

## LEGISLATIVE COUNCIL

Tuesday, 14 May 2019

The **PRESIDENT (Hon. A.L. McLachlan)** took the chair at 14:15 and read prayers.

**The PRESIDENT:** We acknowledge Aboriginal and Torres Strait Islander peoples as the traditional owners of this country throughout Australia, and their connection to the land and community. We pay our respects to them and their cultures, and to the elders both past and present.

### *Bills*

#### **MOTOR VEHICLES (COMPULSORY THIRD PARTY INSURANCE) AMENDMENT BILL**

*Assent*

His Excellency the Governor assented to the bill.

#### **CRIMINAL LAW CONSOLIDATION (FOSTER PARENTS AND OTHER POSITIONS OF AUTHORITY) AMENDMENT BILL**

*Assent*

His Excellency the Governor assented to the bill.

#### **STATUTES AMENDMENT (LIQUOR LICENSING) BILL**

*Assent*

His Excellency the Governor assented to the bill.

#### **SOUTH AUSTRALIAN PUBLIC HEALTH (EARLY CHILDHOOD SERVICES AND IMMUNISATION) AMENDMENT BILL**

*Assent*

His Excellency the Governor assented to the bill.

### *Parliamentary Procedure*

### **PAPERS**

The following papers were laid on the table:

By the Treasurer (Hon. R.I. Lucas)—

Determination of the Remuneration Tribunal No. 4 of 2019—Auditor-General, Electoral Commissioner, Deputy Electoral Commissioner and Health and Community Services Complaints Commissioner

Report of the Remuneration Tribunal No. 3 of 2019—2019 Review of Salary of the Governor of South Australia

Report of the Remuneration Tribunal No. 4 of 2019—2019 Review of Remuneration for the Auditor-General, Electoral Commissioner, Deputy Electoral Commissioner and Health and Community Services Complaints Commissioner

Rules of Court—

Magistrates Court—Magistrates Court Act 1991—

Criminal—Amendment No. 71

Criminal—Amendment No. 72

By the Minister for Human Services (Hon. J.M.A. Lensink)—

Regulations under Acts—

National Parks and Wildlife Act 1972—

Excluded Species

Wildlife—General

### ANSWERS TABLED

**The PRESIDENT:** I direct that the written answers to questions be distributed and printed in *Hansard*.

*Question Time*

### INFLUENZA VACCINATIONS

**The Hon. K.J. MAHER (Leader of the Opposition) (14:22):** I seek leave to make a brief explanation before asking the Minister for Health and Wellbeing a question about influenza.

Leave granted.

**The Hon. K.J. MAHER:** South Australia's horror influenza season is reaching crisis point. It has been reported that it has resulted in the death of 17 people and 12,339 cases so far this year, compared with just 1,348 last year, with 53 nursing homes reporting outbreaks and 18 of them in lockdown. My question to the minister is: what specific action has he taken to combat the outbreak, and what specific action has the Premier requested the minister to take?

**The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:23):** This government started preparing for this flu season soon after it was elected. I am very proud of the fact—

*Members interjecting:*

**The PRESIDENT:** Order! Let the minister answer.

**The Hon. S.G. WADE:** Through you, Mr President, I am very proud that soon after we were elected we introduced free flu vaccinations for children under the age of five and over the age of six months. We are delivering that program for the second time this year—

*Members interjecting:*

**The PRESIDENT:** Order!

**The Hon. S.G. WADE:** —and that is a vital step in dealing with influenza outbreaks and, to be frank, it may well have been a more significant increase in influenza notifications if that step had not been taken. In terms of the preparations for the 2019—

*Members interjecting:*

**The PRESIDENT:** I can't hear the minister. If you want to hear his answer.

**The Hon. D.W. Ridgway:** They don't want to hear it, Mr President.

**The PRESIDENT:** I don't require suggestions from you, the Hon. Mr Ridgway.

**The Hon. R.P. Wortley:** You should be ashamed of yourself.

**The PRESIDENT:** The Hon. Mr Wortley, please.

**The Hon. S.G. WADE:** It just shows the shallowness of the members opposite—

*The Hon. K.J. Maher interjecting:*

**The PRESIDENT:** Leader of the Opposition, he does not need emotional guidance from you.

**The Hon. S.G. WADE:** —that they think that I should be ashamed for providing children under the age of five free flu vaccinations. I'm not ashamed of that; I'm proud of it. I am proud that this government not only has rolled out a free flu vaccination for children under the age of five and over the age of six months, we have also rolled out the world's first meningococcal B vaccination program for children—I should have said Australia's first—and a world first vaccination program for young people; very proud.

In terms of the preparation for this flu season I'm also proud that SA Health took the step of increasing the vaccination orders, through the National Immunisation Program, by 10 per cent. They

wanted to make sure that our supply was secured moving forward. That SA Health team, in terms of the response to the vaccination program, also brought—

*Members interjecting:*

**The PRESIDENT:** Order! The Hon. Ms Scriven you have the call.

#### **INFLUENZA VACCINATIONS**

**The Hon. C.M. SCRIVEN (14:25):** My question is to the Minister for Health and Wellbeing. What specific action has the minister taken to limit the outbreak of influenza in aged-care facilities, and will the minister advise which 18 aged-care facilities have been put into lockdown due to flu cases?

**The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:26):** My immediately past answer directly relates to this because a significant proportion of the vaccines provided to nursing homes are supplied under the National Immunisation Program. I appreciate that there are some residents of nursing homes who are under the age of 65 and, on that basis, would not be eligible for the NIP, but SA Health is a key supplier to nursing homes. They are also a key adviser to nursing homes and SA Health's Communicable Disease Control Branch always stands ready to support nursing homes to respond to outbreaks. I think it is very important to stress that the teams within the nursing homes, as a consequence of commonwealth regulations, are required to have strategies to deal with infectious disease outbreaks.

**The Hon. C.M. Scriven:** So have you done anything at all?

**The Hon. S.G. WADE:** The honourable member, continuing the approach of other members of the opposition team, continues to provide misleading information. The 18 nursing homes that have locked down are nursing homes that have locked down since 1 January. The member is not able to tell me how many are currently locked down because the Chief Medical Officer wasn't able to provide that information. If the honourable member thinks she has better information than the Chief Medical Officer I would be very surprised.

#### **INFLUENZA VACCINATIONS**

**The Hon. C.M. SCRIVEN (14:27):** Supplementary question: can the minister tell the chamber how many aged-care facilities are in lockdown?

**The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:27):** As I said, the Chief Medical Officer was not able to provide the information to the department yesterday. I will take that question on notice and bring it back to the house.

#### **INFLUENZA VACCINATIONS**

**The Hon. K.J. MAHER (Leader of the Opposition) (14:28):** Further supplementary: what on earth has the minister done to inform himself of these things? Is he proud that there are nursing homes in lockdown? Has he done anything to ask if they are in lockdown?

**The PRESIDENT:** No, do not answer it. I warned you, Leader of the Opposition. I am tolerant on supplementaries but not with political infection.

#### **INFLUENZA VACCINATIONS**

**The Hon. C.M. SCRIVEN (14:28):** Supplementary question: can the minister advise whether any residents in the aged-care facilities who are impacted by the lockdowns, about which he apparently knows nothing, who had been unable to obtain—

**The PRESIDENT:** The Hon. Ms Scriven, do not adopt the bad habits of the Leader of the Opposition. A straight question on clarification, please.

**The Hon. C.M. SCRIVEN:** My apologies, Mr President—a flu vaccination before the lockdown began?

**The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:28):** Sorry, I only heard components of that.

*Members interjecting:*

**The PRESIDENT:** Please restate—

*Members interjecting:*

**The PRESIDENT:** Order! I can't hear.

*The Hon. T.J. Stephens interjecting:*

**The PRESIDENT:** I can't hear. The Hon. Mr Stephens, you are not assisting me either. The Hon. Ms Scriven, please restate the supplementary—short, sharp, by way of clarification.

**The Hon. C.M. SCRIVEN:** Happy to oblige. My question to the minister is: were there any residents in the aged-care facilities impacted by lockdowns who had been unable to obtain a flu vaccination before the lockdown began?

**The Hon. S.G. WADE:** The opposition continues to show how shallow their information base is.

*Members interjecting:*

**The PRESIDENT:** Order! The council would like to hear the minister's answer.

**The Hon. S.G. WADE:** It is not a requirement for residential aged-care facilities to contact any state jurisdiction, South Australia or elsewhere; it is a recommendation under the aged-care guidelines of the commonwealth. SA Health has made public—

*Members interjecting:*

**The PRESIDENT:** Order! I cannot hear the minister.

**The Hon. S.G. WADE:** SA Health has publicly advised—

**The Hon. K.J. Maher:** 'We don't know. No idea.'

**The Hon. S.G. WADE:** —that they had been—

**The PRESIDENT:** If you allow the minister to answer, you might know. I don't know, and I'm listening to the minister. Minister, please complete your answer.

**The Hon. K.J. Maher:** He doesn't seek any answers; he doesn't know anything.

**The PRESIDENT:** Well, ask that next time you are on the whipping sheet, Leader of the Opposition. Minister, please finish your answer.

**The Hon. S.G. WADE:** Actually, rather than getting fragments of questions, I would like to give a complete answer, so I will go back and recap what I have already said. What I have already said, and I want to be clear on this—

**The Hon. K.J. Maher:** The answer is: 'I've got no idea, because I haven't bothered to ask.' That's what—

**The PRESIDENT:** Leader of the Opposition, allow him to at least get a couple of sentences out until you try to interrupt.

**The Hon. K.J. Maher:** His answer was that he's got no idea because no-one bothers to ask, including himself.

**The PRESIDENT:** I don't wish to have a conversation about the minister's answer; I would just like to hear the minister's answer.

**The Hon. S.G. WADE:** There is no requirement for residential aged-care facilities—

*Members interjecting:*

**The Hon. S.G. WADE:** —to contact any state jurisdiction in relation—

*Members interjecting:*

**The PRESIDENT:** Minister, sit down. The Hon. Ms Bourke, you have the call.

**INFLUENZA VACCINATIONS**

**The Hon. E.S. BOURKE (14:30):** My question is to the Minister for Health and Wellbeing. Will the minister advise whether every doctor and nurse in all of our public hospitals has now been offered a flu vaccine?

**The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:31):** What I can advise—

**The Hon. J.E. Hanson:** Oh, you don't know! Before you give this lecture to us—

**The Hon. S.G. WADE:** Mr President, has this turned into a joke?

**The PRESIDENT:** The Hon. Mr Hanson, this is going to be a very short question time.

**The Hon. T.J. Stephens:** Why don't you ask Justin and save Stephen from having to stand up?

**The PRESIDENT:** The Hon. Mr Stephens, please do not add; restrain yourself.

**The Hon. S.G. WADE:** So I have more respect for Ms Bourke, and I will answer her question in spite of the desire of the Hon. Mr Hanson to avoid that. What I will advise the—

*The Hon. K.J. Maher interjecting:*

**The PRESIDENT:** Leader of the Opposition, I want to hear this answer.

**The Hon. S.G. WADE:** What I would like to advise Ms Bourke is that I am advised that 33,000 doses have been distributed for SA Health healthcare workers. Considering that we have about 40,000 health department employees, including, with all due respect, a number of people who would not be classed as healthcare workers, 33,000 out of 40,000, on my rough calculation, is 80 per cent. That is a very impressive vaccination rate.

**The PRESIDENT:** The Hon. Mr Pangallo has the call; then I will give the call to the Hon. Ms Bourke. Is it a supplementary, the Hon. Mr Pangallo?

**The Hon. F. PANGALLO:** Well it is, on the influenza—

**The PRESIDENT:** Yes; that's fine.

**INFLUENZA VACCINATIONS**

**The Hon. F. PANGALLO (14:32):** My question is to the health minister. I have been contacted today by a constituent with a family member in an aged-care facility who says some residents in nursing homes will need to wait at least a month to see their GP to get a flu shot, and he was concerned about residents with no family or with a mental incapacity to make a decision. Will the minister ask SA Health and/or the Public Advocate to look into this situation?

**The PRESIDENT:** The Hon. Mr Pangallo, that is not really a supplementary, but given I was too easy in the last question time on supplementaries for the opposition, I am going to give you the call and allow that question, and then I am going to give the call to the Hon. Ms Bourke to ask another question. Minister.

**The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:33):** I think the President, with all due respect, meant supplementary.

**The PRESIDENT:** It is not a supplementary. I am allowing it as a question.

*Members interjecting:*

**The PRESIDENT:** I don't need commentary from the floor about the President's generosity.

**The Hon. S.G. WADE:** I was just having trouble keeping up with the standing orders.

**The PRESIDENT:** Minister, please answer the Hon. Mr Pangallo's new question.

**The Hon. S.G. WADE:** The Hon. Mr Pangallo's question highlights the fact that residential aged-care facilities are fundamentally responsible for immunisation of their own residents. I am advised that normally they use immunisation providers or GPs. Both immunisation providers and the

GPs may access their supplies through the National Immunisation Program, which I mentioned earlier.

I am very keen to make sure that as many South Australians as possible over the age of six months get vaccinated, and a key target group in that regard is the 65 years or older. I am pleased to advise the honourable member that the latest advice I have is that there have been a total of 256,000 flu vaccines that have been distributed for those over the age of 65 years. That, I am told, according to the census, is enough to vaccinate 85 per cent of the eligible South Australian population in this cohort.

