or influence the royal commission to consider what non-domestic violence looks like or how it is interpreted? I think we are seeing new modern interpretations of that beyond what might be a different version of sexual violence, but non-sexual violence—so non-domestic violence against women where the person is not intimately known to them but the impacts are the same, and where this institution of parliamentarians is undertaking training through research and world-leading evidence that points to the level of violence through social media. I would ask the minister to influence the royal commission and the terms of reference that are coming for them to expand their understanding and their terms of reference beyond domestic violence to non-domestic and beyond sexual to have a better interpretation of what that looks like.

The Hon. K.A. HILDYARD: Thank you and I really appreciate the sentiment with which you asked that question. I think what I will undertake to do is to pass exactly what you have said on to the royal commissioner to contemplate. I do not think I need to say to anyone in here how brilliant she is and that she will contemplate that in a fulsome way, so I can do that.

In terms of changing the terms of reference, etc., it is my understanding that probably doing that is not possible because they are terms of reference that, as you would know, the Governor signs

off on, etc. But I say this in a general way because come 1 July it is the royal commissioner who will have to run the royal commission and, rightly so, who will have that level of independence, so I will make sure I pass this on before then. I have no doubt that, with the calibre of our royal commissioner, she will contemplate what you have said.

In terms of changing the terms of reference, I do not think she can. I am really happy to provide you with a copy of the terms of reference. I think the very first paragraph of the terms of reference, which I will just read to you, will help. It states:

> …require and authorise you to inquire into:
>
> a. How South Australia can facilitate widespread change in the underlying social drivers of domestic, family and sexual violence by addressing the attitudes and systems that drive all forms of domestic, family and sexual violence, and particularly violence against women and children, to stop it before it starts...

That is a reasonably broad scope. That is just the first point. I will just point that out to you. As I said, I am sure I can provide you with the terms of reference and I will pass that on to the royal commissioner. I cannot speak for her, but I daresay she will also be inviting conversations far and wide to continue to explore exactly the kind of issues that she gets. We are doing this. We have had to have a particular focus, rightly so, as all royal commissions do, but I think in a very general sense that the sentiment from all of us would be that anything that is connected, anything that we can explore that helps to better understand any gaps, etc., we want to do. So I will pass that on and I am sure there will be more opportunities for you to speak about that too.

Mr TEAGUE: I refer to Budget Paper 4, Volume 3, page 84 and the program summary table. I appreciate the minister expanding in the answer just now in relation to the FTEs that are connected to the royal commission and response unit. In terms of, therefore, the FTEs the minister referred to in response to my previous question in relation to the new community sector workers of the national 500, the allocation of 29.6 FTEs for 2023-24, 24 I think the minister had indicated were on deck. Do we take it that those FTEs are not reflected in the table?

The Hon. K.A. HILDYARD: Yes.

Mr TEAGUE: The question then goes to commonwealth government revenues. There are two questions perhaps. The first is the minister might explain the disparity between the commonwealth government revenues budgeted amount, which appears anomalous, in 2023-24 at $3.6 million, against the estimated result of $10.3 million and, in that context, for both 2023-24 and the current year, to what extent, if any, is commonwealth funding for those workers reflected in the commonwealth government revenues that we see in the program summary?

The Hon. K.A. HILDYARD: I hope I have your question right. In relation to the first part of your question in terms of the increase in commonwealth government revenues year to year from 2022-23 to 2023-24—

Mr TEAGUE: It is a decrease.

The Hon. K.A. HILDYARD: Sorry, the other way around, yes. Basically, the national partnership is brilliant in terms of releasing significant commonwealth government funds alongside our state government funds to focus on the prevention of domestic, family and sexual violence. As the member could appreciate, it is a huge and complex document, which I know the previous government was also involved in as we are, rightly, now. As the member could also appreciate, there is different input from each jurisdiction and an enormous multitude of programs that are funded through the national partnership or through shared funding between state and the federal government.

What I can say is that result that you referred to relates to an extension of the national partnership—the responses and particular programs for that particular year. If you actually look over the past few years, including the time when you were in government, as I said, there are many, many programs that come through the national partnership and they are not all neat in terms of when they commence and when they end and when a program extends or comes out of the next payment, etc. So that is the reason for that difference there that you speak about.

Mr TEAGUE: And in relation to the FTEs for 2024-25?

The Hon. K.A. HILDYARD: Sorry, can you please ask that question again?

Mr TEAGUE: The FTEs for 2024-25 out of the 500 new community sector workers initiative.

The Hon. K.A. HILDYARD: Yes. What is the question?

Mr TEAGUE: How many are allocated? If 29.6 is the 2023-24 number, of which we have 24 FTEs, perhaps you might take the opportunity to also indicate if there is a trajectory towards filling the balance and is the allocation for 2024-25 any different?

The Hon. K.A. HILDYARD: The first point is that, and this may answer the question entirely, none of the workers are our workers or reflected in that way because they are employed by the community sector, so they are not actually government employees. I am sorry, I am just not understanding your question. You are asking about whether we will fill the rest of our allocation for this year and also if we will then fulfil any further allocation in the following year?

Mr TEAGUE: Almost, and what is the allocation for 2024-25?

The Hon. K.A. HILDYARD: Okay, 2024-25 is 36.8 total. So the first year, the year we are in now, is 29.6, and the total is 36.8.

Mr TEAGUE: So there is an additional 7.2 for this year?

The Hon. K.A. HILDYARD: For the coming financial year. It is not for the financial year we are in, but for the coming financial year.

Mr TEAGUE: The financial year that is the subject of the state budget that we are here dealing with in estimates.

The Hon. K.A. HILDYARD: Thank you so much for that explanation, I really appreciate it. I was not sure.

Mr TEAGUE: When I say 'this financial year', I mean the one that we are bound to analyse. I am not endeavouring to explain or score a point, I am just being clear about it. I refer to Budget Paper 4, Volume 3, page 83. At about point 3 on the page we have highlights 2023-24—

The Hon. K.A. HILDYARD: The equality bill?

Mr TEAGUE: Highlights 2023-24 is the heading for a section with a series of dot points underneath it. There is a highlight—I think it is the fourth of the dot points—that says, 'Supported the Gender Pay Gap Taskforce to develop an Interim Report.' My question is: when can the final report be expected? That might be enough for the time being; if there is a brief answer I might have some questions to follow.

The Hon. K.A. HILDYARD: Broadly, first of all, as the committee would be aware, a range of factors affect women's economic security, meaning that, sadly, it is more likely that over the course of a woman's lifetime she will earn less than her male counterparts, she will retire with less superannuation and other retirement savings, and she will have less opportunity to progress in her career in particular industries. As a result of all those factors, women remain more likely than their male counterparts to end their final years living in poverty.

To tackle this we established the South Australian Gender Pay Gap Taskforce, not to do more research about the reasons for the gender pay gap—that is well advanced and extensively understood—but rather it was established to really understand, in the South Australian context, what contributes to the gender pay gap here in this state and also to reflect on the South Australian context in terms of our own particular workforce needs. We are on the cusp of incredible growth in particular industries, and we also continue to have needs across the human and health services industries.

We appointed a remarkable group of people, absolute leaders in their fields in business, in community organisations, in unions. Those members include: Jodeen Carney, our Commissioner for Equal Opportunity; Erma Ranieri, the Commissioner for Public Sector Employment; Professor Carol Kulik, Bradley Distinguished Professor at the University of South Australia and Centre for Workplace Excellence; Ross Womersley, the Chief Executive Officer of SACOSS; Abbey Kendell, Director of the Working Women's Centre; and Matthew O'Callaghan, Workplace Relations Consultant and former senior deputy president of the Fair Work Commission—and I must say that when I first saw

him in the Gender Pay Gap Taskforce I did have to speak with him about how terrified I was of him 20 years ago when I first appeared in the then Industrial Relations Commission.

There is Natasha Brown, the General Secretary of the PSA; Andrew Kay, Chief Executive of Business SA; Jane Pickering, Chief Executive of Eldercare; and Olive Bennell, Chief Executive Officer of Nunga Mi:Minar in the domestic violence sector. There is also Sarah Andrews, the member for Gibson, who chairs that task force and who has an extraordinary background in advocacy for workers and a deep understanding of the issues that particularly impact women at work. The taskforce is doing some excellent work, and I anticipate receiving their final report later this year.

The CHAIR: We have about 90 seconds, member for Heysen. I do not know if you could squeeze a question and an answer in there—sorry, 60 seconds.

Mr TEAGUE: I think the short point was later this year.

The Hon. K.A. HILDYARD: Yes.

Mr TEAGUE: What is South Australia's gender pay gap in 2023-24?

The Hon. K.A. HILDYARD: The gender pay gap is 9.2 per cent.

Mr TEAGUE: I think the commonwealth government's Workplace Gender Equality Agency puts South Australia's gender pay gap at 7.8 per cent for 2023. Is that data then indicating a deterioration? Is the minister satisfied with what the data tells us?

The Hon. K.A. HILDYARD: I have spent my life being dissatisfied with the gender pay gap, let me tell you, and fighting against it, and I am really pleased to be in a position where I can institute a gender pay gap task force. I feel really thankful, actually. Those members that I spoke about before, I am sure the member would not argue, are absolute leaders in their field. I have a lot of faith in their work and the recommendations that they will come up with, which of course I will pay very close attention to as I continue my rage against the gender pay gap and my work towards eradicating it.

I was really intrigued, actually, when WGEA did release their data, I think in February or March this year, and for the first time the gender pay gaps of 5,000 employers around the country were revealed, including, I think, about 300 employers in South Australia. It was a very interesting set of discussions that I had in various places about the purported reasons why those gender pay gaps may exist.

Also, what was really pleasing in those discussions was that each of the people I have spoken with—leaders in business, leaders in advocacy organisations and in unions—are very understanding of the need to tackle it and very focused on working towards doing so.

The CHAIR: I want to thank you, minister, and I want to thank your advisers for the important work they are doing. I declare the examination of the portfolio of the Office for Women completed. The proposed payments for the Department of Human Services will continue on Monday 24 June.

The Hon. K.A. HILDYARD: Thank you very much to all the members, as well as all of these excellent leaders and all of my staff, but also to everybody who has been here for the committee.

Sitting suspended from 12:31 to 13:30.

DEPARTMENT FOR HEALTH AND WELLBEING, $5,922,190,000

COMMISSION ON EXCELLENCE AND INNOVATION IN HEALTH, $6,865,000

PREVENTIVE HEALTH SA, $32,685,000

Chair:

Mrs R.K. Pearce

Membership:

Mr Fulbrook substituted for Mr Odenwalder.

Ms Hood substituted for Ms Thompson.

Hon. D.J. Speirs substituted for Mr Teague.

Hon. D.G. Pisoni substituted for Mr Basham.

Minister:

Hon. C.J. Picton, Minister for Health and Wellbeing.

Departmental Advisers:

Dr R. Lawrence, Chief Executive, Department for Health and Wellbeing.

Ms S. O'Brien, Deputy Chief Executive, Strategy and Governance, Department for Health and Wellbeing.

Ms J. Formston, Deputy Chief Executive, Corporate and Infrastructure, Department for Health and Wellbeing.

Ms J. TePohe, Deputy Chief Executive, Commissioning and Performance, Department for Health and Wellbeing.

Ms L. Tuk, Manager, Executive Services and Correspondence, Department for Health and Wellbeing.

The CHAIR: As the duly elected Chair of Estimates Committee B, I welcome you back to today's estimates committee hearing. I understand the minister and the lead speaker for the opposition have agreed an approximate time for the consideration of proposed payments, which will facilitate a change of departmental advisers. Can the minister and lead speaker for the opposition confirm that the timetable for today's proceedings, as previously distributed, is accurate?

The Hon. C.J. PICTON: Yes.

The Hon. D.J. SPEIRS: Yes.

The CHAIR: Thank you very much. I remind members that all questions are to be directed to the minister, not the minister's advisers. The minister may refer questions to advisers for a response. Questions must be based on lines of expenditure in the budget papers and must be identifiable or referenced.

I also advise that, 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 6 September 2024. Members unable to complete their questions may submit them as questions on notice for inclusion in the assembly *Notice Paper*.

The rules of debate in the house apply in the committee. Ministers and members may not table documents before the committee, but may supply them to the Chair for distribution. I will allow both the minister and the lead speaker for the opposition to make opening statements of about 10 minutes each, should they wish.

The Hon. C.J. PICTON: Thank you very much, Chair, and congratulations on your election as the Chair of this committee. I will make some brief opening remarks. Firstly, I will introduce my advisers. Firstly, Dr Robyn Lawrence, the Chief Executive, Department for Health and Wellbeing; and deputy chief executives, Ms Sinead O'Brien, Ms Judith Formston and Ms Julienne TePohe; and also Ms Lauren Tuk, who is the Manager of Executive Services and Correspondence in the Department for Health and Wellbeing.

Two years into the term of our government and the 2024-25 budget delivers a further $2.5 billion investment in health, highlighting our continued focus on delivering the government's commitment to improve ambulance response times, improve access to our hospital system and give South Australians the best health care possible.

The latest funding boost means that in its first three budgets this government has delivered $7.1 billion in additional funding for the health system over the forward estimates. This investment includes:

- $30.2 million over two years to build 56 new beds across The Queen Elizabeth and Lyell McEwin hospitals, providing more hospital beds for South Australians living in the western and northern suburbs;
- $24 million over three years for three brand new ambulance stations at Marion, Two Wells and Whyalla;
- $23.5 million over two years to introduce an electronic patient care records system to SA Ambulance Service, enabling paramedics to transmit patient data in real time to hospitals and speed up admissions, rather than the current paper-based process;
- $17.1 million over four years to expand renal dialysis in the northern metropolitan area, providing an additional 21 chairs and supporting an additional 84 patients;
- $15.2 million over three years to manage the current tuberculosis outbreaks across South Australia;
- $11.5 million over four years to support the Port Pirie emergency department upgrade and provide for a multiprofession simulated training and development service. This brings the total capital investment for the Port Pirie hospital upgrade to $20.6 million;
- $10.7 million over four years to expand the Clinical Telephone Assessment service, enabling SA Ambulance to employ 16 more paramedic telehealth clinicians; and
- $5 million over four years to fund a range of programs to support youth mental health services, including an expansion of the Child and Adolescent Virtual Urgent Care Service, additional mental health workshops, and support for carers and families of those with eating disorders. This is in addition to the beds, services, doctors, nurses and ambos that are already being delivered across our health system, funded in previous budgets.

In April 2024, we officially opened 20 fast-track beds at Flinders Medical Centre. It is part of our commitment to open more than 600 beds across the system, including 280 by the end of next year, to deliver better health care for South Australians. Of course, that number has now grown, in this budget, to well over 330.

We will shortly be opening 52 new beds at The Queen Elizabeth Hospital as part of the $314 million clinical services building. This site will feature a 50 per cent bigger emergency department, 12 state-of-the-art operating theatres and a new rehabilitation unit, all designed with thorough engagement with health professionals and the community who use the hospital.

A 48-bed expansion to support the growing population in Adelaide's north is taking shape, with construction on track to be complete in coming months. The $47 million project at Lyell McEwin will deliver two new 24-inpatient wards. We have also broken ground on the new mental health facility at The Queen Elizabeth Hospital, the new Women's and Children's Hospital site in Thebarton and the expansion of Noarlunga Hospital. Construction is also set to begin on the 98-bed tower at Flinders Medical Centre, providing a huge boost to care in the southern suburbs, and we have already broken ground on the expansion of the Margaret Tobin Centre for additional mental health beds at Flinders Medical Centre as well.

While we acknowledge that there is still much, much more work to do, it is pleasing to see that ambulance response times have improved significantly since this state government was elected, with 72.5 per cent of priority 1 cases reached on time (within eight minutes) in April 2024 compared to 50.3 per cent in April 2022. The target of course is 60 per cent. Also, 66.7 per cent of priority 2 cases were reached on time (within 16 minutes) in April 2024 compared to 34.3 per cent in February 2022—the best response times in three years. The improved response times are despite having more than 1,027 more ambulance transports to Adelaide metropolitan hospitals compared to the year before—an increase of 8.3 per cent.

Our government remains committed to doing everything possible to address ramping in our hospitals, ensuring South Australians receive the urgent care they need. Fixing the ramping crisis is our number one priority, and we are taking action across every front to deliver this with a comprehensive plan to address every aspect of blockages that leads to patients waiting longer on the ramp and in the community for an ambulance.

We are investing in health initiatives to meet demand pressure, ease pressure on hospitals and address ramping. This includes, as I said, increasing the capacity of our system by adding 600 more beds and increasing our workforce by already having recruited 1,400 additional health workers, full-time equivalent—above attrition—since coming to government. This includes 691 extra nurses, 329 extra doctors, 219 extra ambos and 193 extra allied health workers.

In February 2024, more than 300 graduate nurses were recruited to work at the Central Adelaide Local Health Network, which was its largest graduate nurse intake ever. These recruits are among 832 new nurses and midwives employed to work at hospitals across the state this year, compared to the standard annual recruitment of 600.

We are also partnering with the federal government to roll out the single employer model across the state. This will allow rural generalists and general practice trainees to be employed by SA Health as a single employer for four years while they complete their training. We have delivered on our commitment to open three 24-hour pharmacies. All of these initiatives build on the significant work in our two years of government, including the significant investments in our first budget.

I put on the record my very sincere thanks to the thousands of clinicians, allied health professionals and other staff who do an outstanding job across SA Health, day in and day out. As a government, we demonstrate in this budget that we are listening to what is needed across the health system to improve the care for South Australians and improve the environment for our staff. That is why we are making this $7.1 billion investment since we came to government. I thank the committee for having us today.

The CHAIR: Thank you very much, minister, and I see the member for MacKillop. Leader of the Opposition, would you like to make any remarks?

The Hon. D.J. SPEIRS: I thank the public servants who have been involved in the preparation—I know that much work goes on behind the scenes to ensure that the minister is appropriately prepared, and I thank them for that.

The CHAIR: I advise that the proposed payments are open for examination. The portfolio is SA Health. The minister appearing is the Minister for Health and Wellbeing. I call on the Leader of the Opposition.

The Hon. D.J. SPEIRS: I refer to Budget Paper 4, Volume 3, page 35, which covers off on performance indicators, particularly with regard to these questions, the performance indicators around elective surgery. Minister, as of today how many patients have now had their elective surgery cancelled as a result of the Code Yellow that has been declared for our hospital system?

The Hon. C.J. PICTON: The budget paper the member refers to is in relation to the Central Adelaide Local Health Network specifically, obviously not all of our—

The Hon. D.J. SPEIRS: Yes, that is correct.

The Hon. C.J. PICTON: I will answer the question, if that is okay, member for Black. This is in relation to the Central Adelaide Local Health Network specifically, but while I was asked in relation to the current incident management approach that SA Health has in place cross the system, I am happy to answer more broadly than the budget line in which we have been asked.

Three weeks ago, the chief executive of the department put in place incident management protocols, otherwise known as a Code Yellow, based on the demand we were seeing in the system, and the fact that we were seeing very significant presentations in terms of COVID, flu, RSV and other respiratory illnesses. At the same time, we had significant numbers of staff who were ill at that time, which was placing significant pressure on hospital throughput, with very high utilisation of all our general medical beds and all of our intensive care beds across the system.