In relation to the honourable member's particular concern about the constituent, I would certainly encourage the constituent to talk to the management of the residential aged-care facility to see what arrangements they can make to bring forward the vaccination. If that conversation is unsatisfactory, I would encourage him to contact the Communicable Disease Control Branch of SA Health.

### INFLUENZA VACCINATIONS

**The Hon. F. PANGALLO (14:34):** Supplementary: how many deaths does it take in aged-care facilities before SA Health becomes involved?

**The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:35):** SA Health is already involved. SA Health is already involved providing the vaccines. SA Health is already there providing the advice. There are already nursing and other staff inside the hospital who, under commonwealth legislation, are required to have strategies, including strategies for—

*The Hon. I.K. Hunter interjecting:*

**The PRESIDENT:** The Hon. Mr Hunter, please.

**The Hon. S.G. WADE:** —dealing with infectious disease outbreaks. They are in the best position—

*The Hon. I.K. Hunter interjecting:*

**The PRESIDENT:** The Hon. Mr Hunter, please restrain yourself.

**The Hon. S.G. WADE:** —to develop such plans and implement them. When there are individual—

*The Hon. I.K. Hunter interjecting:*

**The PRESIDENT:** The Hon. Mr Hunter, please.

**The Hon. S.G. WADE:** As the honourable member is implying with his question, I would urge people involved—

*Members interjecting:*

**The PRESIDENT:** Show some courtesy to the Hon. Mr Pangallo.

**The Hon. S.G. WADE:** —and members to get in touch with SA Health.

**The PRESIDENT:** The Hon. Mr Pangallo, did you get all that?

**The Hon. F. Pangallo:** Yes, I did, thank you.

**The PRESIDENT:** The Hon. Mr Hunter, please show some respect for the crossbench. The Hon. Mr Wortley, a supplementary? This is going to be short and sharp, isn't it?

### INFLUENZA VACCINATIONS

**The Hon. R.P. WORTLEY (14:36):** Supplementary, and it will be short and sharp: given the fact that the nursing homes are responsible for vaccinations, immunisation, and there are 17 people dead—

*The Hon. D.W. Ridgway interjecting:*

**The Hon. R.P. WORTLEY:** Will you beg your pardon. I am asking a question, if you don't mind.

**The PRESIDENT:** That's the President's line, the Hon. Mr Wortley.

**The Hon. R.P. WORTLEY:** Sorry. Well, can you please give me some protection.

**The PRESIDENT:** I am allowing you some latitude for context, but then I need the supplementary.

**The Hon. R.P. WORTLEY:** Right, supplementary directly related to the answer: considering the fact that nursing homes are responsible for their immunisations, that there are 17 dead and that a number are in lockdown, what is the minister going to do to ensure that nursing homes live up to their responsibilities in looking after their aged-care people?

**The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:36):** The honourable member raises an issue in relation to what SA Health can do to encourage and promote, which we do through the general awareness program. That's why we launched an influenza/flu promotion program weeks ago now, using the opportunity of road fatality markers, delivered by the Marshall Liberal government, highlighting that in 2017, just quietly, a year after the former Labor government, there were more than 100 flu-related deaths in South Australia. We wanted to make sure that South Australians were aware of the opportunity—

*Members interjecting:*

**The PRESIDENT:** Minister. Minister, don't talk over me. The opposition, please show courtesy to the Hon. Mr Wortley. It was a question within the standing orders. I think it deserves an answer.

**The Hon. S.G. WADE:** That is exactly what I am providing, Mr President. We are promoting a general public awareness campaign, highlighting through that campaign the need for what I would call the two vulnerable groups: under fives, which we have introduced the vaccination program for, and over 65s, as part of the National Immunisation Program. In terms of the commonwealth oversight of the residential aged-care facilities, they already have a recommendation, the aged-care facilities advise state jurisdictions. They are required to have procedures to deal with infectious disease outbreaks and SA Health is actively providing advice to facilities as needed.

#### INFLUENZA VACCINATIONS

**The Hon. R.P. WORTLEY (14:38):** Supplementary: what is the minister going to do to stop more deaths and more lockdowns in aged-care homes?

**The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:38):** I am going to back the Chief Medical Officer and the clinicians in the Communicable Disease Control Branch. I am not going to be like the shallow politicians opposite, who want to spread misinformation and fear rather than true public health information. I will continue to back our clinicians; I will not continue to undermine their credibility, as some others choose to do.

#### INFLUENZA VACCINATIONS

**The Hon. K.J. MAHER (Leader of the Opposition) (14:39):** Supplementary: my question is to the minister in relation to his original answer. Who is ultimately responsible for programs, including influenza vaccinations, the minister and the Marshall Liberal government or the department?

**The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:39):** It is an interesting point, really, because it is actually part of a commonwealth-state agreement under the National Immunisation Program. The commonwealth manages the supply. We order through the commonwealth supply mechanism. We have both internal—that is, SA Department for Health and Wellbeing—and multilateral—that is, across all jurisdictions—mechanisms to both coordinate the supply of vaccinations and coordinate the response.

### INFLUENZA VACCINATIONS

**The Hon. K.J. MAHER (Leader of the Opposition) (14:39):** Further supplementary: does the minister concede that he has ultimate responsibility in the Westminster system for programs under his direction?

**The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:40):** Of course I accept my Westminster responsibilities, and the way that I deliver on those responsibilities is by not allowing politicians to run public health programs. That would be a great risk to public health. The shallow politicians opposite might want to continue to peddle misinformation, but I am very disappointed in other members in the other place.

**The PRESIDENT:** The Hon. Ms Bourke, we will have your additional question.

### INFLUENZA VACCINATIONS

**The Hon. E.S. BOURKE (14:40):** Thank you, Mr President. My question is to the Minister for Health and Wellbeing. Are any public hospitals waiting on additional vaccinations to administer to their staff and, if so, which hospitals? Will the minister now concede he was incorrect when he previously claimed right here in this chamber on 30 April that there was no shortage of supply of the flu vaccine?

**The Hon. S.G. Wade:** They are two different questions.

**The Hon. E.S. BOURKE:** It's a question.

**The PRESIDENT:** Minister, you can choose to answer the question or not.

**The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:41):** I choose to answer the first one. She can ask another one a bit later on.

*Members interjecting:*

**The PRESIDENT:** Order! I want to give the minister the call. He is allowed to answer in silence. You will have your answer.

**The Hon. S.G. WADE:** I am not aware of any SA Health facilities that are awaiting vaccines for their staff, but I will check and if I am incorrect I will advise the chamber accordingly.

**The PRESIDENT:** You are not going to get a supplementary out of that, the Hon. Ms Bourke. I have been more than generous. The Hon. Ms Lee.

### HOUSING AUTHORITY

**The Hon. J.S. LEE (14:41):** My question is to the Minister for Human Services about the government's commitment to improving housing outcomes for Aboriginal people. Can the minister please provide an update to the council about the appointment of the new Aboriginal advisory committee to the South Australian Housing Authority?

**The Hon. J.M.A. LENSINK (Minister for Human Services) (14:42):** I thank the honourable member for her question. The South Australian Housing Trust board at its February meeting approved the formation of an Aboriginal advisory committee to be chaired by one of the board members, Ms Shona Reid. Ms Reid is a current member of the South Australian Housing Trust board and will liaise between the board and the new advisory committee.

The formation of the committee will establish an Aboriginal-led mechanism to advise and inform on a range of housing challenges and priorities across the South Australian housing system. The committee will also support a range of strategic priorities for the South Australian Housing Authority and will serve as a conduit for engagement with Aboriginal stakeholders.

The committee is going to support a range of strategic priorities for the authority and be a conduit for direct engagement with communities. It is also going to increase the authority's capacity in Aboriginal recruitment and retention; deliver strategic input into the housing and homelessness strategy; advise the board on the development of the Aboriginal housing strategy and facilitate community engagement; advise the board and provide support for the housing commitments within



the South Australian Aboriginal affairs action plan; and provide specialist guidance on housing policy and services, with an emphasis on design, that meet the needs of Aboriginal South Australians.

I was very pleased, therefore, to announce on Thursday 9 May that the committee members had been appointed. As I have mentioned, Ms Shona Reid is the chairperson. The other members are: Dr Roger Thomas, who is the Commissioner for Aboriginal Engagement; Ms April Lawrie, Commissioner for Aboriginal Children and Young People; Ms Olive Bennell of Anglicare; Ms Deb Moyle of the Red Cross; Ms Eunice Aston, who is a business owner; Mr Klynton Wanganeen, who is the CEO of the Narungga Nation Aboriginal Corporation; Mr Wayne Miller, CEO of Ceduna Aboriginal Corporation; Mr Zibeon Fielding of Nganampa Health; and Mr Kyran Dixon, who I think is not with Ernst and Young but was at the time of the appointment. I think he has a new position.

The committee met on Friday, I understand, and has had some very useful preliminary discussions. I look forward to receiving further advice from them as they continue to meet and discuss these important matters.

### GAMBLERS REHABILITATION FUND

**The Hon. C. BONAROS (14:44):** I seek leave to make a brief explanation before asking the Minister for Human Services a question about the Gamblers Rehabilitation Fund.

Leave granted.

**The Hon. C. BONAROS:** In a government report released today, the proportion of South Australians gambling online has nearly tripled since 2012. The report reveals 13 per cent of the population bet online in 2018, up from 5 per cent in 2012 and just 1 per cent in 2005; and 9.6 per cent of online gamblers have a gambling problem, a rate three times higher than offline gamblers.

The report also found, amongst other things, online betting was far more likely to turn into problem gambling than any other forms. Online gamblers are also more likely to be younger than people who bet in more traditional ways. With the minister acknowledging that at-risk groups were men, the unemployed, the single, divorced or separated, under 24s and Indigenous people. The deleterious effects of gambling addiction are well known. I will quote the minister, who said:

The increase in online gambling is concerning and reflective of a greater accessibility to the internet, but is also an important sign that the State Government needs to continue to assist people gambling online through our help services.

My questions to the minister are:

1. Can the minister advise, of the near \$6 million spent by the Gamblers Rehabilitation Fund for 2017-18 on front-line services, how much was actually spent assisting people with online gambling addictions?
2. Can the minister advise, for the six months from July 2018 to December 2018, how much of the near \$3.5 million spent by the fund on front-line services was spent on assisting people with online gambling addiction?
3. Will the Liberal Marshall government commit to increasing funding to the Gamblers Rehabilitation Fund in line with increases in online gambling?

**The Hon. J.M.A. LENSINK (Minister for Human Services) (14:46):** I thank the honourable member for her important question and for her interest in this area. I think she has done a splendid job of summarising what has been reported through the 2018 Gambling Prevalence Survey, in which the matter of an increase in online gambling was one which was highlighted, an increase from 5 per cent in 2012 to 13 per cent, which is nearly triple.

One of the statistics which I am not sure whether the honourable member did quote from is that the proportion of problem gamblers overall is at about 0.7 per cent, which has been relatively stable for that period from 2012 to 2018. I think you could look at it that it is either pleasing that it hasn't gone up, or not pleasing that it hasn't gone down, but I think it is relevant that that figure is quite stable.

We fund a number of gambling services. The budget for 2018-19 is \$7.2 million. We fund a range of services that provide advice and assistance to people, particularly Relationships Australia,

Uniting Country SA and a range of other services. I will see whether we can break down that information into whether the particular people who have been assisted are problem gamblers and whether we can get that data for her, but I suspect these services provide a range of different services which might include advice and so on, and whether they keep those particular statistics and report them back to us, I am not sure whether we have that information available but I will see what we can find.

Also to comment too that clearly the modes of gambling have changed and therefore the services themselves will be adapting to those into the future, so we will be talking to all of those providers about how we better provide services to assist those who may have a specific problem with online gambling.

**The PRESIDENT:** The Hon. Ms Bonaros, a supplementary.

#### **GAMBLERS REHABILITATION FUND**

**The Hon. C. BONAROS (14:49):** I thank the minister for her explanation. I just note that, in relation to online gambling, those figures have actually increased, so if the minister could come back with details of the exact range of services that are being provided, but also, is the government willing to consult with stakeholders about the results of the report and the sorts of programs and treatment programs that are needed in this area?

**The Hon. J.M.A. LENSINK (Minister for Human Services) (14:49):** The answer to those questions is all yes. Certainly, we would regard the providers of these services as the experts in the field, so I think necessarily they will be consulted through these processes.

#### **INFLUENZA VACCINATIONS**

**The Hon. R.P. WORTLEY (14:49):** My question is to the very proud Minister for Health and Wellbeing.

**The PRESIDENT:** Don't push it. Are you seeking leave?

**The Hon. R.P. WORTLEY:** Yes, I seek leave.

**The PRESIDENT:** What is it concerning?

**The Hon. R.P. WORTLEY:** It's concerning flu vaccinations.

**The PRESIDENT:** I might have guessed that.

Leave granted.

**The Hon. R.P. WORTLEY:** Well, actually, it's just a question, Mr President.

**The PRESIDENT:** You have leave, not only from myself but also the chamber to ask your question.

**The Hon. R.P. WORTLEY:** Thank you. Will the minister advise whether all flu vaccination orders for GPs have now been fulfilled?

**The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:50):** My understanding is that the capped distributions ceased on 17 April.

#### **INFLUENZA VACCINATIONS**

**The Hon. K.J. MAHER (Leader of the Opposition) (14:50):** A supplementary arising from the answer: if there were capped distributions, does that mean there was rationing of flu vaccinations before that date?

**The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:50):** I can assure the house that what the Communicable Disease Control Branch clinicians did this year was exactly what they have done in previous years, which is to make sure that the first orders of the season are equitably distributed.

It's important to make sure that in the first round, all of the 700 immunisation providers in our network receive a supply. My understanding was that in early April, immunisation providers were

advised that the capped orders would last for a month. That was about 9 April, something like that. They were lifted on 17 April. What that suggests to me is that there was a very effective distribution, and I am delighted that since 17 April capped distributions to manage supply have not been used.

#### INFLUENZA VACCINATIONS

**The Hon. K.J. MAHER (Leader of the Opposition) (14:51):** A further supplementary arising from the original answer where the minister talked about capped distributions: if the minister is now conceding that distributions were capped, has he been not entirely truthful when he said there has been no shortage?

**The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:52):** This is just more misrepresentation by the honourable member and his confrères. For example, I said—this is on 30 April in response to questions from the Hon. Ms Bourke where she was putting forward a very scurrilous suggestion that public health clinicians were stockpiling vaccines and therefore putting public safety at risk. She asked a question in relation to supplies to GPs. I said:

I don't know the detailed circumstances of the order but I can only presume that the order was being fulfilled in a way that public health clinicians believed would provide all service providers access in the early stages...the first two weeks of the distribution.

I am being consistent to this house that I am going to rely on public health clinicians to manage our distributions. I am not going to engage in the shallow assertions of the Hon. Ms Bourke and others that my public health clinicians are stockpiling vaccines and putting the public health of South Australians at risk. I think that is a scurrilous accusation. I could understand it from shallow, youthful members of this council, but to get that sort of twaddle from a former health minister in the other place and a former assistant health minister in the other place I think is shameful.

#### INFLUENZA VACCINATIONS

**The Hon. K.J. MAHER (Leader of the Opposition) (14:53):** A final supplementary: given the minister has been at pains not to use the word 'shortages' in this chamber or the media, can the minister explain what the difference between capping supply and having a shortage is?

**The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:53):** I would like to answer the question this way. I would wonder—

*Members interjecting:*

**The PRESIDENT:** Order! Allow the minister to answer.

**The Hon. S.G. WADE:** I wonder if the honourable member could imagine this scenario. The Minister for Health insists that all doctors' orders for vaccines be fully committed when submitted. In the first two weeks, none reach country South Australia. None reach the remote communities. I would remind the honourable leader that Aboriginal and Torres Strait Islanders in country South Australia have worse health outcomes, not only in the general population in Adelaide but in the general population in the rural areas.

I would be rightly condemned if I interfered in the public health clinicians' distributions and then we had outbreaks. We had outbreaks in the country. We had outbreaks in relation to Aboriginal communities and perhaps even outbreaks in parts of Adelaide that were not on the delivery round rotation. My understanding is that the delivery round is over a two-week period. Is the honourable member really suggesting that we should have fulfilled—

**The Hon. C.M. SCRIVEN:** Point of order: relevance. The question was the difference between a shortage of supply and capping.

**The PRESIDENT:** The ministers have leeway to answer their questions.

*Members interjecting:*

**The PRESIDENT:** Leader of the Opposition, have you finished? I would like to hear the minister's answer, as would other members of the council.

**The Hon. K.J. Maher:** Your staff won't be pleased with you.

**The PRESIDENT:** Continued comments—

**The Hon. K.J. Maher:** You let the cat out of the bag today.

**The PRESIDENT:** I appreciate you may have some ambitions of being a health minister yourself one day, Leader of the Opposition, but I would like to hear this one's answer.

**The Hon. S.G. WADE:** For the sake of the people of South Australia I will pray that that may never happen. Capped distributions are used to manage supply, to make sure that there is equitable distribution and to maximise the protective cover. You can't have parts of Adelaide that are fully immunised and other parts that are totally vulnerable. That would be a public health disaster. That is why I am relying on the public health clinicians to manage the National Immunisation Program deliveries.

### INFLUENZA VACCINATIONS

**The Hon. R.P. WORTLEY (14:56):** A supplementary arising from the answer: are there any GPs currently waiting for vaccinations to administer to their patients?

**The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:56):** I suspect the ones that ordered yesterday probably are.

### GENERATIONS IN JAZZ

**The Hon. T.J. STEPHENS (14:56):** My question is to the Minister for Trade, Tourism and Investment.

*Members interjecting:*

**The PRESIDENT:** Leader of the Opposition, please, we have moved on. The Hon. Mr Stephens has the call. It is an important question.

**The Hon. T.J. STEPHENS:** Of course. In case you didn't hear, sir—

*Members interjecting:*

**The PRESIDENT:** I am assuming. The Hon. Mr Stephens, please, get it out.

**The Hon. T.J. STEPHENS:** Okay. Mr President, are you sure? I might scare some. My question is to the Minister for Trade, Tourism and Investment. Can the minister please tell the chamber about the influx of thousands of young musicians, supporters and world-class musicians for the recent Generations in Jazz festival held from 3 to 5 May in the mighty town of Mount Gambier?

**The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (14:57):** I thank the honourable member for his question and his ongoing interest in music, jazz and particularly the regions of South Australia. As members will know, Mount Gambier has positioned itself as the global headquarters of youth jazz, and it was showcased brilliantly over the weekend of 3 to 5 May. For those not familiar, it is a music festival that incorporates the National Stage Band Award, Small Jazz Combo Award, the Vocal Ensemble Award, the GIJ Vocal Scholarship and the James Morrison Scholarship, as well as a host of other awards for excellence in music.

In 2018, 5,000 participants gave 1,000 performances across 13 stages. The Generations in Jazz weekend is the largest event of its kind in the region. Thousands of student musicians shared the stage with some of the world's brightest jazz stars during the three-day festival. Artistic director, James Morrison, confirmed that more than 5,300 participants from 134 Australian and New Zealand schools were involved in this year's history-making event. He commented that, even after three decades of the event, organisers never get used to the numbers and the talent on display.

One of the highlights was the acclaimed jazz, blues and gospel singer, Lizz Wright, receiving a standing ovation from the 7,700-strong crowd at the gala concert for her rendition of *Amazing Grace*. This is a musician who is accustomed to taking the stage before tens of thousands of fans, yet she was dazzled by the presence of so many young and aspiring musicians and jazz enthusiasts.

The high-profile line-up of US artists also included master organist, Joey DeFrancesco; saxophonist, Rickey Woodard; pianist and drummer, Julius Rodriguez; UCLA's Herbie Hancock

Institute of Jazz Performance Ensemble; and Grammy award-winning vocalist, Kurt Elling, who described GIJ as one of a kind. This is why GIJ is a world-class event that showcases one of our tourism gems on the Limestone Coast.

In 1987, Generations in Jazz began in Mount Gambier as a small gathering of jazz lovers who wanted to pass on their passion for jazz music to the next generation. A little over 30 years later, it has grown to one of the largest events of its type in the world. This is an event that has been built by a passionate group and a very supportive community. It has gone from strength to strength over three decades without any financial support from government. It's a regional event, which is a real testament to what can be achieved through regional collaboration. With up to 500 community volunteers who contributed to the success of GIJ this year, the Limestone Coast reinforced its reputation for country hospitality.

All accommodation within a 100-kilometre radius of the Blue Lake city was fully booked for the festival, with participating schools also staying in halls, sporting club rooms and private homes across the region. Just quickly, to mention a few of the winners: Prince Alfred College was named as the Division 1 stage band winner; Marryatville High School had the top large vocal ensemble for the second year in a row; and the band director's award for the most outstanding jazz educator went to Prince Alfred College's Lizzie Gregory. For those members here, the son of former member the Hon. Angus Redford was also performing on the weekend.

#### GENERATIONS IN JAZZ

**The Hon. C.M. SCRIVEN (15:00):** Supplementary: why does the minister think that the Generations in Jazz festival does not deserve major event status?

**The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (15:00):** I have just explained that it is an event that is of global significance. It has been done with a team of community volunteers. It goes from strength to strength on every particular occasion. It gets bigger and better every year. Interestingly, I think that they have also looked for a little bit of funding out of next year's community events program, but it's a world-class event. Naming it as a major event doesn't change the fact that its 500 community volunteers make this event really successful.

I sat and I spoke to a number of the people there. We were looking at how we can take it to another level, but of course every bit of the community is chock-a-block full—every hotel, footy clubs within a 100-kilometre radius. It's a great event and continues to go from strength to strength.

#### GENERATIONS IN JAZZ

**The Hon. C.M. SCRIVEN (15:01):** A further supplementary: given that all the accommodation is booked out, and that's what the minister just referred to, will the government consider funding hotel developments as they did at Adelaide Oval?

**The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (15:01):** No, it's not the government's intention to build a hotel or fund hotel developments. What we do want to do is work with the community. I have spoken to the—

*Members interjecting:*

**The Hon. D.W. RIDGWAY:** What we ought to do is work with the regions—

*Members interjecting:*

**The Hon. D.W. RIDGWAY:** I can't believe that these people don't even understand how important the regions are. We have a world-class event. James Morrison has put Mount Gambier on the world stage. We continue to work with the organisers and continue to take it to another level. There is a whole range of opportunities. I have spoken to some of the organisers about how we can make it a bigger event over maybe a longer period or enhance the event, but it is one of the biggest in the world.

Incidentally, there was a marquee there this year that had 8,000 seats in it. It is the biggest in the Southern Hemisphere. It was built specially for that event. This is a world-class event we should be very, very proud of and continue to support.

**The PRESIDENT:** Supplementary, the Hon. Ms Scriven?

#### **GENERATIONS IN JAZZ**

**The Hon. C.M. SCRIVEN (15:02):** Yes. What is required to make an event worthy of major event status?

**The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (15:03):** There is a whole range of criteria. This is an event—

*Members interjecting:*

**The PRESIDENT:** Can the front bench of the opposition please restrain themselves. The Hon. Mr Ridgway, please complete your answer. Complete your answer, if you so choose.

**The Hon. D.W. RIDGWAY:** This event doesn't need major event status because it's a world-class global event as it is. We don't need to burden it with extra demands on it. It is a perfect example of great community collaboration over 30 years, without government intervention and involvement. They have just grown it themselves and they should be really proud, and we should be proud of what they have done as well.

#### **GENERATIONS IN JAZZ**

**The Hon. R.P. WORTLEY (15:03):** For events of the future, what is the criteria that you go by to make them major events. Forget about what's—

**The PRESIDENT:** No, that was good. That was within standing orders. The Hon. Mr Ridgway—

*Members interjecting:*

**The PRESIDENT:** Don't—

**The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (15:04):** I don't have all of the—and this particular event I don't believe—

*Members interjecting:*

**The Hon. D.W. RIDGWAY:** Major events are often declared for predatory pricing, predatory marketing, flying planes over with advertising banners opposing the sponsors of events. There is a whole range of criteria for major events.

#### **GENERATIONS IN JAZZ**

**The Hon. E.S. BOURKE (15:04):** Supplementary question: did the minister attend a Liberal Party fundraiser while visiting the great community of Mount Gambier?

**The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (15:04):** No.

**The PRESIDENT:** The Hon. Ms Scriven. This is the last supplementary I am going to allow on this.

#### **GENERATIONS IN JAZZ**

**The Hon. C.M. SCRIVEN (15:04):** Supplementary: is the minister aware that Jeff Kennett has been encouraging major event status for the Generations in Jazz festival?

**The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (15:05):** It is interesting. I thank the honourable member. I sat next to the Hon. Jeff Kennett at a dinner on the Friday night, a great legend of Australian conservative politics, a great premier of Victoria. I sat next to him, we discussed a whole range of things, including what a great job the current government is doing, and what great leadership Premier Marshall is showing. He did not raise it at all, not once! The next day I had lunch with him and he did not raise it then. Then I had a second—

*Members interjecting:*

**The Hon. K.J. MAHER:** Point of order: the question was whether the minister is aware of Jeff Kennett's call, not what he had for lunch with Jeff Kennett the next day.

**The PRESIDENT:** I am going to allow the minister some leeway.

**The Hon. D.W. RIDGWAY:** The Hon. Jeff Kennett was a great conservative leader, a great premier of Victoria: I had three meals with him over two days, and not once did he say to me, 'Oh, Ridgey, this should be a major event.' He talked about what a great event it was, what a great bloke James Morrison was, and what a really good bloke Steven Marshall is and the great job he is doing leading this great state.

**The PRESIDENT:** I have ruled this to be the last supplementary on that topic. I am keen to get to the crossbench. The Hon. Ms Franks.

**The Hon. T.A. FRANKS:** I was going to ask a supplementary.

**The PRESIDENT:** The Hon. Ms Franks, if you would like a supplementary before your question, you may.

### GENERATIONS IN JAZZ

**The Hon. T.A. FRANKS (15:06):** Yes, supplementary: has the event requested major event status?

**The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (15:06):** I thank the honourable member for her question. I do not believe they have. I know that there was some discussion with the very—

**The Hon. K.J. Maher:** By Jeff Kennett?

**The Hon. D.W. RIDGWAY:** No, you fool. I think the member for Mount Gambier, Troy Bell, had some discussions, but I am not aware that they have actually—certainly as minister they have not written to me and asked for major event status.