Part of those measures were to put in place suspensions of our elective surgery work for non-urgent cases. These were some of the category 2s and all of the category 3 cases, to prioritise emergency department presentations and also the urgent elective surgery that needed to be conducted across the system, that being category 1 cases and some category 2 cases. As of last Friday, 90 per cent of those operations that were suspended have been lifted.

The current cancellations are only in the range of about 10 per cent, and that is for metropolitan hospitals only and only for those non-urgent cases where there is expected to be a hospital stay of multiple days. Currently, metropolitan and peri-urban hospitals are able to continue with their overnight—otherwise known as 23-hour—surgery, as well as same-day surgery, and country hospitals are able to continue with no restrictions in place at all in terms of their surgeries.

That has seen what were high numbers of deferrals a few weeks ago reduced to very small numbers of deferrals now. As of yesterday, through that whole period there have been 657 cancellations since 31 May. That compares to, for example, in the system yesterday 212 elective surgery operations being completed. That highlights that we are seeing the elective surgery numbers significantly bounce back across the system, although there are still some cases, within a very limited cohort of categories, that are seeing deferrals.

The Hon. D.J. SPEIRS: Minister, was that figure of 657 across all LHNs or only for central?

The Hon. C.J. PICTON: I was very generous and, despite you asking about the Central Adelaide Local Health Network budget line, that is the figure across all LHNs.

The Hon. D.J. SPEIRS: I am happy to ask you now if you could give a figure breaking down for each, so for Central Adelaide Local Health Network, Budget Paper 4, Volume 3, page 35; for Northern Adelaide Local Health Network, Budget Paper 4, Volume 3, page 36; for Southern Adelaide Local Health Network, Budget Paper 4, Volume 3, page 39; and for Women's and Children's Health Network, Budget Paper 4, Volume 3, page 41.

The Hon. C.J. PICTON: We do not have a breakdown on that figure, we just have a figure for across the system, but we will endeavour to locate that and provide that on notice.

The Hon. D.J. SPEIRS: On the same budget paper, referencing CALHN as a headline network and seeking generosity in terms of the information that you give, minister—although, again, I can go through the other references if you would like—how long does SA Health anticipate that the patients who have had their elective surgeries cancelled will wait to have them rescheduled, and do you have a rough timeline as to how that will occur?

The Hon. C.J. PICTON: All of our local health networks will be working hard to make sure that those operations are rescheduled as soon as possible. There will be a variety of different cases and a variety of different circumstances that will need to be worked through. Some of those may well be able to be rescheduled relatively quickly, particularly where country hospitals have a significant amount of capacity available to conduct those and can reschedule them quite quickly. Some of those, obviously, are same-day operations, such as cataracts, and some are multiday surgeries that require a significant amount of planning and preparation.

Obviously, it needs to be balanced with other urgent cases that may pop up as well. But I think the thing that I would really want to make sure is clear and communicated well to the public is that somebody who has had a deferral in terms of their elective surgery does not lose their place in the queue. They will stay at the top of the queue to receive their elective surgery and our local health networks, our clinicians, our surgeons will be working to try to reschedule those as soon as that can happen.

The Hon. D.J. SPEIRS: Do you anticipate that you may need to call another Code Yellow internal emergency in the next 12 months?

The Hon. C.J. PICTON: Code Yellow is a standard term which is used across Australia. There are different codes, different colours for a variety of different circumstances. A Code Yellow, as the member has noted, is listed as an internal emergency and there are a variety of different circumstances in which that may well be considered.

I think it would be very difficult for any minister, any politician of whatever political persuasion, to rule out that such a circumstance might not need to happen in the future. Those emergency management protocols, for a whole variety of different reasons, are in place to make sure that the system can respond when it needs to, and can do so in a coordinated way, following appropriate emergency management protocols, which is what is in place at the moment.

The Hon. D.J. SPEIRS: In relation to the current system-wide Code Yellow, has a Code Yellow ever been called for this length of time before?

The Hon. C.J. PICTON: I would have to take that on notice in terms of going back through the history books, but what I can say is that in terms of elective surgery cancellations there certainly have been elective surgery cancellations issued on a statewide basis before, most notably through the course of the past four years. I believe under the previous government, when the member was in the cabinet, there were about a hundred days of statewide elective surgery restrictions in place.

That is obviously very significant and caused issues in terms of backlog that we are still trying to catch up from. That was obviously before we had COVID in South Australia, and we were not having any flu cases in the system at all. We have seen a lot of extra demand since then, and that is why these protocols have had to be put in place, at the same time that we are building hundreds of additional beds to make sure that we have the capacity we need, so that we can see both emergency cases and also continue to see these elective surgery cases, without the need for cancellations or deferrals to happen.

The Hon. D.J. SPEIRS: When do you anticipate that all restrictions or measures put in place by the Code Yellow will be lifted?

The Hon. C.J. PICTON: It is impossible to give an exact estimate in terms of that, but I can assure the house and the committee that this is being reviewed on a daily basis by not only Dr Lawrence but also Mr Wayne Champion, the incident commander for the current incident, and by the broader team, in terms of making sure that, firstly, our restrictions are as small as possible. Obviously, we have already taken action in terms of making sure that some 90 per cent of those elective surgery restrictions have been lifted.

I suspect that we will see further easing of those restrictions before we see an easing of the broader Code Yellow incident management response, because that also enables us to implement and to work on a number of measures that are happening across the system to try to address the flow and blockage issues that are causing significant what is called access block in emergency departments, where we see patients who have been treated by emergency department teams in an emergency department bed waiting for an inpatient bed. We need inpatient bed capacity to be able to do that.

A lot of the actions being taken at the moment, while obviously elective surgery is getting the most attention, there are behind-the-scenes actions being taken, and I would particularly highlight things such as country repatriations. We have, on a daily basis, often more than 500 patients in our metropolitan hospitals who are country patients, and we are trying to get as many of those who can be safely looked after in their local country hospital as possible—obviously, it is not only better for those country patients to be closer to home, it will also help free up metropolitan hospital bed capacity.

The Hon. D.G. PISONI: The same budget line, minister.

The Hon. C.J. PICTON: Sorry, which one is that?

The Hon. D.G. PISONI: That is Budget Paper 4, Volume 3, pages 20 and 35. Are you able to advise how many patients have contracted COVID in public hospitals in South Australia in the last financial year, and how many of those patients have died with COVID?

The Hon. C.J. PICTON: I will take that on notice but certainly the advice I have received in relation to this matter is that it is quite difficult to determine when somebody has caught COVID. While there may well be a positive test that is conducted within a hospital, in many cases it is hard or impossible to determine whether that was contracted within the hospital system or whether it was contracted in the community before somebody presented at the hospital.

I will say that what has been very clear through the course of the past four years is the importance of infection control, and one of those key measures relates to single rooms in hospitals. If you look at the Royal Adelaide Hospital, this is a hospital that was designed with a pandemic in mind. Single rooms, infection control, the ability to turn on pandemic mode for air conditioning and other related plant and equipment has meant that, firstly, they were deemed at the beginning of the pandemic as the COVID hospital.

Before the borders closed, when we were expecting mass infections at that stage, that was going to be where the vast majority of infectious people were going to go because it had that superior infection control available because of the way the hospital was designed. Compare that to Flinders Medical Centre. It is our second major hospital in South Australia, but it is a very old piece of architecture now and the majority of those beds are in four-bed bays. That makes it very difficult in terms of being able to deal with a respiratory infection and we see blockages.

The advice I have received on a regular basis is that one of the issues they face in terms of access block from the emergency department into wards is that they regularly have people who require a single room in the hospital, but they are obviously in short supply. This is one of the reasons why in the expansion of the Flinders Medical Centre, which is progressing, there will be an uplift in terms of the number of single rooms in the hospital, which will give us greater flexibility in terms of being able to treat patients who have respiratory infections or are infectious who need to be in a single room so they do not infect other people in the hospital.

So while there are very careful measures that are taken to try to make sure that patients do not infect each other, when you are dealing with a virus such as COVID that is obviously difficult in a hospital that was not designed with the same modern infectious protocols as one that has been designed in the past decade.

The Hon. D.G. PISONI: Can you advise as to whether patients with COVID ever share a room with patients who do not have COVID in the hospital system?

The Hon. C.J. PICTON: The advice I have is that that would be very unlikely or certainly not done knowingly. Obviously, COVID is a condition that people do not necessarily always know they have until they receive a positive test. Our hospitals work with their infectious disease specialists to make sure they have appropriate protocols in place.

As I said, one of the issues at the Flinders Medical Centre is when you have people coming into the emergency department who have COVID or other infectious respiratory illnesses. There is a lot of work that will take place to try to make sure they can find them single rooms to go to and that is one of the issues that causes access block and therefore delays for other patients. I am very happy to take on notice the exact protocols that are in place across our major hospitals.

The Hon. D.G. PISONI: Another part of my question was: how many people have died with COVID in the hospital system?

The Hon. C.J. PICTON: I will take that on notice.

The Hon. D.G. PISONI: Another question I have relates probably more to page 13, key agency outputs. How many incorrect administrations of drugs and incorrect drug doses have been reported in the public hospital system in the last financial year?

The Hon. C.J. PICTON: Sorry, member for Unley, page 13? Is that what you are saying? Ministerial office resources and workforce summary?

The Hon. D.G. PISONI: Other health services for the South Australian community, health promotion and education, statewide public hospital and community health services.

The Hon. C.J. PICTON: Which budget paper are you looking at?

The Hon. D.G. PISONI: I am looking at Budget Paper 4, Volume 3, page 14, sorry.

The Hon. C.J. PICTON: That clears it up. Sorry, maybe if you can repeat the question, member for Unley.

The Hon. D.G. PISONI: The question was: how many incorrect drug administrations or incorrect drug doses have been reported in public hospitals in the last financial year?

The Hon. C.J. PICTON: We will take that on notice. We do not have the detail with us, but I would say that there are longstanding protocols in place across our public hospital system in terms of medication errors to make sure they are appropriately followed up and appropriately notified, but also so we can learn lessons where they have occurred to make sure the same error does not occur again.

This is, of course, one of the reasons why successive state governments have invested such a significant amount of funding in terms of what is now known as the Sunrise EMR, previously known as the EPAS, which we have rolled out to almost all hospitals across South Australia, which will be a significant achievement within the course of the next few months.

One of the rationales behind that was that one of the issues behind medication management was that hand writing paper notes obviously had a number of issues in terms of making sure that the correct doses were issued. So between having better digital records, between making sure that there is appropriate work by our clinical teams but also the work that SA Pharmacy do at their end to make sure they are dispensing the correct medication to meet the orders that are put in place, there is a lot of work that happens across the system to try to make sure that medication errors are reduced as much as possible.

Of course, in a system as large as SA Health, with hundreds and hundreds of thousands of patients being treated every year, there will always be some times when errors occur and, where they occur, they need to be appropriately followed up in relation to our safety learning system and other protocols.

The Hon. D.G. PISONI: While you are coming back with the information, can you advise the committee if any of those errors led to deaths and how many there were?

The Hon. C.J. PICTON: Sure.

The Hon. D.G. PISONI: Can you do that?

The Hon. C.J. PICTON: I will take that on notice.

The Hon. D.G. PISONI: You cannot come back with that? You have to take on notice as to whether you can come back, or you will come back with that figure?

The Hon. C.J. PICTON: I will take your question in relation to the number of deaths on notice.

The Hon. D.J. SPEIRS: Thank you, minister. I refer you to Budget Paper 4, Volume 3, page 26, which is the costs relating to the Clinical System Support and Improvement section of the budget papers, the costs table on page 26 being the reference point for the following question. Minister, will you release a copy of the direction that the SA Salaried Medical Officers Association alleges has been orally conveyed to doctors, mandating that SAAS offload at 180 minutes and that SAAS patients were to be preferentially offloaded over patients in the waiting room?

The Hon. C.J. PICTON: Obviously, this follows up a question that the member asked me before in parliament. I am not aware of an exact direction that the member refers to. I do know that there has been work by the incident management team in relation to making sure that there are appropriate protocols in place where there have been very long-ramped patients and to make sure that action is taken, including by escalating to the chief executive to make them aware of the issue.

The advice I have from Dr Lawrence is that there has been no direction in relation to preferencing people who are on the ramp for treatment above people in the waiting room, other than to say that we already have a very longstanding policy in place, which is for patients of equal clinical standing—i.e. if both are categorised as a category 3 patient, for example—then the patient should be offloaded from the ambulance before the patient in the waiting room.

Obviously, we had a previous allegation that was raised in relation to this issue, firstly by Dr David Pope, President of the Salaried Medical Officers Association, and followed up by the Leader of the Opposition himself. Following those allegations, I commissioned Professor Keith McNeil and

Professor Bill Griggs to look into those claims that were made. Those claims were alleging that clinicians had been ordered to preference patients from the ambulance ramp ahead of those patients in the waiting room and that had led to deaths occurring.

They looked into this matter. They provided a report which has been released publicly. They did not find evidence to support the allegations that were made. They did raise a number of recommendations in terms of how the preferencing and the allocation of patients and the priority of patients across the system should be put in place. When that occurred, when we received that report, I asked Professor McNeil to chair a working group of clinical representatives and union representatives, including the doctors, the nurses and the paramedics, to guide our implementation of that work. That implementation, as I was briefed just the other day by Professor McNeil, has been going well.

There has been very constructive engagement from all the parties in terms of putting in place those appropriate protocols, and that is shortly to lead to a number of improvements to be made, firstly in terms of an update of that policy that we put in place across the system in line with their report, and secondly in terms of making sure that there is awareness in the emergency department of clearly being able to see not only the demand in terms of what is currently in the hospital but also SAAS community demand, to make sure that the appropriate decision-making can take place, thinking about patients wherever they are in the system, including those calling 000.

As Professor McNeil has explained to me, the way that we should be looking at this matter is to say that what is called a MET call within a hospital system, which is a widely acknowledged term by doctors, should be regarded the same whether it is a MET call in the hospital, in a ward, or a priority 1 patient coming into the waiting room or on the ambulance ramp, or a priority 1 patient calling 000. We need to be able to make sure that we are responding to those patients quickly, because it is a key safety issue that needs to happen across the system.

The other thing that I would say is that there is a difference between offloading and treatment. What we have seen at the Lyell McEwin Hospital is a huge amount of work that has happened in the past six months to put in place offload bays that have led to a reduction of ramping at Lyell McEwin Hospital but not a prioritisation of treatment of those patients. So we are making sure that we can offload the ambulances, but then the appropriate decision-making is therefore put in place, making sure that the right patient is the next one to get treated based on the clinical priority.

That obviously addresses the SAAS community demand and makes sure that they can see those cases in the community faster, but it also makes sure that patients can get the appropriate care that they need, based on the clinical priority, no matter which way they came into the hospital, because we have that valve of the offload bays, or what you could otherwise describe as a waiting room for SAAS patients within the Lyell McEwin Hospital.

I know that there is work being done by other hospitals to examine ways in which similar mechanisms could be put in place, and similar mechanisms are in place in many major hospitals across the country as well. Of course, this is one of the features that has been built into the design of the new QEH emergency department as well, to allow more offload capacity to happen at that hospital, but we are looking at it elsewhere across the system.

The Hon. D.J. SPEIRS: Minister, you talked about a directive or a protocol, and you mentioned that the chief executive had put in place a protocol where she is advised if a patient has been ramped for more than three hours. I understand that protocol was put in place on or around 7 June 2024. Can you advise how many times that protocol has been triggered or used?

The Hon. C.J. PICTON: Just to correct, it is not the CE of the department who is being advised; it is CEOs of the local health network who are being advised. I do not have the exact number of times that has been enacted, but obviously there are times, unfortunately, when patients do, in our current demand, have prolonged waits. I think that everyone would want to make sure that the people who are running our health services are aware of that issue and are making sure that appropriate steps are being taken.

Critically, I think the key point here I would like to raise is that it is not just about the emergency department; it is also about escalating that to the rest of the hospital. If you have a

situation where you have an emergency department that has half of its bays full of patients who do not need to be there because they need to be in an inpatient ward and you have lots of patients still waiting to come in, the action that a CEO is likely to take is going to be making sure that the rest of the hospital can step up and make sure that those patients can get into other beds in the hospital faster to free up the emergency department capacity.

I think there is a very key understanding of how these issues connect across our hospital system by Dr Lawrence, by Mr Champion, by the chief executives of the hospitals, rather than a particular finger being pointed at the emergency department. This is obviously why we need additional beds in the system as well, to make sure that we can meet that capacity and free up the EDs.

The Hon. D.J. SPEIRS: I just have a little supplementary on notice on that question. Minister, can you provide us with a breakdown by LHN, by CEO, of how many times they have been notified under that protocol or directive? Can you take that on notice?

The Hon. C.J. PICTON: Yes.

Mr ELLIS: I have a thread of three questions, minister. The first one is on Budget Paper 4, Volume 3, page 42, which talks about the target:

Complete concept planning and commence construction of new Women's and Children's main hospital works.

It is undoubtedly a wonderful target to have. I just wonder, with such a significant amount of money, whether there was any work done on alternate uses and the effect that they may have had; for example, and selfishly—I will call it $3 billion, but I know it is not quite the right number—if that were spread over the regional hospitals, what effect that might have on ramping in the city, etc. Were there ever any alternate priorities that were considered with such a significant allocation?

The Hon. C.J. PICTON: Thank you very much, member for Narungga, for the question. Obviously, I know his deep commitment and advocacy in terms of regional hospitals and particularly the hospitals in his electorate. I would make a couple of points, firstly in relation to the Women's and Children's Hospital. This has been a commitment of successive state governments since 2013 to see a new Women's and Children's Hospital put in place. But through a variety of reasons too lengthy to mention without soaking up the entire time here, it has been put off, and we are only now seeing that action starting on site now. Obviously, we have gone through a process in terms of the site selection, which is enabling us to build a hospital that is going to meet the long-term needs of South Australia.

The second point I would make is that in a state such as South Australia, to have a Women's and Children's Hospital, that is always going to be the quaternary centre for women and children across the state. It is good on the Scrabble board: quaternary. That means that it is not just patients from around the local area who go to the Women's and Children's Hospital but patients around the state. Obviously, that sometimes comes with inconvenience for people who have to travel, but we cannot establish those levels of specialty of services everywhere. In fact, many of the patients who go to the Women's and Children's Hospital come from the Northern Territory, Broken Hill, Mildura, etc. Therefore, it is important not just as a local city project but as a state project to see that hospital delivered.

Thirdly, when you look at the priorities in terms of health expenditure, I think investing in terms of our young people has to be seen as a priority. The current Women's and Children's Hospital is a very constrained site, a mishmash of old buildings, that makes any expansion on the existing site difficult. Hence the desire has been there for the past 11 years to see that moved to the biomedical precinct on a brand new site with modern facilities.

Having said that, I do not think it is an either/or. I do not think it is building the Women's and Children's Hospital or investing in regional health services. I can advise that we have seen a significant increase in terms of what we are spending per annum in terms of capital works in our regional hospitals. For instance, in 2021-22, which was the last financial year of the Marshall government, I am advised that the total capital expenditure for the country capital works in the budget was $34 million—$34 million for all our country hospitals. That has increased this year. In this year's

state budget, I am advised, $166 million is now being spent on country capital works. That is a huge uplift, some 388 per cent of that original sum. So there is more being invested in country capital works.