### POLICE STATION OPENING HOURS

**The Hon. T.A. FRANKS (15:06):** I seek leave to make a brief explanation before directing a question without notice to the Minister for Health and Wellbeing, representing the Minister for Police, on the subject of police station opening hours and domestic violence.

Leave granted.

**The Hon. T.A. FRANKS:** As members of this chamber are well aware, and no doubt the Minister for Health and Wellbeing is aware, domestic violence is the leading preventable contributor to death and illness for women aged 18 to 44. Domestic violence is also often an aspect of family conflict and dispute and the subject of Family Court orders, in particular with regard to the handing over of children in the care of those people involved in that previous relationship.

My question to the minister is: when police station opening hours were changed, was any consideration given to those families that were using police stations for hand over, particularly subject to either intervention or Family Court orders and, if not, what actions will now be taken to address this issue?

**The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:08):** I thank the honourable member for her question on behalf of the minister in the other place, and I reiterate the government's strong commitment to defy the scourge of domestic violence, particularly led by the Hon. Michelle Lensink in this chamber and the Hon. Carolyn Power. In relation to the two questions the honourable member raises, I will certainly take those on notice and ask the minister in the other place to provide me an answer to those important questions.

### WINTER DEMAND MANAGEMENT PLAN

**The Hon. I. PNEVMATIKOS (15:08):** My question is to the Minister for Health and Wellbeing. Given the unprecedented number of flu cases this season, when will the government be releasing this year's winter demand management plan?

**The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:09):** The government has already released a number of elements of its winter demand management plan, and we will be making further announcements in relation to what is happening both at the LHN level and the

statewide level. But the honourable member links the influenza outbreaks with the winter demand plan. I think two events this year highlight the need for us to see influenza as a whole-of-year event.

There is significant discussion amongst clinicians as to what extent the 2018 influenza season had concluded before the 2019 season started. This government is a very strong supporter of immunisation, as demonstrated by the world-leading meningococcal B vaccination program. Thankfully, most vaccination programs are, if you like, lifelong from the time of the administration of the vaccine and ongoing.

The distinctive thing about the influenza vaccine program is that, considering that the influenza contamination constantly changes, we need to have annual influenza vaccination programs. What this year has shown is that not only because of probably the end of the 2018 season and the early start of the 2019 season, we are experiencing influenza-related events well before the normal increase in influenza notifications.

My recollection is that the increase in influenza notifications is about four months earlier than we would have expected. We have already provided information to the house about the number of not only influenza notifications this year but today I mentioned the notifications of nursing home outbreaks. That is from 1 January. Let's be clear that that is not only in recent weeks. The reality is that our hospitals need to be ready for influenza all year round. We expect that the rate of influenza notifications this year will be reflected in additional demand in our hospitals, and I can assure you that SA Health and its networks are actively planning for that. We have already made announcements about winter demand and we will make further announcements in the weeks ahead.

#### **INTERNATIONAL DAY OF THE MIDWIFE**

**The Hon. J.S.L. DAWKINS (15:12):** My question is directed to the Minister for Health and Wellbeing. Will the minister update the council on the contribution of midwives in South Australian hospitals?

**The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:12):** I thank the honourable member for his question. Sunday, 5 May was International Midwives Day, celebrating the contribution of midwives to public health across the world. The theme for this year's International Day of the Midwife is Midwives: Defenders of Women's Rights. It highlights the vital role that midwives play and the wonderful work they do to ensure that the women they are supporting have a positive birth experience.

South Australia's midwives have received very public recognition as recently as last Friday night, 10 May, at the 2019 South Australian Nursing and Midwifery Excellence Awards. I was pleased to be present that night and to present some awards to a group of nominees that included 23 registered midwives, a number of whom had dual registration. Of the total 20 finalists for individual awards, 11 were midwives and two were single registered midwives. This is a tribute to the importance of the profession and the contribution they make to South Australia.

The Marshall Liberal government recognises this and is supporting midwives through a variety of programs. In rural and regional areas midwives are vital to the delivery of birthing services. As part of the Marshall Liberal government's \$20 million investment over four years for a Rural Health Workforce Plan, the government aims to develop collaborative programs to attract graduates and support registered nurses or midwives to undertake training to qualify for dual registration. This will be of particular benefit in areas where workforce shortages and larger distances mean the combination of roles can provide greatly improved outcomes.

The government is also investing in midwifery leadership through a nursing and midwifery leadership and management program, which is a national first. The program is designed to teach job-specific leadership skills to nurses and midwives, with 21 nurses and midwives across metropolitan and regional South Australia making up the initial cohort. The program will run over one year and will be evaluated in partnership with the University of Adelaide.

The government has also entered into partnership with the Australian Red Cross to establish a human donor milk bank. My recollection is that that was an Australian first, and I congratulate New South Wales on playing catch-up. This allows for the provision of pasteurised donor breastmilk to premature babies in the neonatal nurseries of the Women's and Children's Hospital and the nursery



of the Flinders Medical Centre. This initiative will assist our midwives in providing the best care they can for some of the smallest babies in our community.

I want to congratulate all nominees, finalists and award winners of the 2019 South Australian Nursing and Midwifery Excellence Awards and thank them for the work they do to support the delivery of health services in the state. I want to thank all the midwives of South Australia for not only the care, advocacy and support they provide to others but also for the foundation they are laying for good, lifelong health for South Australians.

#### INFLUENZA VACCINATIONS

**The Hon. K.J. MAHER (Leader of the Opposition) (15:15):** My question is to the Minister for Health and Wellbeing. My question is: is it a requirement under the Public Health Act for medical practitioners to notify the minister's department of any influenza cases, including the location of the patient, and if that is a requirement, would the minister's department then know of all cases in residential aged-care facilities?

**The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:15):** There are notification requirements under the Public Health Act, but I think it is important to realise the limitations that notifications can provide for rapid identification of clusters. There is often a backlog in terms of inputting the notifications because they are often provided in writing, and we certainly as a state need to look at the opportunities for putting them online.

#### INFLUENZA VACCINATIONS

**The Hon. K.J. MAHER (Leader of the Opposition) (15:16):** Further—

**The PRESIDENT:** Further supplementary, Leader of the Opposition.

**The Hon. K.J. MAHER:** First supplementary, Mr President—

**The PRESIDENT:** Is it the first one?

**The Hon. K.J. MAHER:** —relating to the answer given: the minister stated that there is often a backlog in the notification system. Can the minister inform the chamber: how big is this backlog, and does that put people's lives at risk by having a backlog in the notification system?

**The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:16):** I will take on notice as to what the current backlog is.

#### INFLUENZA VACCINATIONS

**The Hon. K.J. MAHER (Leader of the Opposition) (15:16):** Further supplementary.

**The PRESIDENT:** This time a further supplementary.

**The Hon. K.J. MAHER:** With a backlog in notifications and the shortages in supply of influenza vaccine, is the minister concerned that South Australians' lives are at risk this flu season?

**The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:17):** I would put it to the house that that's yet another example of fearmongering by the opposition. The government will continue to rely on our public health clinicians—

*Members interjecting:*

**The PRESIDENT:** The minister does not require your assistance to answer your own question. Minister.

*Members interjecting:*

**The PRESIDENT:** Leader of the Opposition, we would all like to hear the minister's answer.

**The Hon. S.G. WADE:** The government will continue to rely on our public health clinicians, to work with the commonwealth under the National Immunisation Program, to manage supplies into South Australia, to distribute them throughout South Australia and to monitor the level of influenza activity in the community. But I take the opportunity to stress what I think I have heard the Chief Medical Officer repeat three or four times in the last eight days, which is that notifications are

merely the tip of the iceberg. He was making the point that there are over 10,000 who have notified, but his advice is that that would be the tip of the iceberg.

What he was stressing in his public statements yesterday is how important it is that people get a vaccination, but not only how important it is for them to get a vaccination but also how important it is for them to take other steps to contain the spread of the disease within our community. In particular, he highlighted three particular matters. One is that we should get involved in the good practices such as wash, wipe, cover, don't infect another. He particularly encouraged people to stay home from work if they fear they might be the subject of influenza. This is not a season to be a hero. If you have any suspicions that you might be infected by influenza, I would urge people not to go to work.

He is also recommending that, whilst appreciating the problems with families in terms of child care and school, if a child is suspected of suffering from influenza they should stay at home. It's very important that we do everything we can to prevent the spread of influenza in our community. Immunisation is the first and best response, but please, do not stop there. Even if you have been vaccinated, it is not a silver bullet to getting the condition. People who are vaccinated can still get the condition.

I will back the Chief Medical Officer in urging the South Australian community to take the first step. Sure, if you can get vaccinated, get vaccinated, but even if you have been vaccinated please work with us in the season ahead to minimise the spread. Wash, wipe, cover, don't infect another is a key piece of advice. Stay home from work if you feel that you have influenza and support your children to do the same.

#### **INFLUENZA VACCINATIONS**

**The Hon. T.A. FRANKS (15:20):** Supplementary: does the minister concede that the precarious work increase and the casualisation of our workforce in this day and age has actually meant that people aren't able to stay home from work when they are sick?

**The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:20):** I can assure you that I for one am keen to have family-friendly workplaces and I would encourage all employers to back not only the members of their workforce who have family responsibilities but also to support the health of their workplace. I would put it to the honourable member, and I hope I am not wandering into clinical advice, that my common sense tells me that if an employer doesn't support workers to take steps to avoid the spread of influenza they may well find other members of their workforce are affected and the interests of their business are even more significantly affected.

#### **INFLUENZA VACCINATIONS**

**The Hon. I.K. HUNTER (15:21):** Supplementary arising from the minister's original answer: the minister said that notifications of influenza are delayed because of the manner of their lodgement of the notifications. Will the minister advise the chamber how many days or weeks behind are notifications to his health agency and subsequently to his office?

**The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:21):** Sorry, can you repeat the last bit again?

**The Hon. I.K. HUNTER:** How many days or weeks behind are the notifications to the health agency and subsequently to the minister's office?

**The Hon. S.G. WADE:** I think it is basically the same question I took on notice earlier. I would take the opportunity to stress—

**The Hon. K.J. Maher:** No, it wasn't. Will you take it on notice?

**The Hon. S.G. WADE:** I am happy to take it on notice, yes. I just want to assure the council that we didn't take a mallet to the computers. We inherited a non-IT-based notification program. In 16 years of Labor we didn't have an influenza vaccination program for under fives. We had basically the notification scheme that we have now.

**AUSTRALIAN TOURISM EXCHANGE**

**The Hon. D.G.E. HOOD (15:22):** My question is to the Minister for Trade, Tourism and Investment. Can the minister inform the chamber about the exceptional effort made to showcase and sell South Australia to the world at the recent Australian Tourism Exchange in Perth?

**The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (15:23):** I thank the honourable member for his question and his ongoing interest in the tourism industry. The Australian Tourism Exchange (ATE) rotates around the nation and this year it was held in Perth. We had 35 South Australian operators who exhibited in the South Australia area. Six of these companies were Adelaide Hills Tourism, Barossa Taste Sensations, Oceanic Victor, Escapegoat Adventures, South Australian Tours and Coffin Bay Oyster Farm Tours.

There were a further 15 operators, which I think is recognition of our great industry, located in the national area of ATE, businesses such as d'Arenberg, which exhibited under the Ultimate Wineries of Australia. We had more than 2,000—

**The Hon. K.J. Maher:** Do you know a South Australian wine won wine of the year?

**The Hon. D.W. RIDGWAY:** Which one?

*Members interjecting:*

**The Hon. D.W. RIDGWAY:** It was Wild Witch.

*Members interjecting:*

**The Hon. D.W. RIDGWAY:** Of course, I shouldn't respond.

*Members interjecting:*

**The Hon. D.W. RIDGWAY:** I could sit down.

**The PRESIDENT:** These are very valid questions you can ask in question time tomorrow, Leader of the Opposition.

**The Hon. D.W. RIDGWAY:** And I will be happy to answer them.

**The PRESIDENT:** Let the minister complete.

**The Hon. D.W. RIDGWAY:** More than 2,000 meetings were held between South Australian operators and travel agents and tour operators. The sentiment was very positive among the South Australian tourism operators. On Monday 8 April, the SATC held an exclusive networking function for invited overseas wholesalers and South Australian operators. Over 200 people attended a South Australian barbecue and were treated to South Australian food and beverages, including the magnificent Mayura Station wagyu beef. I repeat: the magnificent Mayura Station wagyu beef. South Australian artist Ashley Gale performed on the night. Many people commented on the quality of the food and the wine. It was an excellent relaxed and casual atmosphere, perfect for networking.

The SATC also participated in a happy hour on the trade show floor on Thursday 11 April, when 1,800 Coffin Bay oysters were served, along with Woodside cheese and five spectacular varieties of South Australian gin. This was the 40<sup>th</sup> year of ATE and in total over 1,400 sellers from 546 tourism companies were there.

**The Hon. K.J. MAHER:** Point of order: the question was about a tourism event, not about the oysters or wagyu beef that was on offer.

**The PRESIDENT:** The minister has leeway. He has not strayed into the realm of irrelevance yet.

**The Hon. D.W. RIDGWAY:** Thank you, Mr President. Can I just repeat this sentence: this was the 40<sup>th</sup> year of ATE and there were over 1,400 sellers from 546 tourism companies, along with 600 travel buyers representing 500 companies from 30 countries. Anecdotally, many people commented that the ATE in Adelaide last year was still a standout, as we incorporated the welcome function into Tasting Australia.