I know that the member has additional priorities that he would like to add to that list, and we will continue to engage with him and the Yorke and Northern Local Health Network in relation to those additional requests and needs that his community has. But we are seeing more and more invested in our country hospitals.

Mr ELLIS: Just a perfect segue: do you know if the Yorke and Northern Local Health Network has submitted plans to Infrastructure SA for an upgrade at Wallaroo, for feedback? If they have, what was the response?

The Hon. C.J. PICTON: I know that they have been working on plans in relation to Wallaroo for some time. I am not sure—Ms Formston is checking whether plans have been submitted to Infrastructure SA for consideration. I know that certainly there has been work done by the Yorke and Northern Local Health Network in looking at all of its major hospitals, obviously particularly Port Pirie, which we have highlighted as the biggest hospital in the region (I know that is a sore point for the member for Narungga). We are investing in the upgraded emergency department, and this budget contains additional funding for that. I know that they are also doing work in terms of planning and consideration for the future of Wallaroo Hospital as well. My advice is that plans have not been submitted to Infrastructure South Australia.

Mr ELLIS: For my final question on this, I refer to the same budget paper but now on page 57, where it talks about, in the targets for next financial year, establishing a Rural Doctors Program, something that is very eagerly anticipated in the community. In budgets past there has been an allocation for the appointment of three full-time salaried doctors to be employed by the public health system at Wallaroo Hospital. I understand that it is impossibly difficult to fill those positions. Is that money now off the table? Have we given up—perhaps justifiably—on trying to appoint those three full-time positions?

The Hon. C.J. PICTON: It is a good question. The way that health budgeting works, essentially, is that while we receive our allocation from Treasury for our operating funding, our local health networks will be funded from a combination of activity funding and also block funding grants. Then, through our devolved model that was introduced and legislated by the previous minister, the local boards oversee their own local budgets.

I am very aware that the Yorke and Northern Local Health Network in previous years—I think this was before I was the minister—under their previous executive director of medical services, had ambitions to have a number of what we call FACEMs (Fellows of the Australian College of Emergency Medicine) or emergency department doctors based at the Wallaroo Hospital who would be within the Yorke and Northern's own local health network budget that they had determined through their activity funding. They then found that impossible to fill, and there have been a variety of different locums who have been used in that service.

The latest advice that I have received in my discussions with Yorke and Northern is that they have made some progress, I believe, in terms of making that emergency department medical coverage more stable. I would have to check the exact details, but I understand it is a combination of better engagement with local GPs and also some level of better stable medical coverage, on either an employment or even a more stable locum basis than what they had. I am happy to seek the most fulsome update in relation to that.

I think the big opportunity that we have now is to have in place a pipeline of doctors who will be able to be trained in regional South Australia and be able to work for both us and primary care during the course of their training. What we have seen in the Riverland is that that has bolstered the medical coverage of all their hospitals in the Riverland region. It has made the rosters more stable and it has reduced their locum usage as they have brought more doctors in. The ambition for us now is to roll this out across the state and for that to happen everywhere. It is not going to happen overnight. This is going to be a significant project over a number of years, but we need to start as soon as possible to build that pipeline of locally trained doctors.

If you look through the Yorke and Northern region, there are already a number of sites where significant training of GPs takes place and I think they will be able to be bolstered through this partnership. I would particularly highlight that the current executive director of medical services, Dr Meyer, in Yorke and Northern has been excellent in terms of rebuilding relationships with general practice, and that is essential to making sure we will be able to properly implement this program and see that pipeline developed.

The Hon. D.J. SPEIRS: I refer to Budget Paper 4, Volume 3, page 39, which covers off the finances of SALHN. A safety report to SafeWork SA was issued by SASMOA in March this year. It stated that corridor care, which is being utilised during periods of high demand, was 'clinically unsafe'. Will SA Health continue to utilise corridor care?

The Hon. C.J. PICTON: I thank the member for his question. My understanding is that these were measures that Southern Adelaide Local Health Network put in place to manage their demand. They were staffed beds that were used, beds that were not people left without care or supervision but had nursing staff in place, but they are no longer being used. Concerns were raised about that practice with the chief executive, Professor Kerrie Freeman, who then made a decision to cease their use.

I am not aware of any proposals and am certainly not considering anything along those lines, except to say that we are very serious in terms of what capability we have to increase the capacity of our emergency departments to be able to safely, with clinical care, off-load patients, as described before and as has been deployed successfully at the Lyell McEwin Hospital over the past few months.

Ms PRATT: Thank you, minister. A bit of change of pace, if we may: Budget Paper 4, Volume 3, page 47, PATS. It is not too tricky—it is a small field and a big book, but there is a statistic missing. I am going to reference the year 2021-22, but if the growth rate of that financial year 2021-22 to 2022-23 was 6.4 per cent, and if we applied that to this financial year, then projections should be closer to 41,000, as opposed to this budget line that says 40,500.

Given the pressure on the country health system, where we are seeing more patients travelling to the city for acute care, do you consider that that number of payments will be adequate? Given the increase, given the projections, do you consider that amount of payments, 40,500, to be adequate?

The Hon. C.J. PICTON: Thank you for the question. It is good to get a question related to the budget papers. Gold star to the member for Frome for that.

Ms PRATT: It only took me three years to work it out.

The Hon. C.J. PICTON: The first thing I would say is that PATS is a very important scheme, and we have taken action to bolster it by doubling the fuel subsidy within the past year, or slightly longer than that. We are seeing demand, obviously, in terms of people using PATS. The figures, as I understand them, advised in relation to what is in the budget paper there in terms of a projection, is our best estimate.

Every year, the PATS team, which form part of the RSS, the Regional Support Service, that sits under the Barossa Hills Fleurieu Local Health Network umbrella, will make an estimate in terms of what they believe the future demand on PATS will be. It will be very much determined on what the demand is and what applications are put in. This is not a capped scheme. There is not a certain number of claimants or claims that can be made and then we stop providing payments. This is an uncapped scheme, so if people meet the criteria then they will receive payments irrespective of what that estimate in the budget papers is.

Ms PRATT: Minister, there are two members behind me who I am sure are just as interested in this particular field as I am. On page 47, there is not enough information.

The Hon. C.J. PICTON: You are not referring to the member for Unley.

Ms PRATT: He is not sitting behind me, so I am not. When we look at the activity indicators for PATS, there is not a lot of information to go on. I take your point that it is not a capped scheme and so it is responsive and reactive as the claims come in. But if you can say, what is the operating budget for payments and administration of this scheme? I note that it sits within the Barossa Hills

Fleurieu LHN and RSS are responsible, but can you speak to the specifics of the operating budget for claims and administration?

The Hon. C.J. PICTON: I can indeed. In 2022-23, the expenditure budget for PATS was $10.997 million, and then the budget that we had for 2023-24 was $11.482 million. That currently I have listed as our estimated result; however, I suspect that is because we are not at the end of the financial year yet and there will still be work done to determine what the actual estimated financial result for PATS is for this financial year.

The current budget that Barossa Hills Fleurieu has aligned to it for next financial year at this stage is $11.769 million. However, of course, I preface that by saying, as per previous discussion, it is a scheme in which people make claims meeting the criteria, so the best analysis, the best predictions are put in terms of what the claims are likely to be. I am advised that between 2021-22 and 2022-23 we did see a significant increase in terms of claims. Compared to 2021-22, there had been a 14.74 per cent increase in claims received.

The advice I have received is that is because of an increased activity within the scheme. Because of the increase to the fuel subsidy—we had that doubled from 1 January 2023, so it is a little bit off by saying 'in the past year' as it was 18 months ago—and also additional positive exposure to the scheme, we have seen an increase in that demand in the scheme.

There was also an increase of 16.26 per cent in approved claims due to an increase in overall claims being submitted that within that year saw a 28.5 per cent increase in expenditure through the program. Obviously, part of that was the increase in payments that we were making for the doubling of the fuel subsidy as well.

Ms PRATT: It is pleasing to hear that there has been perhaps a greater awareness and take-up where necessary. What is not pleasing is to hear from people statewide when their payments are delayed. Can you explain why there are reports of consistent delays in payments to individuals, and not just individuals but service providers—I do not want to name them generally, but NGOs which are in receipt of those overnight accommodation payments, if you like. The answer I am seeking is an explanation to repeated reports of delays in payments.

The Hon. C.J. PICTON: That is another good question. The member for Mount Gambier raised in parliament maybe six months ago a question in terms of delays that his constituents were experiencing for PATS at that time. At that time, I followed up with the PATS team and was advised that they had some staffing difficulties at that stage, but they added additional staff to make sure that they could get on top of what they were facing as the backlog.

Obviously, as has previously been discussed, PATS has been facing an increase in terms of their demand, particularly as there has been an increase of awareness and also an increase in the rebate that has been provided too. My advice is that that has helped to reduce the length of time that the claims are taking to be processed. Currently, I am advised that the processing time frames are around five weeks from the submission of claims, and obviously work is still continuing to see if that can be reduced any further.

The member raised a question in relation to a significant NGO. I think I know who she is referring to, but I will not name them. What I can say is that PATS have met with that NGO within the past month—or slightly longer than the past month, 17 May—and are working with them to try to streamline processes and other supports for the provision of accommodation subsidies to address what I think they were encountering in terms of some significant bureaucratic issues in receiving their payments.

Ms PRATT: That is very pleasing, minister. Just on delayed payments and the five-week average I think you are pointing to, is there a target that RSS would be aiming for that is a lot less than five weeks? I say that because there is a cost-of-living crisis and people in the country are out of pocket because they know they have put their paperwork in and they have calculated what they would be getting in return, and they would be waiting in anticipation.

The Hon. C.J. PICTON: I do not have that in front of me. I believe I previously said to the parliament when there were questions about this in terms of what they would be seeking, but I would have to go back and check *Hansard.* If that is not already provided to the parliament in the *Hansard*

I am happy to go back and look at what their exact target is. In my head I have that their target is usually four weeks, but I do not want to mislead the parliament so I will check that.

Ms PRATT: Alright, thank you. Finally on PATS, in terms of the overnight accommodation there is much commentary. Every country MP understands the impost for individuals travelling. With the Code Yellow we heard about a number of patients travelling to the city who had arranged their accommodation, only to find they were out of pocket and did not have the surgery. What reform or what plans and consideration do you make, minister, to review the overnight accommodation to increase it to a much more appropriate commercial rate?

The Hon. C.J. PICTON: Obviously, we are sympathetic in terms of people who have to travel to Adelaide for their treatments, and that is why the PAT Scheme exists, to help them. The changes that we have made in the past year have been the most significant changes that have been made in terms of PATS, I believe in the past two decades, including the doubling of the fuel subsidy from 16¢ to 32¢ per kilometre for eligible appointments from 2023 onwards. In addition, all Kangaroo Island residents are now eligible for a ferry subsidy when travelling to the mainland, which was not the case previously. Also, prosthetic orthotic treatment is now eligible when treatment is performed by a registered Australian Orthotic Prosthetic Association member.

There has also been, I am advised, a number of other changes that have been made in the past three years, including the eligibility of Airbnb and other accommodation options. There are always going to be additional requests and suggestions in terms of how the scheme could be expanded or improved. They will continue to be under consideration by the government in terms of both future budgets and future decisions that could be made. These are very significant increases that we have seen in the past couple of years and the most significant, I think, in the past two decades, but we will always consider other options or other suggestions in the future.

Mr McBRIDE: Budget Paper 3, page 107, the 2024-25 expenditure for the Naracoorte hospital is said to be $4.6 million. Can the minister explain what this money will be spent on?

The Hon. C.J. PICTON: We are just checking.

The CHAIR: Can I just confirm the budget paper?

Mr McBRIDE: It is Budget Paper 3, page 107. If I have it wrong, I will find another one.

Ms PRATT: Budget Paper 4, Volume 3, page 16 will get it done.

Mr McBRIDE: It must be Budget Paper 4, Volume 3, thank you.

The Hon. C.J. PICTON: The team are furiously checking to see if we have further information.

Mr McBRIDE: I have another question while you are doing that, if you want, minister? I can ask you another question to make it easier.

The Hon. C.J. PICTON: I can talk just off the top of my head—

Mr McBRIDE: Sure.

The Hon. C.J. PICTON: —about the Naracoorte hospital all day. Naracoorte hospital, as the member knows very well, is a hospital that has been long overdue for a very significant upgrade. It is what I would best describe as a hodgepodge of a hospital. There are bits and pieces all over the place and very outdated infrastructure and the community quite rightly have advocated that they need an upgrade.

One of the decisions we took in putting our election proposals together for the last election was, when repurposing what was previously planned as a $662 million basketball stadium, as we would call it, or people would call it an arena otherwise, to repurpose at least $100 million of that funding into country hospitals and $8 million of that was therefore allocated to Naracoorte hospital. We made it very clear at the time that that was only ever going to be stage 1 of what needed to happen at Naracoorte hospital because, clearly, there is much work that needs to happen at that hospital.

The team since then have been working very hard in terms of the planning of those works, making sure they address some of the urgent needs at Naracoorte hospital but also making sure they keep in mind the future planning that is required across that site to make sure we do not do something now that will cause us issues later.

In addition to that, as the member well knows, we were able to achieve $1 million in extra funding in last year's budget for additional planning on that site, which is now being utilised for two purposes, firstly, in terms of the future planning of Naracoorte hospital for other stages that need to happen and, secondly, to make sure we have in place clinical service planning for the other hospitals across the Limestone Coast Local Health Network, apart from Naracoorte and Mount Gambier. It has been partly because of the very strong advocacy from the member for MacKillop that that needs to happen.

In terms of the $8 million allocation, there are a number of vital, urgent upgrades that need to happen. At the top of my mind on that list is always the lift that has been an issue and has been broken down for some time at Naracoorte hospital, but the major service improvement will be in terms of works we are doing at the emergency department. The emergency department in recent years has moved location at Naracoorte hospital into more the centre of the hospital, but it is not really a fit-for-purpose environment or set-up where it is at the moment, so those works will be happening.

Judith has found some more information. There was an investment strategy agreed with Naracoorte Area Health Advisory Council and the Limestone Coast Local Health Network to upgrade the emergency department and provide infection control and compliance upgrades and priority engineering service upgrades of the hospital. Works are due to proceed to a tender for a general building contractor shortly. Electrical works are underway in a separate package of works and a full scope of works are anticipated to be completed in the middle of next year.

Mr McBRIDE: I have another question for you and this time I will try to get the paper numbers correct. It is Budget Paper 4, Volume 3, page 57, right at the bottom, the Limestone Coast Local Health Network, where it talks about activity indicators. In this shaded line it has a 2022-23 actual of, I believe, $15,784,000 and then there is at least a $1.2 million reduction for 2023-24, estimated and projection. Reading on, in 2024-25, which is what we are talking about here today, no doubt, we are not even back to where we were in 2022-23. Can you help me, minister, understand why we are at least $1 million down over last year and we are still not back to where we were in 2022-23 in budgeted figures as what they call activity indicators?

The Hon. C.J. PICTON: Thank you very much for your question. In the detail of the National Health Reform Agreement and our national funding mechanisms, there is an arrangement called NWAU. An NWAU is a national weighted activity unit. Everything that happens within hospitals that are activity-based funded is given an allocation in terms of how many NWAUs it is. For example, a made-up figure for a hip operation might be five NWAUs.

An NWAU has a weighted basis that is set by IHACPA, which is the independent pricing authority across the country, and they determine what the price of one activity unit is and therefore the price of all activity that happens across our hospitals. Therefore, there will be allocations and estimates that are made and real results in terms of where activity happens across different hospitals.

As the member has noted, we have what is projected to be a reduction in terms of the NWAU, and that could be for a combination of different reasons. It could be because fewer patients have presented or it could be because they have presented with less complex matters or it could be that they have presented with entirely the same things but the weighted units have changed in terms of what the NWAUs are.

Obviously, the combination of all of the NWAUs for all of the LHN will be part of the determining factor in terms of which will be the overall budget for an LHN. Clearly, Limestone Coast are projecting that they have had a reduction, but they may well have an increase in terms of some of their block expenditure as well. We can see their estimate in terms of their expenses, despite a reduction in NWAU, has actually gone up substantially as well.

Julienne TePohe, who is the deputy chief executive and who looks at our commissioning process and all of these weighted units, is busily looking to see if we have an answer in terms of why there is projected to be a reduction in terms of the NWAU of Limestone Coast. If we can get that, we will bring back some more information.

Mr McBRIDE: I have one last question. This one refers to Budget Paper 5, page 38, sustainable and efficient health system. The top of the paragraph states, 'This initiative provides $1.577 billion over the forward estimates.' Looking at the operating expenses in the graph and chart above it, it states that in 2023 there is minus $334 million being estimated, which I think makes up the $1.577 billion when you go across the years from 2024-25, 2025-26, 2026-27 out to obviously beyond the forward estimates of 2027-28.

Minister, can you give some explanation around this $1.5 billion? Is this just a federal initiative to recognise inflationary costs? Are these extra costs something that we are hoping to rein back in, or is this an explanation of some sort of efficiency process, because it always talks about the national average efficiency? They say 'significantly increased'. Can you tell us how we are travelling in this area, minister, and what these figures actually mean, and is there any way of saying we are doing well, or are we doing badly?

The Hon. C.J. PICTON: I think the short answer is that, right across the country, post COVID, the cost and efficiency of health services everywhere has gone up. As you said, there is the National Efficient Price, which is set by IHACPA, which has seen the latest estimates that have come out from them projecting a significant jump in terms of the National Efficient Price because all hospitals everywhere have become much more expensive to operate.

There are a number of matters in the budget that the Treasurer has kindly addressed for SA Health, firstly in terms of an increase in activity that we are seeing but also in terms of an increase in the cost of what we are facing in terms of delivering health services. That is a combination of a whole range of different matters that we are facing, not only inflationary pressures but staffing pressures as well, having to have additional staff in place, some of which we are still addressing, to be frank.

Regarding the sustainability of the budget when we came to office, I think the health expenditure in the year that we came to office was in the approximate range of about a billion dollars more than what was being budgeted for. In successive budgets, we have been addressing the shortfall and making sure that we can address new activity coming into the system and also making sure that we can appropriately budget and make sure that we can meet the needs and the costs of actually delivering those services.

I am advised that if you look at the 2023-24 budget pressures, clearly you have unprecedented demand for services across the hospital and health system, necessitating innovative solutions to address short-term capacity constraints, particularly while new beds and services the government has committed to come online. There is also an increase in staffing requirements to address additional demand for hospital and health services.

Of course, health service full-time equivalent staffing is estimated to increase substantially in the budget papers. Whilst new staff are being recruited, workforce shortages have been experienced, requiring usage of agency nurses and locums in many health services, and obviously particularly in regional areas, as well as recruitment costs to attract new staff, and also increased costs associated with inflation at record levels.

All of those factors combined have led to increased inflationary costs in terms of SA Health. Obviously, our goal is to be at the National Efficient Price. I do not think since that process has been in place—for, I think, over a decade now—South Australia has ever been operating at the National Efficient Price, but we are still aiming to do so.

The CHAIR: Thank you very much, minister. I understand the member for Narungga has one more question before we turn to the member for Torrens, who has been waiting patiently.

Mr ELLIS: Very patiently. I have one question about ambulances. I refer to Budget Paper 4, Volume 3, page 61, specifically the performance indicators, which list the goals and achievements in terms of response times. They seem to be limited only to urban centres. Do we measure response

times at regional centres? That might give an indication as to how the volunteer model is holding up out there.