I was thrilled to be part of yet another ATE where operators did an exceptional job selling the plethora of unique and high-quality products and experiences our great state has to offer. We know that one of South Australia's major strengths is food and wine and the state again showcased that beautifully. I thank the South Australian industry for making the investment to be involved in this year's ATE and thank Tourism Australia for another fantastic event, as well as the hardworking team at the South Australian Tourism Commission.

*Bills*

**HEALTH CARE (GOVERNANCE) AMENDMENT BILL**

*Second Reading*

Adjourned debate on second reading.

(Continued from 2 May 2019.)

**The Hon. K.J. MAHER (Leader of the Opposition) (15:26):** I rise to speak on the Health Care (Governance) Amendment Bill 2019 and indicate that I will be the lead speaker for the opposition on this bill. The Liberals promised the people of South Australia dramatic action on health, but the result of the past 14 months has been cuts, closures, privatisations, stuff-ups and more bureaucracy.

This minister, in an unprecedented way, appointed corporate liquidators to be in charge of running two of our largest hospitals. He has given them the task of cutting \$420 million over the next two years, including cutting 170 hospital beds from these two hospitals. But the big winners have been the corporate liquidators themselves. KordaMentha has already cost the government in excess of \$23 million and that is just until June this year, with tens of millions of dollars in taxpayers' funds in contracts likely to come.

The minister has already closed beds in our hospitals, including 25 at Hampstead, 16 at the Flinders Medical Centre and 10 at Glenside. The minister has announced a plan to sack 200 hardworking staff at SA Pathology and in 11 months is setting up to privatise the service and sell off the essential service for diagnosing South Australians to the highest bidder, all because he cannot stand up to the Treasurer and make sure that these important public services stay in public hands.

The health minister has cut a swathe through programs, closing SHINE SA clinics, closing the Centacare Cheltenham Place service and cutting all funding to the Consumer Health Alliance to represent patients. Despite these cuts to front-line health services, the priority of this minister is to invest more in bureaucrats and highly paid board members. That is his priority.

Last year, this council considered the prequel to this bill: the government's creation of 10 new boards and whole new bureaucracies and fiefdoms to run hospitals. When the budget was handed down in September, we saw how much these boards were going to cost: a massive \$14.7 million over the forward estimates. To put that into perspective, that is about \$4 million more than the entire non-government drug and alcohol sector receives per annum from the government—per annum from the government.

All this \$14.7 million is providing South Australia is more bureaucracy and more red tape, resulting in less money to spend on doctors and nurses, and this \$14.7 million is just the board fees of the new system. Board members will be paid up to \$80,000 a year for their part-time roles, which adds up exceptionally quickly to a huge amount across the 10 boards the minister is creating. But we also need to factor in the cost of the creation of duplicated bureaucracies across 10 local hospital networks, the cost of extra highly paid bureaucrats across those networks and the transition costs of this shake-up are not included in this \$14.7 million that is being ripped out of front-line services, including doctors and nurses.

That \$14.7 million for board fees could be just the tip of the iceberg with this massive extravagant use of taxpayers' money going into bureaucracy rather than health care. Not a single dollar of this funding will be going to assist doctors, going to assist nurses, or going to assist patients in our hospitals; it will all be going to board fees and bureaucracies.

The original bill that was considered last year contained almost no detail whatsoever about how this new governance system would work in practice. Time and time again during debate and

questioning on the bill, the minister categorised questions involving even a shred of detail as a 'phase 2 question'. He could not answer, he did not have a clue what the answers might be because that is to come later. The minister told us that all would be revealed in early 2019 when the phase 2 bill was introduced following very sensitive consultation with stakeholders. The government promised the chamber that well before 1 July 2019, when the governing boards were due to take effect, we would see a very detailed phase 2 bill setting out exactly how this new system was going to work.

Finally, a few weeks ago, the minister said that the long-awaited phase 2 bill would be introduced into parliament at the start of May, with less than three months and a mere three sitting weeks before the new governance system is supposed to kick in. Of course, unsurprisingly, this legislation that we now have before us represents a complete failure to deliver on the government's promise. There are no details and no costed or well-considered governance reforms. As the AMA puts in its submission, and I quote:

The AMA(SA) is yet to see the strategic intent in the measures to decentralise governance...we are concerned at the absence of any robust research, evidence or modelling with which to assess or demonstrate the likely success, yet more—albeit limited—reforms as outlined in this bill...we cannot find an explanation for what has led to these latest South Australian legislative reforms, or how they support the achievements of SA Health's own vision...we question the readiness of the 'new' to replace the 'old', what will be missed in the meantime, and who will be accountable for errors that may occur.

That is the quote from the AMA. We are told that much of what remains will be resolved in the regulations, an assurance, quite understandably, that so many of the stakeholders have been unwilling to accept from this minister who promised exactly the same thing last time: that we would see the detail this time and it is not there.

There was very little consultation with stakeholders, with the closing date for stakeholder feedback to the government being just one day prior to the bill being introduced. The government cannot expect stakeholders and the public to believe that in the course of one day the government considered the feedback from stakeholders, achieved amendments to the draft of the bill, brought the bill through their cabinet and their party room, and then introduced the bill. The minister would have us believe that all of this occurred in the space of 24 hours. It shows what absolute farcical nonsense the consultation from this minister was, and it is a far, far cry from the extensive consultation promised by the government last year and is reflected in so many stakeholder concerns.

We can have a look at what has made it into the bill. There are some very significant issues. The government is attempting to sneak in a winding back protection against board members' conflicts of interest. These boards will be in charge of the largest amounts of taxpayers' funds of any government boards in the state. The importance on the probity and the protection against conflicts of interest should be paramount.

One of these amendments would mean that board members would no longer have to report in the minutes when they have a conflict of interest. This would mean the public would have absolutely no idea what matter a particular board member considered a conflict of interest. While the government says the board conflicts would be issued in a separate register, they are not also able to be provided in the minutes at hand. It is a massive weakening of the transparency of this legislation.

The public deserves to know if a board member has a conflict with a particular contract or a particular construction project or a particular outsourcing that might occur. If the minister's proposed amendment were to proceed, then we would be entirely relying on the trust of the board member that the right actions were taken to deal with the conflict. Members of parliament are required to declare such conflicts. Members of local government are required to declare such conflicts. Why should members of the Central Adelaide Local Health Network, which will have a billion-dollar budget, not be required to declare such conflicts?

Bizarrely, this was a protection that the minister himself included when the bill was first considered by this chamber. This attempt at reduced transparency is happening at the same time as the government is trying to reduce another area of probity by broadening the category of people who can be board members. The government is also attempting to weaken the eligibility requirements of board members, removing a protection where people who have provided services to the local health

network could not also be on the board. This is a potential way for a massive opening of conflicts of interest.

Under the government's proposed weakening clause, you could have a member of a private pathology company providing the newly privatised pathology services to a local health network who could also sit on the board or even be the chair of that board, and in combination with the government's other amendment it would not be minuted that there was such a conflict. It is ridiculous. You could have a consultant working for a company with a multimillion-dollar contract with that particular local health network. You could have an executive of a company that provides outsourced catering services also serving on the board. It allows for significant conflicts of interest and such situations should be very obvious.

These amendments are a blatant attempt to increase the likelihood of a conflict of interest arising, while simultaneously removing the public's ability to scrutinise such potential conflicts. This approach stands in stark contrast to the health minister's comments during debate of the first governance bill where he said:

I would urge members not to create conflicts of interest problems, probity issues, for the boards.

We are strongly opposed to these sections of the bill that will weaken probity, transparency and accountability and potentially create substantial risks for taxpayers down the track when dealing with billions of dollars that the health boards will be in charge of.

But the government is not stopping there. The minister's drive to remove accountability and transparency in regard to the health system goes on. The government is also planning on axing the Health Performance Council through this bill. This is the body that sits atop the SA Health system and, importantly, provides independence, oversight, reporting to parliament and the view of the entire healthcare system for South Australia, not just hospitals.

The minister is proposing to take away one of the only bodies dedicated to considering and providing advice on the South Australian health system from a holistic and long-term perspective. There is no replacement in this legislation the minister is proposing. While he talks about something he calls a commission for innovation he seeks to create, this will not be independent. It will not have to provide reports to parliament, it will not provide oversight of the system and it will not have an entire view of the healthcare system of South Australia.

The minister is asking parliament to take out an independent statutory body that reports to parliament and replace it with something he will set up as an office within his department with no independence and no legislative backing. As SACOSS states in its submission:

...dissolving the Council will remove a crucial piece of architecture...[and] will reduce the accountability of the health system because there will no longer be an independent body...identifying and tracking emerging issues...we do not accept that the Commission on Excellence and Innovation in Health is a replacement for the Health Performance Council as its functions, independence and authority are yet to be defined.

The Health Performance Council itself wrote to the minister warning that 'a picture of health system performance that only draws on public hospital activity is incomplete'. This would be a retrograde step by the minister and a clear attempt to remove an avenue of independent oversight and monitoring of the performance of the health system. We strongly oppose the removal of the Health Performance Council. If anything, we should be looking at ways to improve the accountability and oversight through the council, not abolishing it and replacing it with an office within the minister's department. In one way we thank the minister for bringing this to our attention because it gives us an opportunity to consider how to strengthen this.

One of the big issues that remains unaddressed since the last time we discussed the Health Care Act is what happens when there is a dispute between the local health network board and the department. The minister's second bill includes very little detail on what will happen in the event of a dispute between the chief executive of SA Health and the boards over funding priorities and service level agreements. This is an issue SACOSS raised with the government in their feedback on the bill.

Interestingly, the interim board chair of the Southern Adelaide Local Health Network, Mr Mark Butcher, appointed by the minister himself, wrote to the minister advising that there should be additional detail surrounding service level agreements to 'specify the volume, scope and standard of

service provided' by SA Health to a local health network. It is telling that the government has chosen not to act on the suggestions of one of its own board chairs. The government's response to these concerns and suggestions seems to be, 'It's not going to get to that stage,' which stands in stark contrast to the minister's previous stance of legislating for the worst potential outcome when he was in opposition.

There also appears to be an unresolved contention around keeping the chief executive of SA Health as an employer of staff. This is another matter where Southern Adelaide Local Health Network board chair raised concerns with the minister, warning:

...retention of the CE SA Health as the employing authority poses a risk to an LHN's Governing Board's ability to deliver their legislated functions...[and] may present a tension for the CE SA Health.

It is also unclear who is meant to be negotiating enterprise bargaining agreements with staff. This was a question that was taken on notice during our briefings and as yet has not been answered by the government. This will need to be answered before the bill can progress.

Running in tandem with this bill is a process of radically reshaping the governance structure of Country Health SA, including the splitting of the entire country health services into six separate systems. There is a huge lack of clarity around what will happen with Country Health, including how contracts and funding arrangements will work under the new system and how much power Country Health boards will really have. As the College of Nursing has said:

...the capacity of some smaller rural Local Health Networks to function effectively may be threatened by a reduced economy of scale and a smaller skills pool.

From the proposals released so far, it looks like most of the existing staff in Country Health will simply be couched under the new label of 'rural support service'—staff who will stay in the CBD and not actually under the control of the board.

Furthermore, it is unclear what role country health advisory councils will play in the future. It appears the answer is being left in the hands of each individual country board, with no guarantees being provided by the government as to their continued operation. Again, this is another question we will have to have clarity from the minister on before we can go much further with the bill. This all feels like a recipe for conflict and confusion for our regional health systems, and it is hard to see how this can result in better patient outcomes.

In relation to stakeholder feedback, there are plenty of issues with this bill and the broader impacts of the health governance reform agenda, and many people are not happy. There is a coalition of organisations that were so dissatisfied with the lack of detail in the bill that they have written to many Legislative Councillors with suggested amendments. Those stakeholders include the South Australian Council of Social Service, the Health Consumers Alliance of SA, the Mental Health Coalition of SA, Aboriginal Health Council SA, SA Network of Drug and Alcohol Services, Australian Health Promotion Association SA, Public Health Association of Australia (SA), Lived Experience Leadership and Advocacy Network and Australian Association of Social Workers SA.

These organisations have released a joint statement raising serious concerns and recommending a range of changes the government should make to the bill. The suggestions coming out of the joint statement are all aimed at increasing performance, transparency and accountability within the proposed new governance system. The signatories to the joint statement want to keep the Health Performance Council, arguing that if the government wants to replace the council they should bring legislation to the parliament and present an alternative instead of just the abolition.

They want to give consumers an independent voice, a much-needed reform considering the government's \$1.5 million cuts to the Health Consumers Alliance. They seek to amend the functions of the chief executive of the boards and put a requirement on service level agreements to include community consultation.

The signatories also want to see attempts at reducing accountability and transparency stopped. These stakeholders also want to see the statutory enshrining of the Mental Health Commission of South Australia. The government is attempting to abolish this commission after having interstate consultants write a report recommending its axing, followed by not much of a

stakeholder engagement process. This, of course, was a body the minister himself pushed to create that he is now proposing to axe.

The opposition commends SACOSS and the other organisations for coming forward with these valuable suggestions. We will be considering the suggestions put forward by these organisations in detail and considering amendments that might be of assistance in making what is a bad reform a little bit better.