The Hon. C.J. PICTON: My understanding—and I will correct this on notice if I am wrong—is that while we say 'urban centres' that is not just the metropolitan area. There are a number of built-up regional areas across the state that are included in our response time figures. Separately, we do have a metropolitan figure that we report as well, and that is the figure that we report on as part of our regular monthly reporting that we committed to, releasing those figures on a monthly basis. But my understanding is that in relation to these figures here, where it talks about urban centres that does include some of the more significant regional centres across the state.

Mr ELLIS: And the less significant?

The Hon. C.J. PICTON: Obviously, SAAS monitor their response times everywhere, but it becomes tricky when you have very long distances to cover in some of the call-outs, much longer even than in your electorate, member for Narungga, some of the Far North or West Coast cases, etc. How do you appropriately categorise those in a way which is meaningful and statistically comparable, when a particularly long call-out case hundreds of kilometres away would skew the stats? I think that would be what SAAS would say in terms of their difficulty of doing that.

I have been to the emergency operations centre and sat for many hours with the team watching what they do. The regional dispatches do an incredible job. While the metropolitan dispatches are looking at a small grid and a high number of cases and that can be a very stressful job, obviously it can also be very stressful in terms of making sure that we can get ambulances across very wide, large distances across the state.

I know the crux of your question is also in terms of volunteerism in terms of SA Ambulance as well. I think it is fair to say that over a number of years that has been a challenge. There are a number of pieces of work that are being done to try to address that. We have had a new advertising campaign that has been rolling out this year to try to attract more ambulance volunteers to the service.

Another piece of work that the chief executive officer, Rob Elliott, has been working on, with my encouragement, has been one of the things I have heard a lot about from meeting with SAAS volunteers in my visits across country South Australia; that is, the training program that we put people through is very arduous. It can be significantly off-putting for people. Even people who want to do it, when they see what is involved in terms of just doing the training, it becomes a barrier for them to do so.

So I think Rob agreed, when he looked at the detail in terms of what was being asked now, and is undertaking a piece of work in terms of making sure—obviously, we want people appropriately trained, but we do not want them to be undertaking an unnecessary level of training either.

Ms WORTLEY: I refer to Budget Paper 4, Volume 3, page 32, line 1, Program 2: Health services. Minister, how are barriers in secured aged-care placements for older long stay patients and people awaiting NDIS assistance impacting hospital capacity?

The Hon. C.J. PICTON: Thank you very much, member for Torrens, for your question. This is a huge issue for us. One of the issues that we have seen, as we see increased demand coming through the front door, is it has been very hard to get people through the back door, particularly to aged care. There has always been in the system some level of barriers of discharging people to aged care, particularly for complex patients, but that has become so much worse in the past couple of years.

I think this is a combination of factors, including the fact that there has rightly been a big focus in terms of improving the quality and standards of aged care, particularly following the royal commission, but a resultant factor has been that aged-care providers are now having to adjust their risk tolerance in terms of who they will allow to come into their aged-care homes, which has meant that there are many people who are very difficult for us to place in terms of aged care.

These are people who are medically ready for discharge who are still in our hospital beds waiting for discharge. That, therefore, leads to bed block, that leads to ambulance ramping and that

leads to long waits in the emergency department because we have people in our beds who no longer need to be there. Of course, this is not good for our older patients either. Older patients should not be in hospital any longer than they need to be. It can lead to worse outcomes if they are stuck in hospital for a long time. So there is a lot of work that is being devoted to this.

I will give you an example of the statistics: in August 2022, there was an average of 88 patients per day in our metropolitan hospitals waiting care placement for beds. They were well enough to be discharged but were waiting for placement in an aged-care facility. That was a lot of beds back then, just a couple of years ago, and that was a key barrier in terms of our system with those 88 patients, but that has risen substantially since then.

As of last week, we had 163 patients in our metropolitan hospitals who were stuck waiting for an aged-care placement. That is an increase of 75 patients, almost double the number of patients of just less than two years ago, which highlights the problem we have. Combine that with people stuck waiting for NDIS, you have basically a Modbury Hospital equivalent of our system, which is people waiting to leave the system and get out.

Throughout 2023-24, patients waiting on aged care have represented the largest proportion of patients' delayed discharge in the hospital system. That has a big impact upon our system. This is something where all states and territories are particularly concerned about this impact. Further to the member for MacKillop's question, it adds to cost in the running of our health services and it adds to the delays for people getting care.

Last week, we had a meeting of health ministers. All health ministers took a step that has not been seen for many years, which was an open letter, signed by all state and territory health ministers, raising concerns about a number of federal factors that are impacting the running of our hospitals at a time of significant demand right across the country. One of those was this: the barriers for people waiting to get out of aged care and calling on the commonwealth to take action to make sure that they can have programs that can assist people to get out of hospital and to support people into aged care.

There are a number of things that are being worked on. I would certainly highlight that and thank the federal government for their work in terms of the Strengthening Medicare package that they have delivered, or are in the process of delivering, which will see some help for us in helping to address this. The most significant part of that package for us is $35 million, which is going into the geriatric flying squad. This will deliver specialist geriatric outreach services for older patients transitioning into aged care or to prevent an avoidable admission.

This is a program that New South Wales has been trialling for some time, where we can give aged-care providers more confidence that they will be able to take patients from our hospital system because they will have some level of support from geriatricians and other doctors and nurses within SA Health—that they will not just be left on their own with potentially some more complex patients. We are hopeful that that will help to increase the risk tolerance of our aged-care providers and help to significantly reduce that number of 163 patients and ultimately free up more beds and free up more capacity for other patients who need it.

The other thing that we have been doing is really stepping-in in terms of addressing what is another federal issue of primary care access for people in aged care. There are a lot of issues where it is very hard for aged-care providers to access GPs as well, making it easier to send somebody to hospital in an ambulance than to get a GP. So what we have rolled out is our SA Virtual Care Service, which we have made available to all aged-care providers in South Australia. They can speak to one of our doctors, nurses or paramedics in our Virtual Care Service directly, and that has seen a reduction in terms of the number of ambulances that go from aged care to our hospitals. That is because of the work that the doctors, nurses and ambulance officers in the Virtual Care Service have been able to provide in keeping people in place.

That might mean that, after that consultation, we could then send out a mobile X-ray to that person the next day, for example, rather than having to take that person to hospital. For somebody in aged care, hospital can often be the worst possible place, particularly taking old and frail people away from their home to be in a busy emergency department or busy hospital wards rather than receiving some help in their own home.

We are hopeful that these measures will help to address this, but we are still calling for more action from the federal government because this is a significant handbrake on our system, and a very similar situation is happening right across the country in terms of the people who are waiting very long times to get discharged from hospital.

Ms PRATT: Minister, I refer to Budget Paper 4, Volume 3, page 27, commissioning targets, dot point 1:

> Continue to build self-sufficiency in regional areas to ensure patients can access high quality services.

I am interested in upgrades announced for the Clare Hospital at a cost of 4.5. Can you confirm if that budget upgrade cost has blown out, and how is the difference going to be found or sourced?

The Hon. C.J. PICTON: I have received advice from the deputy chief executive that we are absolutely still committed to the delivery of that project. Significant planning work has been done, both through the department and through the Yorke and Northern Local Health Network. This will upgrade particularly the CSSD, which is the sterilisation area of the hospital, to meet the appropriate national guidelines that are in place for all hospitals.

Obviously, Clare is a significant site where surgery happens, and we want to make sure it meets the appropriate guidelines to deliver safe and quality care. That will be funded from annual programs. I do not have an exact updated cost estimate, but we will provide that on notice if there has been a change in terms of the costs the member mentioned.

Ms PRATT: Thank you, minister. Is the project delayed, and can you provide some updates on when it will commence and when it will conclude?

The Hon. C.J. PICTON: The advice I have is that we are in the process of procuring the team to deliver that work, so we will have more to say about that very shortly, including when work will be likely to start and be completed once the team is on board—i.e. the construction team—and we do that in conjunction with the Department for Infrastructure and Transport in terms of the procurement work that will occur.

Ms PRATT: I have a question about the Mount Gambier upgrade. The reference is Budget Paper 4, Volume 3, page 16. What is the cause of the delays to the Mount Gambier hospital upgrade?

The Hon. C.J. PICTON: I am not sure I accept the premise of the question, in that we are still progressing with that. I have not received any advice that we are off track in terms of having that project completed by the end of next year. It is certainly a very important project for the government. There are three components to the project: firstly, an expansion of the emergency department. Mount Gambier emergency department is a very busy regional emergency department that sees a large number of patients, and having additional capacity in the emergency department to meet that need in the community, particularly while there are significant barriers in terms of people being able to access primary care in the Mount Gambier region, is needed.

Secondly, there are additional mental health beds, so a six-bed mental health subacute unit will be expanded. Mental health has been a significant impact in terms of demand increase over previous years at Mount Gambier, and this will give quite a big boost in terms of its capacity for mental health patients.

Lastly, a two-bed drug and alcohol unit, known as detox beds, was first raised with us by Substance Misuse Limestone Coast, which has been advocating for many years to improve drug and alcohol services in the Limestone Coast. Following their advocacy, we made election commitments for that but also for additional drug and alcohol rehabilitation beds, which I believe are now in place in the Mount Gambier region. The substance abuse beds, the detox beds, will be the first of their kind outside of the metro area in South Australia. There is a lot of work happening between the Limestone Coast Local Health Network and Drug and Alcohol Services South Australia to ensure they can be delivered.

I am advised that the tender for a general building contractor has been completed, and construction works are due to begin within weeks and involve a staged delivery of the subprojects, which are on track to achieve practical completion towards the end of 2025. The idea that that is off track I certainly disagree with.

Ms PRATT: Budget Paper 4, Volume 3, page 55, the Limestone Coast Local Health Network, targets, fifth dot point, 'Evaluate and action the recommendations from the Radiation Therapy Feasibility Study report'. When will the Radiation Therapy Feasibility Study report be evaluated with actions and recommendations, and will recommendations be made public?

The Hon. C.J. PICTON: We have not received that report. I certainly have not received that report. The latest update I had from the Limestone Coast Local Health Network is that the consultants who are undertaking that feasibility work have been consulting with the community. They have provided some initial advice to the Limestone Coast Local Health Network governing board, but they are still in the process of completing their final report. It certainly would be my intention that we would be releasing the findings and recommendations from such a report when it is received.

Ms PRATT: Would you expect the community action group, that have been advocating for radiotherapy services, to get a briefing from you or the agency ahead of the report being released?

The Hon. C.J. PICTON: I think they have been very key partners in terms of the project. There are a number of very strong community advocates who are very passionate about improving services through their own personal lived experience. The Limestone Coast Local Health Network, on my encouragement, have tried to involve those community patient advocates as part of the process. In fact, I believe at least one of the representatives was part of the panel which made the assessment in terms of who the best contractor was to deliver this project.

No doubt, when the report is received, it will have to be considered by the board. No doubt, we will want to have a look at it from the department and government perspective as well, and then there will be work done in terms of making sure that we can release it, and I am sure part of that will be providing appropriate briefing to the members of the advocacy group.

Ms PRATT: I am also referencing Budget Paper 5, page 38, in reference to the regional Integrated Cancer Consult Suite. Does it follow then, where the feasibility study is not complete, the evaluations have not been completed, and it is not publicly facing, that the $4.3 million or $2.8 million (depending on which budget line you look at) that is federal funding was originally allocated to fund a regional radiotherapy centre, and so is that money quarantined and, if not, why not, given the feasibility study report is ongoing?

The Hon. C.J. PICTON: We will take a step back. That funding was, as you say, allocated many years ago to radiation oncology in the South-East. There was then a decision made by the previous Marshall Liberal government and the previous Morrison federal Liberal government to not proceed with that project, to rule out delivering that project. I am not aware of what the process was that led to that consideration but that was the decision that was made at the time. I know members to my right like to pretend that that did not exist, but that was what happened.

When we came to government, that decision had already been made. The Limestone Coast Local Health Network at that stage, with that decision already made, were working on: could they use that funding for something else? They had worked up a plan to deliver increase in terms of cancer care in the Limestone Coast. That is what they had therefore allocated that funding to do, following that decision that was made under the previous government.

We have now made the decision to undertake a feasibility study in terms of the potential for radiation oncology, to get the experts to give us the advice, what would need to happen, what is feasible for that to occur in the Limestone Coast. We are asking, 'Was the decision that was made by the previous Liberal government wrong?' essentially. We will receive that report. We will, as I say, make the findings and recommendations of that report public and everyone will have the opportunity to have a look at it.

I have made it very clear that we will not spend that $4.3 million of what was then the revised plan for the use of those funds until we see that report. I think that is an appropriate and fair thing to do. So there is no intention for us to sign contracts for the delivery of that revised plan that was worked on after the cancellation of that project by the previous Liberal government until we see what the revised feasibility study says.

Ms PRATT: Thank you for the history lesson. Just to clarify what the minister is saying now, where my question was about quarantining, the minister has undertaken a commitment not to spend any more of the $4.3 million until the feasibility study has concluded?

The Hon. C.J. PICTON: Correct. I have said that publicly already, yes.

Ms PRATT: Continuing with country hospital upgrades and country hospital commitments, if you like, I have a question about the Barossa hospital. Has the site for a new Barossa hospital been determined, and when will it be purchased, noting that $5 million has been set aside for the 2024-25 year?

The Hon. C.J. PICTON: Yes, that is correct. Funding was set aside, I believe, in the 2021-22 budget for purchasing land for a future Barossa hospital. That money is still in the budget, and I have not received advice in terms of a particular site being selected for that purchase at this stage. It is something that is being worked through between the Department for Health and Wellbeing's infrastructure unit and the Barossa Hills Fleurieu Local Health Network in terms of the appropriate consideration of that purchase.

Ms PRATT: The new Barossa hospital full business case has completed Infrastructure SA's gateway to assurance review process. Has the report been finalised and presented to state cabinet yet and, if not, when do you expect to have it? In terms of the capital cost, has that been determined and, if so, what is it?

The Hon. C.J. PICTON: My understanding is that that report is going through the appropriate consideration by Infrastructure SA. It is also something which is a cabinet document and is being considered by cabinet as well, and therefore, obviously, I am not going to reveal the contents of that.

Ms PRATT: Budget Paper 4, Volume 3, page 33, in reference to continuing the progress work to establish the Bragg Comprehensive Cancer Centre. My question is: what progress has been made with the Bragg centre in the consideration of utilising new technology other than proton therapy to improve patient outcomes?

The Hon. C.J. PICTON: I think it is worth separating the two things out. They both have the name 'Bragg' associated with them so it is certainly very understandable that they get mixed up. There is the Australian Bragg Centre for Proton Therapy Research (otherwise known as the ABCPTR) and that is a wholly-owned subsidiary of the South Australian Health and Medical Research Institute (SAHMRI), and that is the body which it is proposed will deliver proton therapy services.

Completely separate to that is the Bragg Comprehensive Cancer Centre (otherwise known as the BCCC). That is being funded through a commitment that was made, I understand, by both major parties at the last federal election, to provide $77 million towards that project to establish the BCCC. That was not to deliver a project to deliver proton therapy, that was to deliver a comprehensive collaboration of services for cancer across the state. It involves everything from the treatment of cancer to the prevention of cancer.

There has been a lot of work done with other partners, both within the health system but also with external partners such as the Cancer Council and the Hospital Research Foundation, but obviously our clinicians within the health system in terms of what the best use of that $77 million is. There is still work underway in terms of making sure that we can get the best bang for that buck before we will put that plan to the commonwealth government and start to receive those funds that we expect will come via SA Health to deliver that.

The proposition that was originally determined and the business case that was originally done, I think four or five years ago potentially, for a comprehensive cancer centre essentially argued that, unless we have an ability for our cancer services to better connect, to better collaborate and to better stand up on the national stage, that will impact in terms of our ability to receive grant funding and further our research and our standing on the national stage. That is essentially what it is.

It will I think in many ways be a network that happens between people who are operating on different sites, so there is a lot of activity that is occurring between universities, hospitals and on

different campuses. To have people being able to be brought together with some common goals and some coordination is ultimately the direction we are heading. I know that Dr Lawrence, who has been very involved in working through the plans for this, has been very keen to make sure we establish it in a way that is going to be sustainable into the long term as well.

Ms PRATT: I have a supplementary on that. Minister, thank you for expanding on how the word Bragg is used in two different contexts. With some latitude, in relation then to the ABCPTR, my final question in response to that is: as an anchor tenant of the Braggs Building of the Bragg Centre, with five levels taken up, what efforts have you as minister taken separate to the Treasurer to meet with industry suppliers in an attempt to offset costs of this asset and maximise the location to restore our aspiration to the world? There is an opportunity to source or negotiate with different suppliers separate to the Treasurer. What role do you take as an anchor tenant?

The Hon. C.J. PICTON: I am sure you would understand that I do things in collaboration with the Treasurer, not separately to the Treasurer.

Ms PRATT: Indeed.

The Hon. C.J. PICTON: Certainly, the lead for proton therapy has sat with Treasury since the previous government and even before that my understanding is it sat with DPC, but Health obviously is very much involved in discussions with Treasury in terms of the future of proton therapy and the future of that building as well. As you say, there was an agreement that was signed, I understand, under the previous government by Treasurer Lucas, or not personally, for the South Australian government and ultimately Health to take up a number of floors of that building, which was one of the ways in which the government signed up that enabled that building to be constructed in the first place.

We are obviously delivering on that contract that was signed under the previous government and the department has moved in the previous couple of months a significant number of public servants into that building to utilise the space that the department signed up to in terms of that contract under the previous government.

In terms of other discussions in relation to proton therapy in relation to the building, we are very much in harmony and working side by side with Treasury and the Treasurer in terms of that. There is not a separate line of negotiations that Health is undertaking on its own.

Mr FULBROOK: I refer to Budget Paper 4, Volume 3, page 13, workforce summary. What was the total number of redundancies offered and accepted via voluntary separation packages this financial year?

The Hon. C.J. PICTON: Thank you very much for the question. I think it is very important that we look at the redundancies of staff within the health portfolio because there has been a very remarkable change that has occurred. A few years ago, we were seeing huge numbers of redundancies of health staff and that has significantly changed in the past couple of years. One of the commitments we brought to government was that we would end redundancies of frontline healthcare workers.

Remember, these are not healthcare workers who are just leaving. These are people who are having redundancies where positions are being abolished. We do not believe, particularly in an era of high demand on our healthcare services and patients having difficulty accessing care, that we should be making our frontline healthcare workers' positions redundant. But that was not the approach under the previous government.

So in this financial year, 2023-24, my advice is that there were only two TVSPs offered and accepted. One was an admin person and one was an other health portfolio staff, so not clinicians, not doctors, not nurses, not scientists. That compares with the four financial years of the previous government when, I am advised, over those four years there were 549 packages accepted. They included 228 nurses and midwives, 46 scientists, 22 allied health professionals and four medical officers. That is a very significant level of redundancies for frontline healthcare workers in our system over those four years.

The highest numbers we saw were in 2020-21, 98 nurses and midwives redundant and, in 2019-20, 114 nurses and midwives redundant. These were years in which we were facing the COVID pandemic. Right across the world people were expanding their healthcare workforces, getting ready for that. Here in South Australia we had redundancies being offered and accepted for frontline healthcare staff.

So this is a very different approach that we are seeing now. Now we can see through our workforce statistics that we have increased our healthcare staff by over 1,400 clinicians, 691 additional nurses, 326 additional doctors, more allied health workers, more ambos. These are full-time equivalent staff above attrition.

I thank the member for his question. I can assure him that there is a very different approach now happening and that the redundancies we previously saw of frontline healthcare staff have ended.

Ms WORTLEY: I refer to Budget Paper 4, Volume 3, page 13, workforce summary. How is the government ensuring that there are sufficient medical system graduates to meet the workplace needs of our health system?

The Hon. C.J. PICTON: Thank you very much, member for Torrens. This is something we have raised on the national stage because we are concerned in terms of the impact on the medical workforce of the number of doctors being trained in this country. We are hiring more doctors. Every other state and territory health service is hiring more doctors. We need more GPs, but we are not training more doctors through our universities than what we were previously, not to a sufficient level to meet the need.

Adding to that, with the doctors who are retiring versus the doctors who are coming into the workforce, we are not getting one for one, because people coming into the workforce are working much more flexible, family-friendly hours than many of the people who are retiring. So while we are seeing increased demand for healthcare services, we are not seeing a one-for-one replacement let alone meeting that gap in terms of future demand.

We are very reliant in terms of overseas recruitment for our healthcare staff and there is a lot of work being done to make sure that we can improve the pathway and make it as easy as possible for people who have the requisite skills to avoid long bureaucratic delays to be able to come into the country, but what I am advocating for and would like to see is the federal government take action to lift or remove its caps that it has in place on the number of medical school students that we see in Australia.

There are hundreds, if not thousands, of people around the country who try to become doctors every year, who have the smarts, the know-how, the compassion to become doctors, but they cannot get places. Many of them end up doing other degrees like health sciences or paramedicine or a whole range of other things, with a hope to try to get into medicine down the track, but we need to increase the number of medical students who are being trained in this country.

In 2024, there are expected to be 344 students graduating from South Australia's medical schools: Flinders University and the University of Adelaide. In 2017, I am advised, we saw the same number of students graduating from our local medical schools, so there has been no uplift in that time. Over the past decade, there has been some increase across the country, but we have not seen that in substantial numbers in South Australia.

If you look at the graduates who have come out of medical school in South Australia, last year 342 came out of medical school. Of those, once you take out the international students, who obviously are not capped, 261 of those were what is called commonwealth-supported placements. These are Australian students who have support to get through—261 graduating last year. In 2017, there were 286, so we have actually gone down compared to where we were five years prior, at a time when we need to be substantially increasing.

I do give credit to the federal government, in that they have given Flinders University an additional 20 places as part of a plan to establish a regional medical school, and that is welcome. Yesterday, the chief executive and I were meeting with Flinders Medical Centre in relation to their plans for those places, but we need to see more than that, not just here but around the country, to meet the needs, to make sure we have enough for hospitals, to make sure we have enough for

private practice and, importantly, to make sure we have enough for GPs, and to try to reduce our over-reliance in terms of international doctors in the future.

This is one of the matters that was raised by all health ministers when we wrote an open letter last week where we called on the government to lift restrictions on the number of medical school places in Australia, to build a local workforce and enable young Australians to pursue a career in medicine. It may not pay dividends in the time that I am the health minister, but it certainly will in future years, to have that benefit of those doctors coming into the system while we face an ever-growing ageing of the population.

Otherwise, the only thing that we are going to be able to do is to do more and more overseas recruitment. We have a good opportunity at the moment, and we are having some success in the fact that the UK's National Health Service is in a very difficult state and they pay their doctors a lot less than what we pay our doctors. That has led to a number of doctors moving to Australia and to South Australia, but we cannot rely on that forever. We need to make sure that we are growing our own, and that is why I call on Minister Jason Clare, who is the Minister for Education, to lift this cap and see more doctors trained in our country.

The Hon. D.J. SPEIRS: I refer to Budget Paper 4, Volume 3, page 46, which covers off on the costs associated with the Barossa Hills Fleurieu LHN. Within the statistics for that LHN, the percentage of patients attending emergency departments who commenced treatment within clinically accepted time frames declined from 92 per cent to 69 per cent this year. What are the reasons for what is a very significant decline?

The Hon. C.J. PICTON: I certainly noticed this as well in the budget papers and asked for an explanation from Barossa Hills Fleurieu of those changes. I am advised that one of the issues in terms of this, they believe, was likely related to a data issue. BHF implemented the Sunrise EMR at all their sites during this financial year. I am advised that the administrative task of clinicians when they click 'commence treatment' was not consistently followed and there was not a consistent administrative definition of when treatment had commenced. The ED clinical teams now have an agreed definition of when treatment is commencing, and education on the new EMR system is continuing.

I am also advised that BHFLHN experienced an estimated 11.5 per cent increase in presentations across their EDs throughout the year compared to the year prior. This is based on the 10 months of available data so far this financial year. It represents about 50 per cent of the year on growth in regional presentations across the system. Obviously, BHF also support our metropolitan hospitals when they are facing demand. Clearly, they need to lift their performance. Hopefully, a lot of that is in relation to a data issue, but we also need to make sure that those performances lift while they are facing that significant demand.

I think three big things that are obviously going to help are the three emergency department upgrades happening in the Barossa Hills Fleurieu. Mount Barker emergency department has opened, which is providing excellent services to the Mount Barker region. Very recently, we have seen the Gawler emergency department open as well, and that had a big uplift in the number of beds as well, and we have just started construction on the Southern Fleurieu Health Service new emergency department at Victor Harbor. All three of those emergency departments were seeing very high numbers of patients in a small area. They are now going to have a much bigger capacity to see patients.

The CHAIR: Thank you very much, minister. With the allotted time having expired, I declare the examination of the portfolio of SA Health completed. Thank you all very much for your efforts.

Sitting suspended from 15:31 to 15:45.

Departmental Advisers:

Dr R. Lawrence, Chief Executive, Department for Health and Wellbeing.

Ms S. O'Brien, Deputy Chief Executive, Strategy and Governance, Department for Health and Wellbeing.

Dr J. Brayley, Chief Psychiatrist, Office of the Chief Psychiatrist, Department for Health and Wellbeing.

Ms L. Prowse, Executive Director, Mental Health Strategy and Planning, Department for Health and Wellbeing.

Ms M. Bowshall, Interim Chief Executive, Preventive Health SA, Department for Health and Wellbeing.

Ms L. Tuk, Manager, Executive Services and Correspondence, Department for Health and Wellbeing.

The CHAIR: Welcome back, everybody. We are now up to mental health and substance abuse, with the Minister for Health and Wellbeing. I advise that the proposed payments remain open for examination. I call on the minister to make a statement, if he so wishes, and to introduce his advisers.

The Hon. C.J. PICTON: I think we have a number of the same team, but I will also introduce Dr John Brayley, who is the Chief Psychiatrist, and Liz Prowse, who is the Executive Director for Mental Health Strategy and Planning.

The CHAIR: Thank you. I call on the lead speaker for the opposition to make a statement, if she so wishes.

Ms PRATT: Thank you, Chair, and thank you, minister. I have no opening statement but just an opening comment as we wade through the health session this afternoon. Minister, I noted in the previous session that we took about five questions on notice, but the opposition are yet to receive the questions on notice responses from the previous estimates session last year. If we can have it noted that that is information the opposition would dearly love to get. That is my opening statement. I refer to Budget Paper 4, Volume 3, page 28 or page 22. I will read from page 22, regarding the bilateral schedule. There is a dot point in targets stating:

> Continue work implementing the state government's commitments under the Bilateral Schedule on Mental Health and Suicide Prevention.

There was a health minister's communiqué on 19 April, where it was stated that there was an agreement to hold a dedicated session with mental health ministers in the future. When does the minister anticipate the national psychosocial committee will conclude the national estimates of unmet needs, given that it was expected by March this year? When will that meeting take place, and what will the minister be calling for?

The Hon. C.J. PICTON: My advice is that the committee the member refers to is the responsibility of the commonwealth. While we have released and received our Unmet Needs report, there is a federal one that has been in the works for some time. It is impossible for us, I think, to give an accurate explanation in terms of what the commonwealth's time frame will be in terms of the consideration, finalisation and release of their Unmet Needs report that they are conducting across Australia. Obviously, as per any of these measures, we will cooperate constructively with the commonwealth in relation to that.

The other aspect that the member raised in her question was in relation to an agreement that health ministers have made to have a special meeting in relation to mental health. My advice is that that is likely to be at our August meeting of Health Ministers Meeting. While in South Australia, under both myself and the previous minister, Minister Wade, mental health has sat combined within the health minister's portfolio as the Minister for Health and Wellbeing, it is about half and half between other states, where some states have it as a separate portfolio with a separate minister under the same department.

There was an original suggestion from the Royal Australian and New Zealand College of Psychiatrists that we should have a special meeting on mental health. That was something that was considered by ministers at our Brisbane meeting that we had and we agreed that would be a good idea and we would include those ministers not part of the Health Ministers Meetings but who have

responsibility for mental health as part of that meeting. My understanding is that that is going to be planned for the August meeting.

Ms PRATT: Would that meeting set likely to be in August, and the federal minister has made comments in the past that his observation is that the mental health system in South Australia and nationally is certainly under pressure—can the minister pre-empt what some of the shared priorities of that meeting might be that would benefit the state? South Australia's agenda going forward to that meeting, what might that look like?

The Hon. C.J. PICTON: I think that is a good question. I think there are a number of different things that we will continue to raise on the national front and they really align with the other issues that we have been raising for health more broadly.

The first is in terms of primary care and making sure that people can get good access to mental health primary care when they need it. This is obviously increasing pressure on general practice in terms of the number of mental health patients they are seeing through general practice, while facing burdens in terms of general practice workforce across the country, so I think the more that we can, through the federal government's Medicare programs, will assist in that area.

The second is in relation to workforce: all aspects in terms of mental health workforce. I am particularly concerned, and have been since I took on this job, in relation to the psychology workforce. I brought together all the, for lack of a better word, key stakeholders in relation to psychology and we had an all-day meeting on this probably six to nine months ago to work through the issues in relation to psychology in South Australia. We are now working on a specific psychology workforce plan for South Australia. That is really focused on SA Health. There is a much broader piece of work that needs to happen.

There are a huge number of students who go into undergraduate psychology degrees. Universities will say, 'Come and do a Bachelor of Psychology.' But this teeny, tiny, little number of people get through to get their Masters and actually become a psychologist. I think that is bad for the health system and it is bad for other systems that need psychologists as well. I think it is unfair on those people who are promised that they will have a chance of being a psychologist when the chances are very much against them to do so. I think workforce is a big issue that we need to address across the country. They are some of the key issues that we will be raising when that meeting happens.

Can I add to that as well: the other big piece of work that is underway is in relation to the NDIS and foundational support services. We had an agreement from national cabinet last year in relation to health, NDIS and foundational support services. Obviously, I know that the member is very interested in unmet need and this potentially will be very helpful in terms of addressing unmet need across Australia for a range of people who do not get into the NDIS, but particularly in this discussion for people with psychosocial mental health conditions who need support.

There is work underway, currently being led by Minister Rishworth, in terms of designing what the scheme for foundational support services will be between the states and the commonwealth. A key part of that will be that psychosocial support to address that unmet need. I think a key other part of the puzzle is going to be the negotiations that are happening in terms of the future of the NDIS, which is important to health and mental health ministers as it is to disability ministers because obviously it is a way that many people with mental health conditions are able to receive ongoing support through the NDIS.

That is something that South Australia and all the other states and territories are actively engaged in trying to make sure that we reach a good outcome there that will be good for people overall, and I think that will certainly be a subject of discussion at that meeting as well.

Ms PRATT: I am sure the sector will welcome that the NDIS is a complicating factor when it comes to psychosocial support services, but there is also a piece of work to understand how to fund psychosocial services beyond the NDIS. Budget Paper 4, Volume 3, page 27, dot point 5, starting 'Increased access to psychosocial services'. My question on that dot point is: what does increased access to psychosocial support services look like where it is via an emergency department assessment pathway?

The Hon. C.J. PICTON: I am going to ask Sinead O'Brien, deputy chief executive, to explain more about that topic.

Ms O'BRIEN: There are a number of components in relation to this. A significant one is that the Mid-Year Budget Review allocated $8 million over the next five years to support the adult metro LHNs, particularly when people are coming towards the emergency departments. This is enabling the NGOs to provide inreach services so that these consumers can be supported to be discharged rapidly, they get wraparound care for up to two weeks and during that time we find more sustainable ways to support these consumers in the community. In addition to that we obviously have the Urgent Mental Health Care Centre as well, which is another pathway for people who can be directed from the emergency department.

Ms PRATT: Thank you, you read my mind. In the Mid-Year Budget Review I believe it stipulated that half a million had already been allocated or spent. How specifically would the remaining budget be spent over the forward estimates?

Ms O'BRIEN: The initial budget that has already been expended is because the service was able to commence very quickly, because we had significant pressures within the RAH and CALHN. That service commenced a couple of months ago and the next service will commence wrapped around the Northern Adelaide Local Health Network, particularly the Lyell McEwin Hospital, so that will be rolling out in a few months, and later the next service will be rolled out for the Southern Adelaide Local Health Network.

Ms PRATT: In response to that answer, are there specific programs or service delivery titles that capture what has just been explained?

The Hon. C.J. PICTON: While we are trying to find the exact breakdown of those programs, just touching on this focus in terms of unmet needs and psychosocial programs, I can give you some updated figures for both expenditure we have had and also projected expenditure we are likely to have, according to the 2024-25 budget. As no doubt the member will know, in terms of state commissioned psychosocial programs, there was a reduction between 2018-19, when $32.7 million was expended. That went down, through cuts that were made, to $26.4 million in 2020-21. That was a 19 per cent cut over that time.

Since we have come to office we have increased the expenditure from state commissioned psychosocial programs from $29.7 million in 2021-22. That has gone up to $38.3 million that is likely to be expended this financial year. Our estimate for next year's financial expenditure will be rising to $42.2 million. That represents a 42 per cent increase over those three years in terms of psychosocial state-funded programs since this government came to office, obviously following where there was previously a 19 per cent cut.

We do not have a very helpful way of describing it, but can I just explain what we have tried to do with this additional funding. There are two things that have happened simultaneously. One is that we undertook a project of redesigning how those programs were expended and recontracting the provision of our psychosocial programs under new contracts. Through that process, we have been able to derive better value and have been able to reach more people in terms of the redesign of those projects.

In addition to that, we had that additional funding through the Mid-Year Budget Review, and that has enabled a number of programs to take place. One, as Ms O'Brien referred to, is in relation to the additional funding that is going to help people upon exit from the Royal Adelaide Hospital in particular as a starting point, where we know that people who are leaving the emergency department potentially might be at risk in the future. To have some wraparound supports for them upon discharge, in a very quick manner, we think is very important. That has been contracted to UnitingSA to deliver that program.

The other element of what we are doing in terms of that additional funding being put in place is focused on kids. One of the areas in the Unmet Needs report where there was a highlighted need for additional expenditure was specifically in relation to children, so there is a focus on that in terms of that additional funding as well. So the combination of all those measures—the redesign, the recontracting and those additional programs—we are expecting will be able to deliver approximately

another thousand people being helped through that program, which obviously does not completely resolve unmet needs but goes some way to addressing unmet needs.

As well, as I said, the big piece of work that is being undertaken at the moment that we are obviously contributing to, with our colleagues in the Department of Human Services taking the lead, is in relation to foundational supports being undertaken on a national basis, because no-one should think that this unmet need is a South Australia specific issue: this is right across the country. It follows a whole range of the programs that used to be in place, like the PHaMs program that was in place for carers and mentors across the country, which was stopped when the NDIS came into operation or shortly thereafter. Therefore, there needs to be national action, and obviously there is that national report that is coming in relation to unmet need.

Ms PRATT: Minister, that is quite a comprehensive coverage of how the government argues it is investing in psychosocial services through redesign. If you were to calculate the total spend currently, then, on psychosocial services based on those answers, what would that figure be?

The Hon. C.J. PICTON: As I said in the previous answer, this financial year we are spending $38.278 million. We expect that will be the total expenditure on psychosocial services, and that is an increase from when we came to government. The 2021-22 expenditure was $29.69 million, and we are expecting that next year the budget is increasing even further to $42.2 million. That is an increase over those three years of 42 per cent.

Ms PRATT: Given that public commentary, including from the key stakeholder, the Mental Health Coalition, calling for full investment of the Unmet Needs report, we in this room know that that total is $125 million. The state's split is somewhere around $62 million. Would you argue, then, that on those projections, on those increases, the next financial year is going to be $40 million? Is that the government's pathway to meeting its share of funding the Unmet Needs report?

The Hon. C.J. PICTON: It is a combination of factors. We have obviously increased our expenditure on psychosocial services by 42 per cent since coming to government. I think that is a pretty big percentage, whichever way you look at it. But I think that what we are undertaking in terms of that work in relation to foundational supports is critical in terms of addressing unmet need for people not just here in South Australia but across the country. Part of the agreement at national cabinet was in relation to state and commonwealth shares of that expenditure that will be in place and that work that is being led through Minister Rishworth and, with the disability ministers and DHS, but obviously with health inputting into that.

The other thing is that this is connected to the work that we are doing in terms of the National Health Reform Agreement as well. All of that and the delivery of those foundational supports will be critical in terms of meeting unmet need.

Ms PRATT: I have a final question on psychosocial, minister. Just going back to the commonwealth responsibility, the national psychosocial committee was set to conclude its report in March. It is now June. When do you anticipate that the national report will be released?

The Hon. C.J. PICTON: I would not make an estimate in terms of when the commonwealth will release the national report. I do not have information to signal that one way or the other.

Ms PRATT: I will move on to the topic of the Urgent Mental Health Care Centre. I will be referring to sub-program 1.2 for the Chief Psychiatrist. What has been the reliance of the agency senior medical practitioners (SMPs) for covering shifts?

The Hon. C.J. PICTON: As the member would know, the delivery of the Urgent Mental Health Care Centre in the city is a contract that we have with Neami and as part of that contract they have certain criteria that they need to deliver, including appropriate workforce, and one of those components is appropriate medical workforce.

It is obviously a matter for them in terms of the employment that they have of those medical staff. I am advised that our understanding is that they do employ psychiatrists at least part-time, but they likely also will use locum medical staff as needed to fill the requirements that they have. I probably should have talked about this in our previous discussion about federal reform as well. Psychiatry workforce is another key issue. It is one of the key priorities that we have highlighted

through the work of the Kruk review in terms of international recruitment as bringing more appropriately trained psychiatrists into the country because every state needs more psychiatrists.

We are also working with the Royal Australian and New Zealand College of Psychiatrists on a state workforce plan, but I think, clearly, part of that needs to be national action as well. The other component that I would mention is, obviously, yesterday we had the opening of the new northern Medicare Mental Health Centre as it is now called, which is a really exciting development for people in the northern suburbs. We have seen the Urgent Mental Health Care Centre in the city for some time and now a similar centre is available for people in the northern suburbs.