In conclusion, these reforms will cost many millions of dollars, add layers of bureaucracy and will achieve nothing in terms of improving patient outcomes. As some of the expert organisations have said, there is no evidence that these reforms will deliver an increase in clinical and local engagement. The entire exercise is a folly, a waste of money, with resources taken away from where they are truly needed: doctors and nurses on the ground.

While we may support amendments to make a bad bill a little bit better, the opposition will not be supporting the bill. Instead, we urge the minister to stop wasting money on bureaucracy and instead put it into where it is needed in our health system, given the inadequacies of what we have seen with the minister in this winter period.

**The Hon. T.A. FRANKS (15:46):** I rise on behalf of the Greens to put our position on the Health Care (Governance) Amendment Bill 2019. The bill, of course, is the second tranche, as minister Wade so often referred to it in the previous debate, of a two-stage plan to reform the Health Care Act 2008. It revises the functions of the chief executive of the Department for Health and Wellbeing and it includes provisions for service agreements between the chief executive of the Department for Health and Wellbeing and the local health networks and the SA Ambulance Service.

The bill also dissolves the Health Performance Council once the commission on excellence and innovation in health is established. It makes provision for the annual reporting and transfer of assets for the metropolitan governing councils that will be dissolved on 1 July this year. It reflects the new governance and accountability framework for the public health system or clarifies that intent and removes—or will attempt to remove, because I think that might be a little hopeful—some of the disclosure requirements that were introduced and amended in the stage 1 bill regarding conflict of interest being noted in the minutes of boards.

The Greens have consulted as widely as we have been able to in the limited time frame and note that we also were part of this morning's stakeholder briefing that was organised by SACOSS and the Health Consumers Alliance, as well as other groups including the AMA, the Australian Association of Social Workers, SANDAS, the Mental Health Coalition, the Public Health Association, the Lived Experience Network leadership group and Health Promotion. I note that the minister ensured that he had a representative at that meeting as well. It was attended by representatives of all parties represented in this chamber.

On reflection, I think that meeting is probably where I will start and express some disappointment at the lack of in-depth consultation that has occurred to get us to this stage. In terms of time frames and the correspondence that we have received, I think people who were representing various stakeholder groups did feel a time pressure. I note the correspondence from the acting chief executive of the AMA (South Australia), Dr John Woodall, to minister Wade, dated 30 April this year, noting the intention to introduce the bill to parliament on 2 May this year, only a few days later.

In that correspondence I think it would be gilding the lily a little too much to say that there is widespread dissatisfaction from the stakeholders with the general intent of the bill, but rather the processes and some of the fine details of the bill are what has caused the angst. In that correspondence from the AMA (South Australia) they have noted that they are pleased that the minister has chosen to appoint Professor Paddy Phillips, who is currently the Chief Medical Officer and (jointly) the Chief Public Health Officer, as the first commissioner to head that proposed commission on excellence and innovation in health.

I would agree with the AMA that it does sound like a very fine thing, but we certainly do not have the detail at this point of the structure, the workings, of that particular commission on excellence and innovation in health. I indicate that the Greens have listened to various stakeholders who have expressed various concerns that perhaps we are putting the cart before the horse if we are to, in this bill, abolish the Health Performance Council without seeing how what it will be replaced with is set to



operate and without understanding fully whether or not the two are both complementary, which would be a useful exercise.

In that correspondence, dated 30 April, I note that the acting chief executive of the AMA (South Australia) has also noted:

We would also be concerned if the Commissioner were to report solely to the CEO of SA Health, and not have direct access to the Minister. Similarly, we would query the value of a Commission that was able to report only on the public system and not include an overview of the private system and its interactions with (and resulting impacts on) the public system.

With regard then to the dissolution of the Health Performance Council, it states:

The AMA(SA) is concerned that in abolishing the Health Performance Council the Bill will eliminate the independent and objective oversight of the system the Council has provided since 2008. The AMA(SA) has in the past supported the Council as an independent body that investigates, gathers data and provides recommendations for change. We believe it is vital for our health system that we have in this state an independent body that can investigate and assess the performance of the state's health systems—and that can do so without fear of retribution.

The Council has additionally proven its value in examining the pieces of the health system—public and private, state and national, primary and tertiary—and the issues within it. It has also performed the role of examining the impact of programs that start and stop; to measure their success; and to pinpoint reasons, such as limited access to data or the absence of measurable targets, that such measurement may not be possible. We note, for example, that in its most recent report to you [meaning the minister] tabled in parliament on 4 April 2019, the Council offered advice, including that in many cases the data it sought to monitor and evaluate services was not available—including data that reported health cut outcomes, including patient-reported outcomes that arise from services in public and private sectors, to inform clinical improvement and policymaking. This is an onerous omission in an era when data is increasingly seen as essential to developing and guiding strategy, decision-making and performance monitoring.

I note that in the briefing notes with which we have been provided it has been claimed that the Health Performance Council's remit and output is largely already duplicated elsewhere, but I am certainly not yet convinced of that and we would want to see more about the commission that is proposed before abandoning the current mechanisms without an informed debate. I note also that the AMA goes on in that correspondence, stating:

The AMA wishes to ensure that the independent, objective oversight of the system the Council has provided will continue as a mandated element of the new Commission. We agree with its advice to you that the new governance framework should clearly (describe) how the new governing boards must work to ensure their governance reflects all dimensions of quality and safety and access and equity within their local health networks and collectively across the health system for all consumers and communities.

On that, the AMA also goes on to express some concern with, I guess, not being consulted in a timely fashion. It is unfortunate when we get to a point where bills such as this come before this place with stakeholders still very keen to have their voices heard by all members of this council because they feel that they have not been listened to and that their cautions and concerns have not been addressed. In some cases they may well be incorrect in that assumption, but in some cases it appears that we are putting the cart before the horse. Until there is more detail on this commission on excellence and innovation the Greens will not be supporting the abolition of the Health Performance Council.

I note also some of the government proposals to reduce some accountability and transparency about conflict of interest where decisions are made by ensuring that there is not just the declaration of those conflicts of interest on a register but that it is recorded in the minutes where the decisions of those conflicts of interest are most relevant. We will certainly vote to support the continuation of those protections and safeguards to ensure that conflicts of interest are transparent.

I have also received correspondence, which is a copy of a letter to the Minister for Health and Wellbeing, from the aforementioned Health Performance Council's chair, Mr Steve Tully. It notes that on 6 May this year, after the bill was tabled, the council, meaning the Health Performance Council:

The council understands and supports the government's commitment to devolve accountability and responsibility for local health service delivery to the community level. This is an ambitious program of work to restructure the South Australian public health system including provisions for service agreements with local health networks and tightly focusing the role of the chief executive of the Department for Health and Wellbeing.

The council sees many opportunities, and is working to contribute to your government's efforts to provide quality care for all South Australians. In its current form, the bill focuses too narrowly on public health services and a process perspective rather than a population wide and whole of health systems perspective. This will be to the detriment of understanding all-of-SA population health outcomes. A picture of health system performance that only draws on public hospital activity is incomplete, and may be misleading. In our role under our Act, the council advises you on significant trends in the health status of South Australians and considers future priorities for the health systems in South Australia. This whole of system approach can identify movements in health outcomes, including trends that relate to particular illnesses or population groups; as well as reviewing the performance of the various health systems established within the State. For example, in the latest 4-yearly report (December 2018) patient movement between the public and private health systems remains a huge data blind spot in South Australia, and oversight is important to ensure that the SA population is adequately and safely served.

The letter goes on to put the case, I think, that is supportive of the government's intent but perhaps issuing a level of concern that we do not act in haste and repent at leisure. Again, that underscores the Greens' intention that we will not support moves to abolish the Health Performance Council until we see what is to be put in its place in greater detail, and even then reserve our rights should those two roles in fact be complementary and positive for our health outcomes rather than detrimental.

The previous speaker from the opposition outlined some of the concerns that have been raised by many in the sector. It would be safe to say that the consumer voice is one where there are grave reservations and that by devolving the system, as we have done, the consumer voice may well be lost. I understand the minister believes that it will be picked up at those local levels but the Greens do not have faith that this will happen, and we will, in this debate, seek to ensure that there is a supported and structural consumer voice in our health system that is independent and resourced, as we would expect of a 21<sup>st</sup> century health system.

The time has long passed where consumers were treated as simply the recipients of a health service. We know that the consumer voice is vital to ensuring the best health services possible and that that voice has to be well resourced, respected, entrenched and embedded in our system.

Finally, there were grave concerns raised about the proposed abolition of the Mental Health Commission, and I echo those concerns. That is not actually embedded within this bill, but it should be part of the framework of our discussions and debates as we proceed through the committee stage of this piece of legislation.

All stakeholders at the meeting held this morning expressed their support for the continuation of the Mental Health Commission. Certainly, I would ask at this point if the minister could respond with some rationale as to why the Mental Health Commission is being disbanded and in what format that consultation process was taken. We were told at the meeting today that it was a consultant who wrote a report.

I have not seen significant dissatisfaction with the work of the commission raised in any public fora, and certainly not raised in this place. My personal experience of working with the commission has been that it has been very much a value-add to our system, and with the NDIS fast approaching—and what we know will not accommodate, particularly, mental health consumers with the new system coming in—I think it is time for more voices and those expert voices in mental health, rather than fewer.

With those few words, I indicate the Greens will be supporting the thrust of this bill. We understand that other members of the crossbench are not ready to proceed this week but will be ready in the near future. We look forward to the committee stage. We will not be supporting all of the clauses of the bill, but we certainly will not be opposing the general thrust of the devolution of the health services. That is something that was an argument of the last tranche, if you like, tranche 1. In tranche 2 I think we should focus on getting this right, and if we need tranche 3, then so be it.

Debate adjourned on motion of Hon. J.E. Hanson.

## **CONTROLLED SUBSTANCES (YOUTH TREATMENT ORDERS) AMENDMENT BILL**

*Committee Stage*

In committee.

(Continued from 6 December 2018.)

Clause 1.

**The CHAIR:** Before I give the minister the call, I advise that there is an amendment to clause 1, amendment No. 1 [Bonaros-1], which seeks to change the short title of the bill.

**The Hon. S.G. WADE:** I indicate to the council that it is my intention that the committee consider clauses 1 to 6 inclusive, which I understand would pick up both an amendment by the Hon. Connie Bonaros at clause 1 and also, I think, an amendment by the Hon. Kyam Maher at clause 2, and then report progress. It is my understanding that a number of members would like to further consider amendments put by the government. If it would be of assistance to the council, I thought I would give some context to those amendments.

The Guardian for Children and Young People, Ms Wright, has had continued interest in the bill and circulated a letter on 8 February to members of both houses, which included a document authored by the Castan Centre for Human Rights Law. The government has given careful and close consideration to all feedback received on the bill, including that from the guardian, particularly in formulating a set of amendments to the bill that were filed in this house on 29 November; in other words, before the letter of 8 February.

In response to the comments in the Castan Centre document, I ask members of this council to note that the government's amendments make it clear that assessment, treatment and detention orders are a measure of last resort and, in the case of a detention order, must be for the shortest period appropriate and be reviewed by the court at predetermined intervals. This is found in amendments Nos 18, 27 and 32.

Also, in amendment No. 9 the paramount consideration must always be the best interests of the child. The child is to have the assistance or representation of an advocate, including a legal practitioner, if desired. The court generally cannot proceed to make an order unless satisfied that this is the case, which is in amendment No. 34.

I also ask members to note the extension of the regulation-making power proposed in amendment No. 63, particularly the power to require assessment, treatment and detention facilities to comply with prescribed agreements, codes or charters or obtain specified types of accreditation. Amongst other things, should this bill pass, the government will consider making regulations requiring compliance with international and other agreements related to child protection or general human rights instruments affecting children.

Also, as the guardian identified in her email to all members, state authorities are already obliged under section 5 of the Children and Young People (Oversight and Advocacy Bodies) Act 2016 to adhere to these agreements and instruments.

The government has filed a second set of amendments to the bill to attempt to further address concerns expressed by the guardian and other stakeholders. Amendment No. 1 in that second set will make it clear that assessments of children and young people must be undertaken by medical practitioners. This will ensure that the assessment is conducted with the benefit of the skills of a qualified medical practitioner and in compliance with relevant professional obligations applying to medical practitioners.

Amendment No. 2 will require the Youth Court to be provided with an appropriate care and treatment plan before it makes a treatment order in respect of a child or young person, so the court knows what treatment is proposed for the child or young person.

Amendment No. 3 makes it clear that, unless a child or young person is already in the youth training centre, the child or young person cannot be detained for the purposes of an assessment or treatment order other than in an accredited assessment or treatment service. This reflects the reality that some of these children and young people will already be in the youth training centre when orders are made under this legislation.

The government has also decided to support some amendments filed by the Hon. Ms Bonaros on 26 February 2019. These amendments are for the purpose of providing the child or young person with government-funded legal representation in proceedings before the Youth

Court under new part 7A and also if they wish to appeal against the order of the Youth Court. Appeals are to the Supreme Court under section 22 of the Youth Court Act.

In relation to amendment No. 18, it has been suggested the application of youth treatment orders to those already detained in the youth training centre is discriminatory. It is the government's view that the bill is not discriminatory. The bill does not establish any new criminal sanctions or impose additional penalties on children and young people who are subject to detention in a training centre. It provides added scope to order medical assessment and appropriate therapeutic treatment where specialist clinicians judge that this is required. I again thank the guardian for her comments, and I look forward to her continued contributions and those of other stakeholders in the future.