We are having a discussion there about their use of psychiatry. They have engaged some psychiatry to assist their service, but what Minister Butler was saying was that they have made provision in their budget at a federal level that will enable greater use of telehealth services for these Medicare mental health centres around the country to be able to use telehealth for psychiatry as well. Certainly, Sonder, which run that service, thought that that would be a great ability for them to increase their psychiatry availability through the service.

Ms PRATT: On that then, just jumping around a little bit, but it is related to the same service if you like: how does that 16-bed Crisis Stabilisation Centre at Elizabeth compare in its services, its access hours and its treatment to the Urgent Mental Health Care Centre on Grenfell?

The Hon. C.J. PICTON: I will just explain. They are two different things.

Ms PRATT: Sorry, I will just clarify that in reports about that announcement it looked like the access hours are different; they are not 24.

The Hon. C.J. PICTON: Sure, so just to explain, there are two different things. The northern Medicare Mental Health Centre that opened yesterday is one of the initiatives under our bilateral agreement with the commonwealth, and has been contracted to run with Sonder, and is available at a site now in Elizabeth. Separately, but connected to that, we have the Crisis Stabilisation Centre, which we have now finalised plans for, and will hopefully soon start construction of, which will be operating opposite the Lyell McEwin Hospital, so on a separate site.

That site will have 16 beds available for behind the scenes, and the intention has been that the front door of that is the northern Medicare Mental Health Centre that will be run through an NGO, currently contracted to Sonder, and then behind the scenes we will have the 16 beds that will be available, so it will be a much more beefed up version, for lack of a better term, than the Urgent Mental Health Care Centre, which obviously does not have inpatient capacity to it.

The northern Medicare Mental Health Centre, which opened yesterday without the beds on that different site in Elizabeth, has extended operating hours, but not 24/7 like the Urgent Mental Health Care Centre. It is a bit similar to what was initially in place for the Urgent Mental Health Care Centre when it first opened, so extended hours on weeknights and also available through the weekends as well. Obviously, we will monitor demand of that, and whether that is appropriate, and whether there will need to be changes to that over time.

Ms PRATT: Minister, you mentioned on radio yesterday in response to this announcement that 'more are set to come'. I am quoting you, but I will be guided by you now on whether you meant more stabilisation centres or Medicare mental health centres, but my question is: can you provide those locations? Sorry, you referenced 'more are set to come to the regions', so can you provide those locations and a timeline?

The Hon. C.J. PICTON: Yes. I will go off the top of my head. If anyone can find me the paper, then I will read it. Part of the bilateral agreement between the commonwealth and the state is that there is a whole series of centres. These were previously called Head to Health centres, and have now been rebadged.

The Mount Gambier centre is already open, to my understanding. There is one to be in Port Pirie. There is one to be in Mount Barker. There is a specific Head to Health centre focused on young children to be based in the Bedford Park area, and there is also a specific Aboriginal and Torres Strait Islander Head to Health or Medicare Mental Health Centre that will be set to open. We are planning for a city location for that in all likelihood. Together with the Urgent Mental Health Care

Centre, that becomes quite a network of different alternatives to emergency departments across the state.

In addition, obviously we also have the Safe Haven site, which has been operating in Salisbury, and there are a number of regional sites that have been operating, including in Port Pirie as well, set up by local health networks, so I think that we are starting to see more and more options for people to go to places other than emergency departments for mental health distress.

Ms PRATT: Of those regional and peri-urban locations that you just listed, and that one in the city, I am just interested in the provider, given there are a few players in this space. We know the Urgent Mental Health Care Centre on Grenfell Street comes under the auspice of Neami, and Sonder is the Elizabeth announcement yesterday. Those regions you just listed off would be provided by which NGO?

The Hon. C.J. PICTON: They obviously have to be appropriately contracted. The advice I have is that the Mount Barker Head to Health will be operated by an NGO, Summit Health, which people in Mount Barker will be very familiar with. They operate a significant number of health services in the Mount Barker region. That will be commencing in the second half of this year and funded through the bilateral. It will have urgent mental health support for people aged 16 and over. Sonder is running the northern service and we are still working through, I think, the Aboriginal and Torres Strait Islander service and also the kids' service as well.

Ms PRATT: Bedford, which the member for Elder referenced, would already be contracted?

The Hon. C.J. PICTON: No, the children's service that will be in Bedford Park is still to come; that has not been contracted yet.

Ms PRATT: And Port Pirie?

The Hon. C.J. PICTON: I do not think that is contracted yet. The advice I have is that the Country SA Primary Health Network will be running the contracting for the Port Pirie centre. We do not believe that has happened yet.

Ms PRATT: It is a tricky path to follow. We were talking about the Urgent Mental Health Care Centre when we drifted to the northern announcement, so I am just returning to my set of questions, still part of sub-program 1.2. My previous question was about the SMPs and workforce, and I take your point that some workforce questions that might follow will be known to Neami and not yourself, but is the minister aware of how many shifts have not been covered this year?

The Hon. C.J. PICTON: That is not something that we would have information about. Neami have a contract with us in which they need to provide certain information, but I suspect that the information we set in the contract is largely related to the outputs rather than the inputs. We would be much more interested in terms of the patients that they are seeing, the outcomes they have, etc.

Ms PRATT: Would the minister know whether the centre is still allocated 50 full-time equivalents, or has that allocation changed?

The Hon. C.J. PICTON: I do not think that we would have that information.

Ms PRATT: Again, these are questions that are around outputs and activity statistics, if you like, of the centre, and I am interested to know the average wait times for guests upon presentation to the Urgent Mental Health Care Centre.

The Hon. C.J. PICTON: The advice I have is that there is a very negligible wait, if at all. The model that they run with peer workers sees in the scheme of around 20 patients a day, up or down depending on the day. Across 24 hours that obviously is very different from the number of patients who are coming into, for example, an emergency department. That means that it is very accessible for a peer worker to be able to see somebody as soon as they start coming into the centre and, therefore, there are negligible waits for people. That is another reason why we certainly would encourage as many people as possible to go there.

Ms PRATT: I would agree with that. Last year in estimates I asked how this service would be promoted, and there was agreement at the time, I believe, that a promotional campaign would be

run. What resourcing has been allocated for communication and promotions to GPs and the mental health triage to increase that awareness?

The Hon. C.J. PICTON: There was a campaign that Neami ran. Neami conducted that campaign as their campaign, not through the state government. We will see if we can find the details in terms of the exact expenditure they made on that campaign.

Ms PRATT: I ask because there is an operation report from this year that states: 'It is acknowledged that the Urgent Mental Health Care Centre may need to be continually promoted to ensure the service is front of mind for potential referrers. There is a relatively small number of referrals that do come directly from GPs in the mental health triage service.' With that feedback, given that it is a service that is provided by Neami, what opportunities are there for the government and for the department to lean into—promoting, advertising, resourcing—for creating awareness to GPs, primary care and the mental health triage service?

The Hon. C.J. PICTON: I think it is a good question. Certainly, we are very keen to promote alternatives to emergency departments, hence we were very supportive of the work that was done within the past financial year through Neami to promote the Urgent Mental Health Care Centre and to try to get more people to go there rather than emergency departments.

There has also been work done, I understand, through our local health networks to make sure that information is available in our emergency departments so that people can get there. The other thing that I have been trying to make sure that SA Ambulance highlights is to try to increase the awareness through SA Ambulance of the ability for ambulance patients to be able to be taken there, because we see a very small number of SA Ambulance patients who go to the Urgent Mental Health Care Centre.

We obviously in the past 24 hours have launched a new campaign in relation to avoidance of hospital. Despite the comments from the Leader of the Opposition, which I totally reject, the premise of the campaign is to try to encourage people, if they are unsure about where to go, to speak to Healthdirect. The ability to speak to Healthdirect means you then will be able to speak to a nurse who can give you excellent advice in terms of the specific options that might be available for you in particular circumstances, and that is obviously both physical health and also mental health. Obviously, the Urgent Mental Health Care Centre is something through which people can find out information.

As we see more alternatives to the emergency department for mental health become available, then I think that that increases our need to highlight those. I do not think that we would do that in a way which highlights just the Urgent Mental Health Care Centre in the city alone, particularly now that we have a similar service operating in the northern suburbs as well and are soon to have one in Mount Barker, at the very least, in the Greater Adelaide catchment—although obviously Mount Barker does not regard itself as part of Adelaide—and then with other services to come as well. I think that then starts to necessitate us turning our campaign attention specifically in this area to promoting those as a range and a network of services that could be available for people.

The other element that I think we would want to have as part of that would be the commitment that we have made in this state budget to expand the Child and Adolescent Virtual Urgent Care Service, otherwise known as CAVUCS, to cover mental health services as well. We want to promote that service to parents as something that is available for them.

It has always been something of concern to me that there are so many phone lines in mental health. We are doing work in terms of could there be a consolidation of different phone lines. If we are able to achieve that, then that would necessitate a campaign to alert people to that single point of entry that we would be encouraging people to do as well.

Ms PRATT: Minister, do you know how frequently the Urgent Mental Health Care Centre releases an operational report? Is it monthly?

The Hon. C.J. PICTON: We receive a monthly report.

Ms PRATT: Does the minister receive a report?

The Hon. C.J. PICTON: I have seen, on a very ad hoc basis, a couple of them, but I do not receive them every month. They would go to the relevant area of the department that manages the contract. There have been times in which I have been interested in terms of the number of people who go to the Urgent Mental Health Care Centre, and I have been provided with information from those reports. As I suspect the member might agree, I think that there is scope to increase the number of people who go there, particularly as we see mental health demand on our system be a significant issue.

Ms PRATT: Are they public facing?

The Hon. C.J. PICTON: I do not believe so. Obviously you have one, so they cannot be that confidential. I think as part of their contract with SA Health, which I suspect predates this government, they have to provide them to the government on a regular basis. They are not secret either; I am not worried that you have a copy of them. They ultimately minimise information.

Ms PRATT: For clarification, the copy I have received was requested through Budget and Finance, so that has been shared by the department, and I think they are very valuable reporting tools. My question is, if they are not public facing, what access can the parliament have? Are there legislative or regulatory requirements for that to be tabled, and what access does the opposition have beyond Budget and Finance to read them?

The Hon. C.J. PICTON: There is a variety of different mechanisms that you have at your disposal. You could always write and ask. You could ask for information through the parliament. You clearly have already been successful in requesting that information through a parliamentary committee and have been provided, no doubt promptly by Dr Lawrence's team, with that information.

Ms PRATT: No doubt.

The Hon. C.J. PICTON: There is also the Freedom of Information Act availability. That would be, I would not have thought—far from me to judge a potential freedom of information request. It is likely that would not be seen as commercial in-confidence information and exempted from the FOI Act. I suspect that there might be a number of ways that you could have access to it.

Your sort of suggestion in the question of whether it should be legislated that it be tabled on a monthly basis, that is up to you whether you would like to introduce a bill for that purpose. It is probably, I think, maybe a little bit over the top when there might be other avenues for you to obtain the information that you are seeking.

Ms PRATT: The independent review into the care of Shaun Michaels Dunk raised issues of information sharing between the Urgent Mental Health Care Centre and the RAH. Does that centre now have access to SA Health clinical information systems such as CBIS, CCCME, Sunrise EMR and The Oasis as per recommendation 2 of the review?

The Hon. C.J. PICTON: This was obviously a really shocking case that concerned the whole South Australian community and as soon as it happened I asked Dr Brayley to commission an independent review in terms of the circumstances of this case.

Obviously, this is also before the courts and the last thing I would like to do is to do anything which would impact it in terms of that court case and a successful prosecution. But after carefully considering advice, we were able to release the findings and recommendations of that report publicly, which we did, and we have accepted all of those recommendations that have been made, including the one referred to in relation to the Urgent Mental Health Care Centre. That was obviously one of the places where treatment was received in the lead-up to what occurred.

The recommendation, as the member says, is that there should be better connection between the different datasets. My understanding is CBIS is now available to access to the Urgent Mental Health Care Centre. Following the receipt and release of the report, I have asked Dr Lawrence and Dr Brayley to oversee the implementation of all of those recommendations. The access to the other systems is being worked on under the auspices of that oversight from Dr Lawrence and Dr Brayley working with Digital Health to make sure that we can make that connection work. I understand that work is currently underway.

Ms PRATT: In regard to that, if you can say, has the service level agreement between the RAH and the Urgent Mental Health Care Centre been finalised and why, according to the interim review, is it limited to read only for the Urgent Mental Health Care Centre staff? I am happy to read clause (c), but recommendation 2 in regard to those system states, 'Enable read only access to SA Health clinical information' for the Urgent Mental Health Care Centre.

The Hon. C.J. PICTON: My understanding is that the steering committee overseeing this has just had its second meeting. The work is underway in relation to all of those recommendations, including what was recommended in a memorandum of understanding between the Royal Adelaide Hospital and the Urgent Mental Health Care Centre and we will make sure that that happens.

In relation to the read only access, the advice I have is that that is still being worked through as part of that project with Digital Health, understanding that these recommendations were only received not that long ago. There is work very expeditiously being done on them, but there are obviously some technical IT issues we will need to work through to make that happen.

I would say in relation to the Urgent Mental Health Care Centre and its relationship to the Royal Adelaide Hospital that something I was concerned about from the beginning of this project was the procurement methodology here, which was that it was set up through a process whereby there was a competition between NGOs and the Central Adelaide Local Health Network in terms of who would deliver this project. The Central Adelaide Local Health Network put in a bid and was ultimately unsuccessful and in hindsight—well, I mean, foresight as I was concerned about it at the time—it is not an approach that I would foresee in the future.

I think that we should be working in partnership with our local health networks either to commission them to undertake services or, alternatively, for us to work together in terms of who would be commissioning services and contracting with them, rather than making them compete for them. I think that, clearly, we need to get to a better position of cooperation between the Royal Adelaide Hospital and the Urgent Mental Health Care Centre.

I do not want to attribute blame to anybody for this, but I think, clearly, that has not been the case to date, and I think there is a huge scope for better cooperation between those two very important services in the city.

Ms PRATT: In relation to the steering committee that you referenced, they have had their second meeting. Can you provide details of who is on that steering committee, the name of the steering committee and when they meet or how frequently? So if they have met twice, when is the next one?

The Hon. C.J. PICTON: It is called the Plympton Incident Steering Committee and it is chaired by deputy chief executive, Sinead O'Brien. It has the Chief Psychiatrist on it. It has representatives from LELAN, the Lived Experience Leadership and Action Network, representing people with lived experience. It has a carer representative on there. It has a number of clinician representatives on there. It also has representatives from Neami on there to work through all these issues. As was mentioned in the previous answer, it has met two times already.

The CHAIR: I will just pause for one moment. The member for MacKillop has a question.

Ms PRATT: I have one more question about the steering committee.

The CHAIR: Yes, no worries.

Ms PRATT: In relation to steering committees, on 30 April I asked a question in the house about another steering committee: the Mental Health and Emergency Services Steering Committee. The question was when had it had its most recent meeting? Are you able to provide that answer now?

The Hon. C.J. PICTON: I certainly did not have that information to hand, I admit, when you asked me in the house, but now I have Dr John Brayley to hand who, if not organises those committees, certainly sits on them. I will ask Dr Brayley to explain in more detail.

Dr BRAYLEY: The emergency services memorandum of understanding steering committee is a meeting that I chair and our office supports. It has in attendance people from police, ambulance,

local health networks and the Royal Flying Doctor Service, and it centres around the operation of the act and how our services link and work together. Part of the concerns of that committee have been how we respond to the needs of people who might have high levels of need, complex needs, and the committee overarches a range of local liaison groups where emergency services meet regularly and look at how they work together.

The last meeting was on Tuesday, and we were talking further about how we can have even better links for people to be able to identify people's circumstances of concern that the services are communicating well about. There was also discussion about a large meeting that police and our office are convening in late August that is looking at the topic of drug and alcohol and mental health and will have police in attendance, mental health, drug and alcohol and lived experience. This is going to be quite a large forum that we are convening.

Also discussed at that last meeting was a suggestion that you had made about whether general practitioners should be part of that MOU meeting and the strengths and benefits of doing that, but also contrasting that to the purpose of these agencies meeting together to get their own systems working was discussed and the conclusion was that it would be good to be engaging primary care and to be able to invite primary care to the meeting to discuss issues and responses, but not necessarily make primary care a full member of the meeting.

Ms PRATT: I note that the steering committee met on Tuesday. I was interested to know prior to Tuesday when it had last met given that the MOU stipulates that meeting should occur quarterly. I am interested to know how often and on what dates the committee has met in the last 12 months, and would the Plympton steering committee consult with the emergency services steering committee? Given the distressing events that we have seen referenced through threatening behaviours in our community, and first responders are involved, do you see a link between or a requirement for the Mental Health and Emergency Services Steering Committee to be reflecting on and reviewing how recent incidents have been responded to by first responders?

The Hon. C.J. PICTON: I will ask Dr Brayley to provide information.

Ms PRATT: And—apologies, Dr Brayley—minister, will you take on notice, if you cannot provide it now, how frequently the steering committee has met for the 12 months?

The Hon. C.J. PICTON: We do not know if he is going to be able to answer it or not.

Dr BRAYLEY: My recollection is that the previous meeting had occurred in that quarterly cycle, so it would have been in March, from memory. I actually had a competing event at that meeting and Assistant Commissioner Scott Duval kindly chaired that meeting in my place. We can confirm the dates of previous meetings.

There are a number of situations that, obviously, police are aware of and our office is aware of, and all of this informs the work of our committee. It is a bit difficult to talk about individual cases in a public forum because that then might be saying something that could reflect on the criminal trial process, but all of this information is feeding into the considerations of that committee. I am a linking person, of course, and some of the people who are on the committee—there is LHN membership from mental health but also emergency departments, so there is some overlap with the Plympton incident steering committee as well. This will all work together.

Another topic that we did consider on Tuesday was the types of recommendations about additional changes to the Mental Health Act that we might make to the minister, because that has been the minister's request for that to be considered based on the information that we have been receiving.

Ms PRATT: A final question on that thread: how soon after the Plympton incident did the Mental Health and Emergency Services Steering Committee convene?

The Hon. C.J. PICTON: We will take on notice the exact date but I think the member rightly knows, through the auspicing of that committee, that it meets on a quarterly basis. The Chief Psychiatrist has already outlined that he believes it was in March that it met, and then obviously it has met this week as well.

Mr McBRIDE: I refer to Budget Paper 4, Volume 3, page 22, Sub-program 1.2: Chief Psychiatrist and Mental Health Strategy. I am trying to get an understanding of the chart where it talks about the 2024-25 budget and it clearly highlights a $12 million increase in income between 2023-24 and 2024-25. It also talks about a $13.8 million increase in expenses in that same period. The reason I want to ask this is that we were fortunate enough to be shown over in Warrnambool in Victoria what they call WRAD, which stands for Western Regional Alcohol and Drug, an alcohol and drug addiction type facility which seems to be able to stand on its own two feet and not need Victorian state government help.

My question to you, coming back to those two figures of $12.4 million and $13.8 million, is: do you have any understanding, with the help that is alongside you—and maybe you do not even need it—of what part of that is state government funds and what part is federal funds? If the state government is needed to help in the mental health arena over and above what the federal Medicare system does, why is that the case? How can we get more facilities out there based on the federal system, rather than having to depend on you as a state health minister, around mental health and drug addiction?