**The CHAIR:** The Hon. Ms Bonaros, do you wish to move your amendment?

**The Hon. C. BONAROS:** Yes, Chair. I intend to use this as a test clause, obviously, for the next six amendments, so I can speak to them all now, if you like. Can I move the amendment standing in my name and speak to all six amendments?

**The CHAIR:** Yes, that is fine.

**The Hon. C. BONAROS:** I move:

Amendment No 1 [Bonaros-1]—

Page 2, line 4—Delete 'Youth'

The proposed amendment, as I said, is a test clause for the first set of amendments, and so to that end I will speak to them as a package. It seeks to delete the word 'youth' from the bill and thereby broaden the scope of the bill to minors and adults alike. SA-Best's position with respect to mandatory drug rehabilitation has been on the record for a long time. We remain committed to voluntary and involuntary assessments, treatments and rehabilitation as important elements of a suite of measures to tackle drug dependency head on.

It is our policy that this bill should provide assessment and treatment to people of all ages with controlled drug dependency problems, and not just youth. It is our long-held policy that courts should have the ability to make assessment, treatment and detention orders for people of any age, again including our youth. We certainly support the courts being able to order a person of any age to attend a nominated assessment or treatment service and to make a detention order in the manner that has been described by the minister should that person not comply with the assessment and/or treatment order.

I think it is important to point out that we make no apology for the policy position that we take. We do not support the argument that mandatory drug rehab fails to treat drug addiction or dependence as a health issue but only as a criminal issue. In an ideal world, people with drug dependency would seek treatment themselves, and many eventually do. I absolutely acknowledge the complete lack of voluntary services that do exist and the impact that that has on individuals who are seeking assistance, and I do not think that these amendments undermine that in any way. If anything, what we are trying to do is ensure that we have adequate services, both voluntary and mandatory.

As I said, in an ideal world, people with drug dependency would seek treatment themselves, and many eventually do, but we do not live in an ideal world; we live in a world—and indeed a state—where drug addiction is rife. As I have said before, Adelaide and our major town centres continue to have the unenviable title of 'ice capitals' of Australia, and our children are not immune from those challenges.

It terrifies me as a parent that there will come a day when my child, like everybody else's children, will inevitably be faced with trying life-threatening drugs. It terrifies me as a parent that if my child takes that road and is unable to accept or recognise offers of help, I as their parent, as their mum, will not be in a position to put forward a case for mandatory drug rehab. I know that fear. I am acutely aware, as other members no doubt are, of the perils of drug use and, by extension, drug addiction.

The amendment seeks to empower those who want help to seek orders for treatment for the drug dependent person who is unlikely to seek this themselves. I think that there are circumstances

where it is the only form of circuit-breaker that is available to families who are struggling with somebody with a drug dependence or addiction.

I am mindful of using the term 'addiction' because I know we have recently had some stakeholders come in and tell us about the stigma associated with language use in this area. Certainly, while it is easy to use 'addiction'—it rolls off the tongue—there is a move towards using 'dependence', so I am trying very hard to refer to this non-stigmatised terminology in this contribution.

As I said during my second reading contribution, we recognise that young people in particular need specialist drug assessment and treatment services. As I understand it, it is for that reason, and the minister can confirm this, that the Youth Court not only supported the policy proposed by the Liberal government but suggested that judges be able to refer youth for mandatory treatment. It is a tool that I think has been lacking in our jurisdiction, and in the Youth Court jurisdiction, for a very long time and one that would have benefited many who passed through the doors of that court up until this time.

As I have alluded to, it is not just our youth who sometimes require that sort of circuit-breaker. I will talk to the issue of treatment facilities when we come to it. I know the minister has alluded to it. When it comes to treatment, mandatory or otherwise, it remains our position that those treatments should be provided in appropriately well-resourced treatment facilities and not detention centres, so I am pleased that the government has seen fit to pick up on that and support the amendments to that effect.

I think it is important to note on that front that this is not an opportunity to lock a minor up at Cavan and hope that somehow their drug addiction will miraculously be dealt with. The government will be responsible for ensuring minors are provided appropriate treatment at appropriate and well-resourced treatment facilities, including residential and non-residential facilities, and our hope is that we would at least consider the merits of that same principle applying to our adult population with drug dependence issues.

With an increased proportion of treatment episodes being provided to older people, that is, people who are 40-plus, it is critical that people of all ages have access to high-quality accredited assessment and treatment options, including residential and non-residential treatment and rehab services, and it is absolutely critical that the government properly resources those services now in readiness for the commencement of this bill, whatever form it ultimately takes.

We have talked previously about the Swedish model. Sweden is one of a dozen European countries that have made drug rehab treatment and detoxification programs, to which their courts can mandatorily divert people, a key element of their drug strategies. As I have said before, Sweden's program is stringent but one in which people are helped in terms of their drug use. Importantly, the emphasis is on getting people off drugs quickly and, therefore, permanently. It is a striking example of what can be achieved when drug abuse is tackled with strong, decisive and targeted policies.

Of course, direct, adequate and, most importantly, prioritised government funding is key to the success of any such strategy. Again, I remind honourable members that we have the unenviable title of methamphetamine and ice capital of Australia. SA-Best's position is that this alone ought to be evidence enough of why we must support these measures and why we must do more to tackle head-on the war on drugs and addiction.

On that note, I would like to remind members that New South Wales Labor recently announced its drug policy, which would give police and health professionals the power to refer patients to compulsory assessment and treatment, and that is something that we certainly will watch keenly. Again, this is a test clause for the first six of the amendments that I am moving, and I look forward to hearing from honourable members in that respect.

**The Hon. S.G. WADE:** I thank the Hon. Connie Bonaros for her amendment. The government will not be supporting this amendment. This bill gives effect to the government's commitment to provide the option of court-ordered assessment and treatment for children and young people with drug dependency problems who refuse to seek treatment voluntarily, where there may be a danger to themselves or others and where no other appropriate and less restrictive means are available.

Adult drug dependency is no less serious a problem than youth drug dependency; however, requiring a person to attend mandatory assessment and treatment for their drug dependency is itself a serious step and one that this government considers should extend only to the most vulnerable in society.

The government acknowledges that children and young people are less able to take care of themselves and less able to appreciate the need to do so. Adults, by contrast, are more likely to have the reasoning faculties to understand that they have a drug problem and to determine for themselves that they ought to obtain appropriate treatment for that problem.

The bill reflects parental and community recognition of the need for early intervention to address substance abuse. Evidence from experts suggests that early onset or frequent substance use during childhood and adolescence increases the risk of developing mental health problems, as well as a range of other adverse outcomes such as educational underachievement, health problems and social difficulties during later adolescence and early adulthood.

The honourable member refers to mandatory treatment for adults overseas and there are examples of mandatory treatment for adults being explored in Australia. At this stage, whilst the government would not support the extension of this bill to cover adults, this is an opportunity for us to look at the operation of mandatory treatment in relation to children and young people.

The bill itself has a three-year review clause. Considering that there are mandatory treatment models being explored elsewhere in Australia—and this is for adults—at that three-year review point, the parliament will have an opportunity to consider the outcomes from this bill and consider the option of extending it to adults. For these reasons, the government is determined that at this stage, given the finite financial resources, only to support a bill which is limited to youth treatment orders.

**The Hon. K.J. MAHER:** I rise to indicate that the opposition will not be supporting the amendments that seek to collectively expand the bill to apply to adults. The opposition feels that proper research, planning and consultation should be undertaken before promoting such a broadly expanded treatment order regime which would ultimately change the nature of the bill. I might also foreshadow, for the benefit of the committee, that once we consider the amendment I have questions on clause 1 itself that I will ask after the amendment has been considered.

**The Hon. J.A. DARLEY:** For the record, I indicate that I will not be supporting these amendments.

**The Hon. T.A. FRANKS:** For the record, the Greens will not be supporting this amendment. We oppose this bill. It simply makes a bad bill broader and, therefore, we will oppose it.

Amendment negated.

**The Hon. K.J. MAHER:** My question to the minister is: how many children does the government anticipate will be covered by these orders per year?

**The Hon. S.G. WADE:** I feel a touch of *deja vu* coming upon me. As I indicated to the honourable member in December, it depends on the model of care.

**The Hon. K.J. MAHER:** My next question is—and we shall have *deja vu* all over again perhaps—what is the model of care that is being anticipated? In this chamber and this parliament, we are being asked to pass a bill that has significant consequences and impacts on the lives of people. So I think the minister owes it to this chamber and to those who are going to be discussing and voting on this bill to outline what the model of care he anticipates will be. How on earth can we properly consider a bill if he will not do that?

**The Hon. S.G. WADE:** What the parliament is being asked to do is to put in place a statutory framework within which a model of care can be developed. The assurances by the Labor opposition in December last year that they would be supporting the passage of the legislation, which we appreciated, gave assurance to the government that the statutory framework will be supported.

Since then the government has established an interagency working group, which is developing a model of care. At this stage it is anticipating operating completely within the bill. If there are changes to the legislation in this place, in the other place or collectively by this parliament then

that will be accommodated as they continue to develop a robust, safe and effective youth treatment orders model.

**The Hon. T.A. FRANKS:** Within the model of care, will the government rule out that young people and children who are subject to the mandatory treatment that this bill will ensure are not housed or accommodated with those young people and children who are in voluntary rehabilitation?

**The Hon. S.G. WADE:** I would stress some points that I made in December. This bill is not about detention, it is about assessment, treatment and detention. I think there will be a lot of valuable outcomes achieved by children and young people being required to undertake assessment. The honourable member's question was: 'Will no child under treatment be housed with young offenders?' for want of a better word.

**The Hon. T.A. Franks:** No, not offenders. What have they done wrong?

**The Hon. S.G. WADE:** Sorry, I was clarifying your question. Your question was: 'Would a person subject to an order under this bill be housed with somebody under youth justice?'

**The Hon. T.A. Franks:** No.

**The Hon. S.G. WADE:** Sorry, I missed the question then. Would you mind restating it?

**The Hon. T.A. FRANKS:** To reiterate my question, my concern is that young people and children who are voluntarily undertaking rehabilitation programs will be housed with those who are not willing to be there and have been made to do so mandatorily. In particular, my concern is that, by co-locating a child who is there voluntarily and a child who is not willingly there, you actually put those children in danger, particularly the child who is there voluntarily.

**The Hon. S.G. WADE:** In the development of the model of care issues such as this will be considered. The model of care will seek to link voluntary services. The goal will always be to have a young person, and in due course an adult, take responsibility to move off drug dependency. In terms of whether or not particular services are delivered alone or in the presence of people who are there voluntarily is a matter that would be part of the structure of the model of care and managed by clinicians in the individual case of the child or young person.

**The Hon. T.A. FRANKS:** One would have thought that is a threshold question that should have been addressed and that we should have a response to by now. How will the safety of those who are in this voluntary treatment be ensured alongside children who are there unwillingly?

**The Hon. S.G. WADE:** With all due respect, I do not agree that it is something you would expect to see in a statute. To me, it is the sort of thing that you would expect to see in a model of care, and that is what the interagency working group is working on.

**The Hon. K.J. MAHER:** Can I clarify this with the minister: did the minister say, in response to my first question, that the working group started working on the model of care in December? Did I hear that correctly?

**The Hon. S.G. WADE:** I think I said since December.

**The Hon. K.J. MAHER:** When did the working group start working on this model of care issue?

**The Hon. S.G. WADE:** I am advised that the working group first met in March.

**The Hon. T.A. FRANKS:** How many meetings has the working group undertaken? Who are the members of the working group? Have any recommendations been made so far to the minister? What issues have been considered so far, given that putting kids who are there willingly with kids who are not has not been considered?

**The Hon. S.G. WADE:** I am advised that there have been two meetings of the interagency working group to this point. The interagency working group consists of key government agencies whose input will assist in developing a robust, safe and effective youth treatment orders model. These agencies will either be directly responsible for implementing the program or represent those most impacted by this new policy.

The group has participation from a range of departments, including the Attorney-General's Department, South Australia Police, the Department for Child Protection, the Department for Education, the Courts Administration Authority, the Department of Human Services (Youth Justice), the Department of Human Services (Disability SA) and the Department of the Premier and Cabinet (Aboriginal Affairs and Reconciliation). SA Health is represented on the group by Drug and Alcohol Services South Australia, the Child and Adolescent Mental Health Service (Women and Children's Health Network) and the Office of the Chief Psychiatrist.

In terms of the sorts of issues that the group is considering, the interagency working group will provide advice to the government on an agreed model of care for youth treatment orders in South Australia, drafting instructions for any legislative amendments and regulations that support the operation of youth treatment orders, a thorough risk assessment with risk mitigation strategies, an evaluation framework, project implementation plan and so forth.

**The Hon. K.J. MAHER:** To make sure I heard it correctly, can the minister confirm that this working group was formed in March of last year and that they have held two meetings?

**The Hon. S.G. WADE:** Sorry, I was suggesting that the group was established in March this year.

**The Hon. K.J. MAHER:** The group was established in March of this year, so has been operational for only two months; is that correct?

**The Hon. S.G. WADE:** That is correct. It is now May.

**The Hon. K.J. MAHER:** Is the minister telling the chamber that we have discussed the bill over a period of many months, that the model of care has been something that has been requested by people in this chamber and in briefings previously over many months, and this was very urgent back in December, yet the minister and his department have waited until March of this year to do anything about bringing experts together to discuss the model of care, having known all along that this was such an important issue? Why has the minister delayed this for so long?