The Hon. C.J. PICTON: There is a bit to unpack there. Firstly, in terms of the budget papers and the income—and remember, this is just the branch of the department that looks after mental health—the income is projected to increase. At the top of page 23 it explains that the increase in income is because we have signed a new bilateral agreement with the commonwealth that sees us receive income to deliver a number of the services that we were talking about in answer to the question from the member for Frome earlier. These are very specific services that will be commissioned by the department.

The vast majority of the services that we deliver, of course, are not through the department; they are through the local health networks and sit within the budgets of local health networks through the budget papers as a combination of mental health and physical health services being delivered. In fact, the member may be very pleased to know that the advice that I have is since we have come to government all of our country local health networks have seen an increase in terms of mental health staff across the system, including in the Limestone Coast, which has seen an increase from 32 to 48 mental health staff, full-time equivalent. That is an increase of some 49.7 per cent that they have had just in those two years between 2021-22 and 2023-24.

I have very low-level awareness of the service in Victoria that the member speaks about. My understanding was that it did receive funding from either state or federal governments, but we would need to properly look into that. Obviously, I am supportive of any service that does not require government funding to operate, but I know that the vast majority of services that do operate in the drug and alcohol space in South Australia do receive either state or federal government funding of some description.

The Medicare system predominantly is a system which funds services directly delivered by doctors. That obviously covers a small subset of where drug and alcohol services, or even mental health services, are provided, but a lot of services fall outside of the Medicare Benefits Schedule and hence require in that case, and in the case of most of our services, specific commissioning by our local health networks or contracting with non-government providers or for-profit providers to be able to deliver services.

For instance, regarding the additional drug and alcohol services that we are delivering across South Australia we have talked about commissioning two detox drug and alcohol beds in the health centre in Mount Gambier, but we have also put in place additional drug rehabilitation, community residential rehab facilities that have been contracted through the NGO Uniting Communities.

There is a whole range of other services that are contracted through the federal government, either directly by them or through primary health networks, and one of the issues that we have been raising with the federal government is that a number of those services have been on short-term contracts, so that people have not had continuity in terms of whether they are going to continue or not. We have had a number of rollovers of those, and obviously those service providers would like to see more continuity and certainty in terms of those contracts to be able to plan better for the future. I am very happy to discuss further the Victorian model that he has looked at.

Mr McBRIDE: In regard to the drug and alcohol presentations on ramping—and I do not care which ramp we are talking about in South Australia—is there any understanding of the percentage of patients who present on a ramp who can be solely defined as substance abuse due to drugs and alcohol? Is there an awareness of that sort of figure and percentage?

The Hon. C.J. PICTON: It is complex, because I think that there is a large degree of crossover between people who have particular different conditions. There will be some people who will have drug and alcohol issues who will also have physical health issues, and there will be some people who have drug and alcohol issues who will have mental health issues. People who do not have either a mental health issue or a physical issue with a drug and alcohol issue, who are presenting at emergency departments either as walk-ins or via ambulance, I suspect are low, but I am happy to take that on notice and get further information in terms of what numbers of those we are able to identify.

I would say that this is an issue that we are paying particular attention to, particularly at the Royal Adelaide Hospital, and it connects to some of the work that we were talking about before in relation to the member for Frome's questions. It is something I know the Chief Psychiatrist and Sinead O'Brien, the deputy chief executive, have been engaged in in terms of looking at how we can best manage people with substance abuse issues, particularly in the Royal Adelaide Hospital, where, above odds, we see a lot of these cases coming.

There is a large degree of crossover between those substance abuse issues and mental health issues. This is obviously the hospital where we see the largest degree of bed block for people waiting for inpatient beds for mental health. So I think it is an area of work that we can see improvements in.

Mr McBRIDE: If I may just pick up on that, minister, one of my love affairs I want noted—not love affair in the sense I love the problem—is a solution I heard from Westmead Hospital in Sydney, where I was talking to a couple of medicos from there. I asked them, 'What would you do to solve the ramping issues at the Westmead Hospital in Sydney?' They said they would draft off every mental health and substance abuse patient down another line.

It would look something like a health remand centre that would be able to cater in a nursing mental health way specifically, so two things occurred: you had the resources around everything that mental health and drug addiction and alcohol poses, which can be quite difficult at times, and, secondly, it freed up the ramping system in our hospitals for all the other medical-type issues. You have already used the words 'bed block', and I know that it becomes really difficult with security and these sorts of things. When you think along those lines, it certainly gives an opportunity for better outcomes.

Moving on, you talked about the 32 to 38 new staff. One of the things the Victorian model really did point at was that they were looking for trainee psychologists and psychiatrists that clearly fell under the Medicare system. I am thinking, if you were to pick up counsellors, then they probably do not fall under the Medicare system and then they would have to be financed by the state system.

Correct me if I am wrong; I am seeking clarity and a question here too. Of the 32 to 38 new staff, were all those new staff medically trained to fall under the Medicare system—and that is fine if they do not or do. On top of that, I would not mind asking: does the minister himself and his department here help put psychologists into the education system as well?

The Hon. C.J. PICTON: Okay, there are a few things to unpack there. Firstly, in terms of the increase in staff that we have seen in the Limestone Coast Local Health Network, it has gone from 32 to 48, so an increase of 16. They would be a combination of different categories of employees, and I suspect a very small proportion, if any, is of medical staff. We have a lot of allied health in mental health. We have a lot of nursing in mental health. I do not have the specific breakdown, but that is my presumption in terms of what would sit underneath those figures.

As we were talking about before—I am not sure if you were here—the psychiatry workforce is a problem right across the country. That is why it has been identified as one of the priority areas for recruitment fast-tracking internationally, and so there has been a report done by Robyn Kruk, who

used to be the head of New South Wales Health, of fast-tracking processes safely to bring specialists into the country, and psychiatry is one of those priority professions where we will be doing that.

In terms of the Medicare Benefits Schedule, when a doctor sees somebody in a public hospital, we cannot access Medicare. The presumption under the health agreements that have been in place since Medicare came into operation is that that is something which is funded under the public hospital funding agreed between the federal government and the state government, and there is not an additional ability to charge Medicare.

There is a whole level of complexity that would definitely take up the remaining time available to talk about private practice arrangements, and that is an area that psychiatrists are able to utilise and do utilise in South Australia. I think there have been some arguments made that, perhaps more than in other states, they utilise that, and that is when they are able to access Medicare Benefits Schedule payments—but for public work you are not allowed to.

In terms of the psychology workforce, separately, that is another area of concern to us. Where we can help is in offering placements for psychologists. If there are more placements then arguably the universities could have more places for masters students, to allow a larger pipeline. There have been a number of changes that have been made over the past five years or so, in terms of the pathway for people to become a psychologist, that have reduced some of the on-the-job training-type pathways. Those changes have been made to try to improve professionalism or clinical skill, but that has made even more workforce issues. That is of concern to me and, I suspect, to all the other health ministers around the country.

The federal government have taken some steps in terms of increasing the funding that they are giving to universities to create places and training pathways for psychologists. We are looking at what more we can do in terms of creating more on-the-job clinical placement positions for psychologists within SA Health, and that is being done as part of the work that we are undertaking in terms of our own SA Health psychology workforce plan.

Ms PRATT: I return to sub-program 1.2. Minister, under the Code Yellow, what number of country mental health patients on involuntary treatment orders have remained in country hospitals for more than 24 hours, requiring the level 1 treatment order to be reviewed by video rather than in person?

The Hon. C.J. PICTON: The team were clearly following question time and, when you asked this yesterday or the day before—

Ms PRATT: I reframed it. It was poorly worded.

The Hon. C.J. PICTON: That is alright. They have endeavoured to try to find the answer for you. They have not been able to do so, but I have already taken it on notice in the house. There are a couple of things to say on it. One is that there are clearly a number of those patients who are intoxicated and who are not suitable for transport, so there is a clinical decision that is made in terms of whether they are able to be transported or not. Part of the consideration has to be the safety of the RFDS, SAAS, MedSTAR or whoever is going to be involved in facilitating their transfer. It is hard to separate out who has been waiting because of an operational capacity reason, which I guess is the angle of your question, versus who has been waiting because of a clinical reason or a safety reason, based on that person.

The other thing to say is that the advice that I have from Dr Lawrence is that there is likely to be very little or zero impact upon that issue because of the Code Yellow in itself—that is likely to be an issue, ongoing, for some time. Obviously, we will see if we can find it, but the data is unlikely to be different in terms of Code Yellow from what we have seen other times.

Ms PRATT: If I can share then, in good faith, the advice I have been given is that, under the Code Yellow, separate to transport complications, there were country mental health patients presenting to EDs who were admitted to hospital and who remained in hospital longer than they would normally. They were declined, or not given compliance, to transfer patients to rural and remote, due to the Code Yellow. If the minister can take that advice?

The Hon. C.J. PICTON: Dr Brayley would like to comment on that.

Dr BRAYLEY: We can certainly follow up the specifics of that concern. When I have been attending various system teleconferences to give advice and also to give advice to the commander, there has been a change in country transfers, but that has been a change to their destinations in Adelaide. Previously, with air transfers, when people came in, they would all go to the Royal Adelaide, but with the Code Yellow approach those transfers are being shared between Flinders Medical Centre, the Royal Adelaide and the Lyell McEwin.

I know from past modelling, and in fact predictive modelling, that this has a positive impact at the Royal Adelaide in particular. So it does mean that there could be country people who have gone to those other EDs and then gone to the rural and remote or stayed at those local hospitals, but that change would be the destination. In terms of the other observation that you are reporting, we can check on that.

Ms PRATT: I am happy to provide information out of session. I am interested in the broader implications on the country health system because of the Code Yellow and what pressures are on nursing staff, in particular, at a country hospital, who are not necessarily clinically trained in mental health, where any patients have remained at a country hospital longer than they would normally.

It has been reported that there were patients through Yorke and Northern. There may have only been one and I make allowances for my source as well, but if that were a directive that the Code Yellow meant that rural and remote had to keep its beds open to support RAH admissions, then was there a pressure statewide?

Dr BRAYLEY: That can be looked at. At the meetings that I was at, there was certainly some pressure for air transport to the extent that at times land transport was being used instead. I observed those sorts of delays, but we will check for the other ones as well.

Ms PRATT: Thank you. Is Dr Brayley saying that is going to be taken on notice for further information?

The Hon. C.J. PICTON: We will take that on notice.

Ms PRATT: Budget Paper 5, page 39, the youth mental health support funding of $5 million: to what extent will these funds be available to support young people in regional South Australia, noting you have made previous comments today on investment in regional mental health services, but in particular youth?

The Hon. C.J. PICTON: This is in relation to CAVUCS?

Ms PRATT: My question is: in relation to the youth mental health support, the funding of $5 million in the government's budget, to what extent would those funds be available to support young people in regional South Australia?

The Hon. C.J. PICTON: There are a number of components to that $5 million investment, the largest of which is an expansion to the Child and Adolescent Virtual Urgent Care Service (CAVUCS), which currently is available for children who have physical health issues. It has been successful and something that we have expanded and made permanent in the previous budget. Now the proposal is to expand that in relation to mental health services as well. That will be available to anyone across the state.

I believe when CAVUCS first started there was a geographic location restriction on it, but that, I believe, has long been lifted and it is available for people across the state. Certainly, a lot of the feedback that has been very positive about CAVUCS has been coming from regional areas.

The other components of the package were in relation to particular supports and trainings that we will be providing, both for parents who have children with mental health concerns and also eating disorders. We will be undertaking contracts with service providers to be able to deliver those packages.

To the extent that we can reasonably achieve within those contract negotiations, we would like to have regional locations as part of those. That would be a standard approach we would undertake as a department when we contract for services, but I would not want to premeditate the final contracts we get in place, other than to say that would certainly be our hope.

The Hon. D.G. PISONI: I will take you to page 25 of Budget Paper 4, Volume 3, dot point 5, the 24/7 pharmacies. What was the criteria that you used to award the contracts for the three 24-hour pharmacies, two of which were Chemist Warehouse and one was National Pharmacies?

The Hon. C.J. PICTON: We are in the session on mental health and substance abuse, and we do not have the appropriate advisers here covering that, which would be in the portfolio session that has already closed. I would say that an open tender was available. People were able to bid for that and it was a process managed, I understand, under the Office of the Chief Pharmacist, who made the evaluations and decisions in terms of which pharmacies were selected.

The one clear thing we set as a government from our election commitment was that we wanted one in the northern suburbs, one in the central Adelaide area and one in the southern suburbs as well, and that has obviously been achieved as part of this project. The feedback has been overwhelmingly positive from people utilising these services. They have been very well utilised across all three sites. Chair, I know that your local service in Salisbury has been particularly well utilised, with some of the strongest numbers.

I think in a world in which people are now accessing general practice through a variety of different online and telehealth means, they can get sent their scripts at all hours of the day. They have not had the ability to physically obtain them and this enables them to do that. But also, pharmacists can provide a whole range of other health advice. Particularly now that we have expanded the role of pharmacy, and I know that the member for Unley was involved in the committee that helped us with the work in terms of UTI prescribing, with that now in place cross the state, as well as access to the pill, all those things are available through these 24-hour pharmacies, 24 hours a day, which is just another way people can avoid having to go to an emergency department if they do not need to.

The Hon. D.G. PISONI: Minister, were you aware that Chemist Warehouse had to back pay $3.5 million for underpayment of staff? The *Australian Journal of Pharmacy* reported, as well as commercial press at the time in 2016, that after paying back almost 6,000 of its workers more than $3.5 million, Chemist Warehouse entered into a compliance partnership with the Fair Work Ombudsman. In other words, the Fair Work Ombudsman was so concerned about the underpayment that for three years they monitored the work Chemist Warehouse did in paying its staff.

The discount brand, which includes a network of 350 retail pharmacy businesses, was audited by the Fair Work Ombudsman, following concerns raised over non-payment of wages. Under the compliance deed Chemist Warehouse would have to engage an independent auditor to assess compliance with workplace laws for the three years of the deed. Were you aware of that before you awarded those two contracts to Chemist Warehouse?

The Hon. C.J. PICTON: I will take the member for Unley's word on what he has read into *Hansard*, but I again reiterate that this procurement was managed by the Public Service in line with appropriate Public Service procurement guidelines—

The Hon. D.G. Pisoni interjecting:

The Hon. C.J. PICTON: —sorry, if I could just finish—in line with the procurement guidelines set through Treasurer's Instructions and elsewhere, and it is not something in which ministers would interfere in terms of which business is selected as part of that procurement. If any business is working with government or not working with government, the expectation would be that they comply with all workplace laws, that they comply with every requirement in terms of paying their employees appropriately. If they do not, then there are obviously appropriate mechanisms in place through both the federal system or the state system to make sure that that should happen.

The Hon. D.G. PISONI: But does the underpayment of wages—

The CHAIR: Member, the minister has been very gracious about answering these questions, but I do remind you to stay within the examination of the portfolio we are in at the moment.

The Hon. D.G. PISONI: Is the underpayment of wages a disqualification for getting a government contract in the Department for Health?

The Hon. C.J. PICTON: As I said, the procurement guidelines that are set across government have been complied with.

The Hon. D.G. PISONI: Can you bring an answer back—

The CHAIR: Member, you have been warned. Are there any questions in relation to the portfolio?

The Hon. D.G. PISONI: Can you bring an answer back to the committee, minister, as to whether that is a disqualification for awarding a contract?

The Hon. C.J. PICTON: I have answered the question.

The Hon. D.G. PISONI: So you are not—

The CHAIR: Are there any questions in relation to the portfolio?

The Hon. D.G. PISONI: —going to bring an answer back. You have not answered the question. You said you did not know.

The CHAIR: Member, are there any other questions in regard to this portfolio?

The Hon. D.G. PISONI: Are you doing the omnibus ones, Penny?

Ms PRATT: The estimates committee omnibus questions are:

1. For each department and agency reporting to the minister, how many executive appointments have been made since 1 July 2023 and what is the annual salary and total employment cost for each position?

2. For each department and agency reporting to the minister, how many executive positions have been abolished since 1 July 2023 and what was the annual salary and total employment cost for each position?

3. For each department and agency reporting to the minister, what has been the total cost of executive position terminations since 1 July 2023?

4. For each department and agency reporting to the minister, will the minister provide a breakdown of expenditure on consultants and contractors with a total estimated cost above $10,000 engaged since 1 July 2023, listing the name of the consultant, contractor or service supplier, the method of appointment, the reason for the engagement and the estimated total cost of the work?

5. For each department and agency reporting to the minister, will the minister provide an estimate of the total cost to be incurred in 2024-25 for consultants and contractors, and for each case in which a consultant or contractor has already been engaged at a total estimated cost above $10,000, the name of the consultant or contractor, the method of appointment, the reason for the engagement and the total estimated cost?

6. For each department or agency reporting to the minister, how many surplus employees are there in June 2024, and for each surplus employee, what is the title or classification of the position and the total annual employment cost?

7. For each department and agency reporting to the minister, what is the number of executive staff to be cut to meet the government's commitment to reduce spending on the employment of executive staff and, for each position to be cut, its classification, total remuneration cost and the date by which the position will be cut?

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

   - What savings targets have been set for 2024-25 and each year of the forward estimates;

   - What is the estimated FTE impact of these measures?

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

- What was the actual FTE count at June 2024 and what is the projected actual FTE account for the end of each year of the forward estimates;
- What is the budgeted total employment cost for each year of the forward estimates; and
- How many targeted voluntary separation packages are estimated to be required to meet budget targets over the forward estimates and what is their estimated cost?

10. For each department and agency reporting to the minister, how much is budgeted to be spent on goods and services for 2024-25 and for each year of the forward estimates?

11. For each department and agency reporting to the minister, how many FTEs are budgeted to provide communication and promotion activities in 2024-25 and each year of the forward estimates and what is their estimated employment cost?

12. For each department and agency reporting to the minister, what is the total budgeted cost of government-paid advertising, including campaigns, across all mediums in 2024-25?

13. For each department and agency reporting to the minister, please provide for each individual investing expenditure project administered, the name, total estimated expenditure, actual expenditure incurred to June 2023 and budgeted expenditure for 2024-25, 2025-26 and 2026-27?

14. For each grant program or fund the minister is responsible for, please provide the following information for the 2024-25, 2025-26 and 2026-27 financial years:

- Name of the program or fund;
- The purpose of the program or fund;
- Budgeted payments into the program or fund;
- Budgeted expenditure from the program or fund; and
- Details, including the value and beneficiary, or any commitments already made to be funded from the program or fund.

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

- Is the agency confident that you will meet your expenditure targets in 2024-25?
- Have any budget decisions been made between the delivery of the budget on 6 June 2024 and today that might impact on the numbers presented in the budget papers which we are examining today?
- Are you expecting any reallocations across your agencies' budget lines during 2024-25; if so, what is the nature of the reallocation?

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

- What South Australian businesses will be used in procurement for your agencies in 2024-25?
- What percentage of total procurement spend for your agency does this represent?
- How does this compare to last year?

17. What protocols and monitoring systems has the department implemented to ensure that the productivity, efficiency and quality of service delivery is maintained while employees work from home?

18. What percentage of your department's budget has been allocated for the management of remote work infrastructure, including digital tools, cybersecurity, and support services, and how does this compare with previous years?

19. How many procurements have been undertaken by the department this FY, how many have been awarded to interstate businesses? How many of those were signed off by the CE?

20. How many contractor invoices were paid by the department directly this FY? How many and what percentage were paid within 15 days, and how many and what percentage were paid outside of 15 days?

21. How many and what percentage of staff who undertake procurement activities have undertaken training on participation policies and local industry participants this FY?

The CHAIR: With the allocated time having expired, I declare the examination of the portfolio of Mental Health and Substance Abuse completed.

Departmental Advisers:

Dr R. Lawrence, Chief Executive, Department for Health and Wellbeing.

Dr C. Lease, Executive Director, Health Protection and Regulation, Department for Health and Wellbeing.

Ms M. Bowshall, Interim Chief Executive, Preventive Health SA, Department for Health and Wellbeing.

Ms L. Tuk, Manager, Executive Services and Correspondence, Department for Health and Wellbeing.

The CHAIR: We will move to Preventive Health and Public Health, with the Minister for Health and Wellbeing. I declare that the proposed payments remain open for examination. I call on the minister to make a statement, if he so wishes, and to introduce his advisers.

The Hon. C.J. PICTON: I will be very quick. I retain Dr Lawrence, Chief Executive of SA Health, and I am joined by Dr Chris Lease, who is the Executive Director of Health Protection and Regulation for the Department for Health and Wellbeing, and also Marina Bowshall, who is the Interim Chief Executive of Preventive Health SA, and I am retaining Lauren Tuk, who is the Manager of Executive Services and Correspondence.

Just as a brief opening, I want to explain that when the Premier created the new ministerial position of the Minister for Seniors and Ageing Well that obviously took the 30-minute slot that we had here. The first estimates draft I saw had this disappeared and I thought that that would no doubt raise concern that we had reduced the time for me to be examined by this worthy committee, so I thought let's add it with this important area of public policy. So for these officers, I am to blame that they have to be here on a Friday afternoon.

The CHAIR: Indeed. I call on the lead speaker for the opposition to make a statement, if the member so wishes.

Ms PRATT: I would just like to take this opportunity to thank the minister, the house, parliamentary colleagues and public servants for the three sessions that we have currently sat through, including the previous session. Not getting an opportunity to farewell them, I do that in their absence, and I welcome the new team late on a Friday afternoon.

They are two important topics, minister, Preventive Health and Public Health, and we have 30 minutes ahead of us to examine the budget. I refer you to Budget Paper 5, page 36, regarding the additional renal haemodialysis services in northern Adelaide. Where in the northern metropolitan area will those additional 21 chairs be located?

The Hon. C.J. PICTON: I think that we are really probably back on the first topic in terms of public hospital services in talking about dialysis. I do not think that really falls into preventive or public health through any sort of standard definition; however, I am happy to answer the question. I will indulge you. We know that there is a need for additional dialysis chairs across our system. We are utilising a high number of patients receiving dialysis in the private system as well as trying to juggle as many patients in the public system as we possibly can.

We know that the northern suburbs both has a significantly growing population and also significant health disparities that make it a target area where we need to increase dialysis provision.

We are very thankful that the Treasurer has made available that funding in the budget for dialysis. There are still options being considered in terms of where that additional dialysis capacity will be established, but one of the options that is being considered is whether to build a facility at Lyell McEwin Hospital to deliver it, but we are also considering whether to commission or contract a provider that could provide those services.

Ms PRATT: Minister, if you will make allowances for yet another year of me interpreting how the different budget lines open across different sessions and, I guess, my interpretation of preventive health, which is why I am interested in asking questions about renal dialysis, I understand that it does not fit within the budget line that has brought your public servants today, so thank you for answering that question. I am going to ask this question, whether you are going to indulge the answering of it or not, just because—just because it is Friday afternoon.

The Hon. C.J. Picton interjecting:

Ms PRATT: The line of questioning around haemodialysis really has come from a meeting that I had with the Aboriginal kidney action group, and I am noting on page 64 of Volume 3 continued implementation of the Aboriginal Health Promotion Action Plan, and the plea that was coming from the room, from nephrologists, from dialysis nurses and people living with kidney failure was the importance of investment in dialysis chairs and the absence of them in country health, and then the gap that they see in accessing transport.

I have told you a story. I have not asked you a direct question, and I relate the government's investment into renal dialysis as an element of preventive health, which is where I was coming from, so my questions relate to the status of the SA renal dialysis plan, and further consideration for investment in dialysis chairs in country health. If there is anything there that the minister is inclined to pick up, I would be grateful.

The Hon. C.J. PICTON: Sure, I am happy to. I think, when we think of preventive and public health, we think of the stage well before somebody gets to dialysis. I think dialysis is well regarded as treatment, not that it is not important but, as you know, I have very rarely relied on the advisers in answering my questions, so I am happy to answer anyway. In terms of country dialysis, we are very aware that there is more need for dialysis across country areas as well, and I know that there is a number of country LHNs that have been exploring to what extent they can expand their current dialysis provision.

I know off the top of my head that Yorke and Northern are looking at ways in which they can expand some of their current dialysis units. Certainly, Barossa Hills Fleurieu has been looking at that as well and, as part of works underway in the Southern Fleurieu Health Service at Victor Harbor, I think there are opportunities where we may be able to expand dialysis chairs there, and these would be relatively small-scale developments that could be undertaken to add some particular chairs. But clearly, when it comes to metropolitan Adelaide, we need a much bigger uplift, and that is why we have prioritised the Northern Adelaide Local Health Network for these 30 dialysis chairs, both because there is an existing need and also because we know that it is going to be a growing need in the years ahead as well.

There has been a lot of work done between the clinicians and also the department to try to track where we think the estimated growth is going to be, and I think for many years we have probably been behind that curve. We need to sort of try to jump ahead of that curve in terms of dialysis provision, and these 30 additional chairs will be a big help.

Ms PRATT: Thank you very much. Perhaps if we take a step back, can I ask for an update on the conclusion of Wellbeing SA and the transition to this agency, Preventive Health SA, and in terms of the outcomes or the KPIs and the priorities of Preventive Health SA? What are the differences and what is the status currently of this new agency as it flexes up?

The Hon. C.J. PICTON: I might add a few comments and then I will ask Marina to expand a bit in terms of where things are at. What we wanted to do was to have a dedicated prevention agency. While I certainly appreciated the work that was done by Minister Wade in setting up Wellbeing SA, my concern was that it was focused on a range of things that were not necessarily prevention, and it did not have all of the prevention elements as part of it.

There were, for instance, Priority Care Centres, My Home Hospital, and the at home community services that we provide, all sitting within Wellbeing SA, which you would not define as prevention, and, on the other hand, there was not a whole range of key prevention tasks such as smoking, vaping, alcohol and other drugs campaigns that were sitting within Drug and Alcohol Services South Australia (DASSA).

What we have done is a reform that has brought parts of DASSA into what was Wellbeing, to become Preventive Health SA. The service delivery outlets that were in Wellbeing SA have moved into the department and, underneath that, one of the executive directors in Dr Lawrence's department is now running those programs. I think that has actually helped better connect them with some of the local health networks, in my view. There has been work done in consultation with staff in terms of those movements of staff both into the department and also from DASSA into now Preventive Health SA.

Marina has been working in terms of consulting with her staff about making sure that we have the best possible structure for that organisation, to mean that we have the best delivery in terms of outcomes. The other element is that we have re-established a full-time Mental Health Commissioner as well. That is connected to Preventive Health SA, although it retains independence in reporting to me as well.

The other additional element that we have underway is work with an expert committee, chaired by former federal health minister Nicola Roxon, to work on the drafting of legislation that we will be bringing to the parliament this year to legislate for Preventive Health SA as a permanent organisation. That is the summary. I might ask Marina if she wants to say anything more, or does that cover it?

Ms BOWSHALL: That certainly covers it in regard to structural issues. I will say that it has been quite a significant change for staff over the last several months and they have been exceptional in continuing the great work of prevention for the state. There was significant work in the tobacco and vaping space, recent work around alcohol and pregnancy, cancer screening, and working with Aboriginal community-controlled organisations on cultural determinants of health grants, so quite a vast array of work that is continuing to operate to the benefit of the state while we are going through these structural changes.

The bill that has been drafted by the advisory council is currently out for public consultation to, again, get further input and feedback from the community to make sure that we are designing an agency that is fit for purpose and reflecting the needs and the desires and aspirations of the community.

Ms HOOD: I refer to Budget Paper 4, Volume 3, page 64, Sub-program 3.2: Preventive Health SA. How is the government tracking against the targets of the South Australian Tobacco Control Strategy 2023-2027?

The Hon. C.J. PICTON: Our Tobacco Control Strategy outlines our commitment to reduce tobacco smoking and e-cigarettes or vaping use to improve the health and wellbeing of South Australians. A key target of the strategy is to reduce daily smoking prevalence (15 years and over) from 9.8 per cent down to 6 per cent by 2027.

Preventive Health SA, responsible for overseeing the strategy, have contracted SAHMRI to analyse the prevalence of smoking in the South Australian community against the first year of the strategy. While the results show that the 2023 smoking prevalence of people aged 15 years and over has marginally increased to 8.7 per cent from 8.1 per cent, based on the 10-year trend the strategy target for daily smoking prevalence of 6 per cent is still on track to be achieved.

What is concerning, though, is the results that we are seeing about vaping. This is new data that we have not yet released but we are releasing from today. In 2023, 6.7 per cent of respondents aged 15 years and over reported currently using a vape or an e-cigarette compared with just 3.6 per cent in 2022. That has almost doubled just in the space of one year. Particularly concerning was that amongst 15 to 29 year olds current vape use has gone from 8.4 per cent in 2022 to 15.1 per cent in 2023. That is a huge increase of our young people taking up vaping in just one year,

and for the first time a greater proportion of those aged 15 to 29 currently used e-cigarettes than smoked.

This increase in e-cigarettes is of increasing concern to me, to the government and to our public health experts, and we are very passionate about tackling it here in South Australia. Of course, there are significant health impacts of the substances involved in those vapes: all sorts of ingredients that are found in disinfectant, weedkillers, poisons—the sort of things that you do not want to have in your lungs. But what is particularly concerning is the high amount of nicotine in these products that is seeing our young people become hooked on nicotine very quickly and in a way that is very hard to shake. We also know that the impacts of vaping include nicotine addiction, breathlessness and symptoms of nicotine poisoning such as vomiting, nausea and diarrhoea.

We are committed to taking firm action in this response. The first thing I would say is that within the next fortnight there will be a bill before the federal parliament that Minister Mark Butler is bringing. It has the support of all state and territory health ministers around the country, including the Liberal government in Tasmania, to make sure that we can take action in relation to vaping. We want to see that passed. I hope that the Liberal Party here and the Greens party here will certainly call on their federal counterparts to support that legislation to take action on this, to make sure that we can only have vapes available where people have appropriate health authorisation through pharmacies, not on every street corner.

We are also taking action as a government to invest in this budget in enforcement, to make sure that as these laws come in we can actually have proper enforcement of them. This is a $16 million investment, as well as that money being used to make sure we can better enforce the increasing rise of illegal tobacco across our community.

We are also investing in terms of making sure we have new campaigns running, including a new campaign that has just started in the past few weeks with young people's voices speaking directly to them in terms of the impacts of vapes and making sure that message gets loudly heard by our community. I am very concerned about these statistics that we are putting out today and I think it really highlights why this is the moment we need to take action on this issue.

Ms PRATT: Following on from that, my own communities of Clare and Balaklava are very worried about smoke shops that have popped up, where it is strongly suggested that vapes are being sold. Some of those smoke shop proprietors are asking for customer mobile phone numbers in case they get shut down. What can country communities do to fight this scourge and to report their concerns where they see this practice happening?

The Hon. C.J. PICTON: It is a good question. One of the reasons why we have put this in place not through the Department for Health but have taken the approach of now embedding the enforcement function within Consumer and Business Services is they obviously have a much more focused element in terms of enforcement and in terms of current liquor licensing provisions, etc.

To go from a couple of people in our health department to what will be a quite significant team of these additional staff within CBS will give us the ability to make sure that there are people inspecting premises not only in metropolitan Adelaide but also across regional South Australia. Obviously, that sits under Minister Michaels, but has the strong support of our team. I know Dr Lease and Professor Spurrier have worked very closely with CBS to make sure we are transitioning those elements of our legislation and giving them the appropriate enforcement powers to make sure they will be able to take action.

At the moment, there is a provision where people can make reports to SA Health and there is an SA Health website where people can report information. That will no doubt transition to CBS receiving that information, but I would encourage in the meantime before that is established for anyone to still make those reports to SA Health through the public health website.

Ms PRATT: Just on that, because I am aware of people who have done that, can you speak to the department's response to those online reports and what action was taking place and is current in this transition? What happens next?

The Hon. C.J. PICTON: Our SA Health team, which has been, as I said, really just a couple of people, undertook a blitz last year and seized a significant number of products at that time, but

there was a real limit to what a small number of people in the Department for Health can do, particularly given that a lot of these pop-up businesses have been run through, we believe, links to organised crime.

We obviously connect with other services, whether that be the police, whether that be the federal police, whether that be the taxation office or border force in relation to these matters as well. No doubt that is what the Consumer and Business Services team will do as well.

This transition is coming online over the course of not that long. I think it is from 1 July when CBS take on that funding and some of that legislative responsibility in relation to the tobacco and e-cigarettes act, but we will still be active and we will still be receiving reports and taking what action we can. I think it is very clear that an absolute increase in that resourcing was needed and that is what this budget is delivering.

Mr McBRIDE: I refer to Budget Paper 4, Volume 3, page 64. In regard to this new program, will preventive health cover off on community health, Country Connect or community nursing and will that be part of this new preventive health arena or is it going to be kept separate?

The Hon. C.J. PICTON: The short answer is no. I think it is worth defining what we mean by preventive health, which is really at the very early stage of the continuum. Other services, such as community nursing and primary care, are absolutely very important and they will continue to be run through our local health networks across the state. Obviously, other primary care services are also run through the federal government.

But this is about how can we stop people becoming sick in the first place, whereas a lot of those programs are about how we can keep people with a chronic disease or who are ill healthy and out of hospital, which is absolutely vitally important as well. We are really trying to move the needle a lot further in terms of what action we can take to help people stay healthy so they do not need any of those other services to begin with.

There has been a lot of work done in a short time by Marina and her team looking at all of those levers sitting with the one agency in terms of being able to take action and where the best place is that we should be taking action. Obviously, we know there is a big impact from smoking still in our community and an increasing one from vaping. I think that will always be a focus, but I think we see the increasing risk of obesity and overweight people in our community and the impact that has on their health and that is going to have to be a significant focus as well.

Mr McBRIDE: Supplementary: minister, how will you measure the success of this new preventive health initiative? In particular, if you were not fortunate enough to be the next minister for health in the next government and there might be a new minister with a new emphasis or a new government, how would they not throw this away to the sidelines and say, 'What a waste of time this was'? You could easily say, 'No, here we have some facts and figures and these are the changes we obviously saw and these are the benefits we got from this new initiative.' I am just wondering how you are going to measure that success?

The Hon. C.J. PICTON: It is a really good question, because some of the measurements of success of these sorts of initiatives happen over decades and some of them are very hard to determine. You cannot run an alternative scenario of a state without taking action on preventive health to see what would happen either, so it is difficult to measure.

There are certainly measurements that we can take of the benefit of individual programs, individual campaigns that we might run. For instance, if we run an anti-vaping campaign, as we are doing at the moment, we will conduct research on that to see did it resonate with people, has it led to some people changing their behaviour, etc., but the longitudinal benefits over a long period of time are obviously what we are trying to achieve as well. So you have to have an eye on both things: the success of particular measures, but also are we turning the needle on those longer term issues as well?

There has been a very long-term program over decades that SA Health has run where we do a survey and ask people a whole series of questions about their own health, and that gives us good longitudinal measurements in terms of people's weight and wellbeing, and even mental health wellbeing, through that survey. That is one of the ways that we can measure whether things are on

track or off track. You raised a good point in terms of this is one of the reasons why I want to legislate this as well, because I think that we should put the marker in the ground and say, 'As a parliament, we think that this is important, and if a future government, future minister, wants to get rid of it, we will have to come back to the parliament and argue why that is the case.'

The Hon. D.G. PISONI: This relates to your highlights page on page 25. You raised this matter earlier of UTI and availability now of antibiotics from pharmacists without a prescription. How many pharmacies are offering the service?

The Hon. C.J. PICTON: Particularly given that there is limited time—and this is, again, a question on pharmacy that should have been dealt with in the first two hours of the estimates session—I will take that question on notice.

The Hon. D.G. PISONI: It is community health, is it not; preventive health and public health?

The Hon. C.J. PICTON: A treatment for UTI is a pharmaceutical issuing of a medication that I would have argued would be in the first session. I am happy to take the question, but there might be questions that people have on preventive and public health and for matters that the advisers are here for.

The Hon. D.G. PISONI: Okay, if you are happy to take that question on notice, are you also able to—

The CHAIR: That was in previous sessions. Do we have any questions regarding the current portfolio?

The Hon. D.G. PISONI: He answered the question; he is going to bring it back. I would like you, if you are able, to bring back the number of individual dispenses that have happened in this period at the same time.

The Hon. C.J. PICTON: Sure.

The Hon. D.G. PISONI: You raised vapes earlier. What was the process of pharmacies being the only place where vapes could be issued? I have been made aware that pharmacists are not terribly happy about having to deal with it. There are other alternatives to giving up smoking: patches and gum, for example. What is the evidence that vapes are actually a medical process?

The Hon. C.J. PICTON: Nicotine is a drug. This is something which has been worked through between the federal government and all the states and territories. Marina is our representative on that group which meets to consider these matters. Ultimately, this is legislation which is currently before the federal Senate and has been proposed by the federal government, but to answer on behalf of the federal government, I believe the consideration was that it should be seen as just a smoking cessation device, not as something that is going to be attractive and not as something that kids are going to want to take up, but something that you should have to have a healthcare practitioner endorse for you as needed for smoking cessation.

The best mechanism that we would have to dispense a product through such a mechanism where there are health checks applied to it would be through our community pharmacy network across Australia. There would be particular requirements around that: it has to be in plain packaging, it has to be very limited in terms of tobacco or menthol flavours and it has to comply with requirements around not advertising or showing those products. So it would be very limited compared to what we currently see in vape stores.

The Hon. D.G. PISONI: Is there peer-reviewed evidence that vaping can assist somebody to quit smoking?

The Hon. C.J. PICTON: I think there are a lot of differing journal articles about this.

The Hon. D.G. PISONI: I am asking for peer-reviewed evidence.

The Hon. C.J. PICTON: I understand the question, member for Unley. There are documents and there is peer-reviewed evidence that points to a variety of different evidence in terms of smoking cessation. I think that there is a lot of advocacy from public health experts that they do not advocate vaping as a smoking cessation device necessarily, but there are some people who are advocates

that it is a good smoking cessation device. The determination that has been made from the federal government in proposing this legislation is that these products should be made available as smoking cessation devices, but only for that purpose, and that is what is currently before the Senate.

The CHAIR: The time allotted having expired, I declare the examination of the portfolio of Preventive Health and Public Health completed. The examination of the proposed payments for the Department for Health and Wellbeing, the Commission on Excellence and Innovation in Health and Preventive Health SA are now complete. Thank you very much to everybody for your participation.

At 17:46 the committee adjourned to Monday 24 June 2024 at 09:00.