**The Hon. S.G. WADE:** I think it is extraordinary that the opposition would criticise the government for delay, considering that it was the opposition that was toying with the idea of sending this off to a select committee, which would have meant another year or two of delay. Of course, once we had the confirmation from a public statement by a member of the opposition that the bill would be supported we were able to start the process of establishing an interagency working group. The fact that that indication of support was in December, the process of establishing the interagency working group—both consideration by cabinet and consultation with departments as to the members of that working group—to me seems quite orderly.

**The Hon. K.J. MAHER:** Is the minister telling this chamber that it takes four months to set up an interagency working group for something as important as the model of care under this bill?

**The Hon. S.G. WADE:** That seems more like a comment than a question.

**The Hon. K.J. MAHER:** Does the minister expect everyone else to really believe that he takes this bill seriously when he said he has been considering this issue over a long period, it was an election commitment, yet he waits four months before doing anything about setting up a working group on the model of care?

**The Hon. C. BONAROS:** Can we clarify for the record that the time frame for the implementation of that model of care has been two years; is that correct?

**The Hon. S.G. WADE:** I should clarify: the government intends that the interagency working group would develop a model of care, which would then be subject to consultation with stakeholders. We expect the draft to be ready by the end of this year and that there will be an orderly consultation period after that.

**The Hon. C. BONAROS:** I appreciate the point the member opposite is making. One of the criticisms that has been raised with the minister is obviously the consultation with stakeholder groups. I think during the last debate the minister indicated that we were testing whether this legislation was going to pass the parliament before the government went down the path of undertaking those consultation processes. I understand that is still to be the case, except to the extent that the criticisms



were raised back in December and the minister has sought to bring forward that process and establish the working group. Is that a fair analysis of where we are now?

**The Hon. S.G. WADE:** The government thought it would be most useful to have a consultation with the community and with stakeholders with a starting point for the conversation. That is the reason an interagency working group was established, so that the clinicians and experts in this field can develop a model of care that forms the basis for consultation.

**The Hon. C. BONAROS:** And that model of care that will be the subject of stakeholder consultation—so there will be direct input from stakeholders in relation to this—will consider whatever concerns are raised by stakeholders but will also consider the appropriate treatment rehab facilities that are required to get this project off the ground?

**The Hon. S.G. WADE:** Yes. When we say 'model of care', it involves crafting not only, if you like, the pathways away from drug dependency but also the resources and the facilities that will be required to facilitate that move away from drug dependency.

**The Hon. C. BONAROS:** I do not like to assume anything, but am I right to assume then that, as part of that process, the minister will also be considering issues of voluntary treatment or the lack thereof? I appreciate we are talking about mandatory treatment, but in terms of that consultation process inevitably you would expect that the issue of voluntary rehab services would also be the subject of consultation.

**The Hon. S.G. WADE:** Certainly, the model of care is all about helping young people deal with their drug dependency, so it will need to link to voluntary services to give people a journey out. The model of care will consider the linkage to current voluntary services and the opportunities to develop other voluntary services, but I would indicate that some of the debate around this particular issue has suggested that no action should be taken in relation to mandatory assessment, treatment or detention until all demand for voluntary assessment, treatment and detention has been satiated. We believe that mandatory assessment, treatment and detention is an appropriate tool in a range of tools, voluntary and not voluntary.

**The Hon. T.A. FRANKS:** What consideration has been given by the working group to the continuation of schooling for children engaged in this program? I note that DECD is involved in the working group.

**The Hon. S.G. WADE:** The honourable member is quite correct in highlighting the participation of the Department for Education, and issues such as schooling will be considered.

**The Hon. T.A. FRANKS:** The question was: has it been considered?

**The Hon. S.G. WADE:** I am advised that it has.

**The Hon. T.A. FRANKS:** Can the minister guarantee that any child engaged in this mandatory program will continue with their schooling while they are in whatever treatment orders they are mandatorily put under?

**The Hon. S.G. WADE:** Just to clarify: education 'is' being considered rather than 'has'—'has' would be too past tense. In terms of the role of schooling in the model of care, that will be clear once the interagency working group has completed its work and the draft has been released.

**The Hon. T.A. FRANKS:** How is consideration that schooling will not be continued in any way compliant with our United Nations obligations?

**The Hon. S.G. WADE:** I made it very clear in my opening remarks, as reflected in other statutes of this parliament, that the government will comply with its international human rights obligations.

**The Hon. K.J. MAHER:** Will children already detained in training centres be covered by these orders?

**The Hon. S.G. WADE:** Yes.

**The Hon. K.J. MAHER:** Is there any modelling to suggest how many children that might apply to? Will they be detained in the training centres that they are currently detained in, or will they be detained in other facilities for mandatory detention?

**The Hon. S.G. WADE:** My understanding is that this issue goes directly to the issues raised by the amendments of the Hon. Connie Bonaros. The government, through the bill and through the amendments, will not allow somebody to be detained in a youth training facility for the purpose of mandatory assessment or treatment. They would need to have already been detained under the youth justice laws, but if they are already detained then a mandatory assessment or treatment order can be made in relation to that young person.

**The Hon. K.J. MAHER:** I thank the minister for his answer, and that was going to be my next question but it was not in fact the question that was asked of him. For people who are already detained in training centres, is there a possibility under the government's bill that they will be moved out of training centres under a mandatory detention order under this bill and housed in some other sort of facility?

**The Hon. S.G. WADE:** No, that is not our expectation. If somebody has been subject to youth justice laws and detained accordingly they will continue to be legally detained under youth justice laws, but while they are in custody they may well be also subject to orders under this act.

**The Hon. K.J. MAHER:** For the sake of clarity, I note the minister has used some very specific wording and said that is not his expectation; can he place it on the record that he is ruling out that being a possibility?

**The Hon. S.G. WADE:** As I indicated last year, the government has committed to proclaiming this legislation in two stages. The first stage would only apply to people who were already lawfully detained in a youth training centre and orders could be made in relation to them. In the second stage of the proclamation of this legislation, once passed, a person who became subject to a treatment under this act would not be moved out of the youth training centre on the imposition of an order under this act.

**The Hon. K.J. MAHER:** I thank the minister for giving an unequivocal answer to that. Is there any advice, no matter how indicative it is, of a cost analysis of how much it will cost to implement this bill, and has there been any modelling done or any estimates from other jurisdictions about the cost per child to implement this regime?

**The Hon. S.G. WADE:** There has been some work done on costs in relation to stage 1, but there has not been work done on stage 2.

**The Hon. K.J. MAHER:** Again just to clarify: is the minister saying that there has been work done on the cost of detaining someone who is already in a training centre to continue to be in a training centre, but there has not been any work whatsoever done about the cost of setting up a scheme for the mandatory detention of people who were not in training centres already? Is that what the minister is saying?

**The Hon. S.G. WADE:** I am not saying that there has been no work done. I am sure the interagency working group is discussing a lot of issues. But just to clarify: I do not know whether this was what the honourable member was intending, but it is not my expectation that the, if you like, custodial costs of a young person will transfer from the Department of Human Services to Health, as the health agency. I would only anticipate that the additional costs of the scheme and the delivery of assessment and treatment under this act would fall on the Department for Health and Wellbeing.

**The Hon. K.J. MAHER:** I thank the minister for his answer that there has been work done on the first part of this scheme. Given that that work has been done, can the minister please inform the chamber what the estimate cost per young person is for those already in training centres, not the custodial costs but the costs for delivering these treatment orders?

**The Hon. S.G. WADE:** Considering that we are going to come back to this issue in later committees, I will undertake to take that on notice and advise the council.

**The Hon. K.J. MAHER:** I thank the minister for that. Will the minister also take on notice and bring back, after having made inquiries, whether there has been any work done on stage 2, that

is, those who will be mandatorily detained but not in training centres, and the estimated cost range of detaining young people involuntarily in those facilities, including any costs of new facilities that will need to be built?

**The Hon. S.G. WADE:** I am happy to include that in the advice I bring back.

**The Hon. K.J. MAHER:** Finally on the costings, will the minister also take on notice and bring back whether it has been considered, on what has been represented to us, that the cost of involuntary treatment substantially exceeds that of voluntary treatment, and if that is factored into the models that he is going to bring back the costs of?

**The Hon. S.G. WADE:** I think on that particular question I will not be able to bring back an answer because it completely depends on the model of care. Some of the submissions that have been put in relation to the bill have imagined regimes that are much more complex and expensive than I believe will be established. There is a whole range of possible models. We have mentioned that in some of our earlier debate. I think the Hon. Connie Bonaros referred to different models in Sweden and the like. The cost of an involuntary scheme and the relative cost to a voluntary scheme is completely dependent on the model of care.

**The Hon. C. BONAROS:** Just while we are on the issue of costs, would the minister also be able to confirm at a later point if any aspects of the bill that we are debating are going to be subject to or reliant on commonwealth funding and have there been any commitments for commonwealth funding or, indeed, any discussions with the commonwealth in relation to additional funding to ensure that adequate funding is available?

**The Hon. S.G. WADE:** Certainly there has been no commitment by the commonwealth to fund the implementation of the bill, but the state government does actively seek commonwealth government funding for different drug and alcohol programs.

**The Hon. C. BONAROS:** Can I confirm then for the record that when seeking that funding we will not be seeking funding that has been set aside by the commonwealth for drug and rehab services as a result of the Ice Taskforce and the \$40 million that was secured for drug and alcohol rehab services? What I want to ensure is that that money has been earmarked for voluntary services and that we are not going to be dipping into those funds for this purpose.

**The Hon. S.G. WADE:** I reiterate that the state government is not intending to seek any commonwealth funding to fund the implementation of this model. To answer the honourable member's direct question, that includes the \$40 million that was provided in relation to ice.

**The Hon. K.J. MAHER:** The AMA has been highly concerned that these detention orders may be placing young people with similar drug problems in the same space which, it is represented, is known can further exacerbate addiction issues. What is the government's response to these concerns?

**The Hon. S.G. WADE:** I look forward to the AMA's further consideration of the model of care. I am sure that their consideration will consider those issues, if they arise.

**The Hon. T.A. FRANKS:** The minister will be happy to know that I have almost exhausted my questions. We did touch on this previously, but I am wondering—given that there have been two meetings and that there is a working group now that is discussing these issues—about comorbidity. What about trauma-informed practice, particularly where somebody is self-medicating? Finally, what about alcohol and cigarettes and prescription drugs that are being taken without a prescription? Will all those factors be considered in the model of care?

**The Hon. S.G. WADE:** I thank the honourable member for her question. I would remind the council that the bill would only engage a person who is drug dependent on a controlled substance. The honourable member raises an important point, because it is envisaged that because of the high and complex needs of those likely to be subject to youth treatment orders there will need to be assessment of comorbidity, such as trauma or underlying medical and health issues, that may contribute to the young person's drug use.

That is one of the reasons why the government has made explicit that assessments have to be made by a medical practitioner. It is envisaged that, because of the high and complex needs,

assessments and treatment decisions will be led by a specialist clinician with a high level of clinical expertise in the fields of psychiatry and addiction medicine, including adolescent health, and that assessment and treatment planning will address any trauma or underlying medical and health issues that may contribute to the young person's drug use.

I think this may well, therefore, relate to the discussion we are having in relation to whether or not cannabis should be included. It is not uncommon for a person to be using more than one substance, and so whilst a substance may not be the drug dependency that engages this act, it may well be considered as part of the plan.

Clause passed.

Clause 2.

**The Hon. K.J. MAHER:** I move:

Amendment No 1 [Maher-1]—

Page 2, lines 8 and 9 [clause 2(2)]—Delete subclause (2)

This amendment removes the government's attempt, as they have in a number of bills, to skirt around the usual two-year enactment period for the legislation under the Acts Interpretation Act, that if it has not been assented to it automatically comes into force two years after it has passed. We have seen this amendment appear numerous times over the last 14 months. There seems to be no good reason for it in this bill or, in fact, in the other bills that this amendment has been removed from.

If the government is looking to do what they say they are going to do then there is no problem with this bill coming into force in two years' time. It is only if they are looking to not do what they say they are going to do and get on with the job of implementing the model of care that there would be any reason to go past that two-year date.

**The Hon. S.G. WADE:** It has not been uncommon for governments in the past to have provisions such as this. The government considers that the clause should apply in this bill because it recognises that effective implementation of this legislative reform will require close consultation and collaboration with a range of key health, justice, child protection and non-government service providers and stakeholders.

We want the interagency working group to have time to do its task and further consultation with the community and stakeholders. This will allow the government an opportunity to commence the legislation in two phases: in the first instance applying assessment and treatment orders to young people subject to detention and, in the latter phase, extending to young people with substance dependency problems more generally.

**The Hon. K.J. MAHER:** I think this parliament would be more than willing to consider in a couple of years' time, if there were hold-ups or unforeseen circumstances that meant the legislation could not be enacted, a request for further time to do that, but we see no reason why the usual provision of it automatically coming into force in two years should not apply in this case. It does provide an incentive for the government to actually get on with doing the job and doing what they say they are going to do. Rather than having just two task force meetings since December last year, it gives an incentive for the government to get on with the task.

**The Hon. C. BONAROS:** I am happy to indicate for the record that we will be supporting this amendment.

**The Hon. J.A. DARLEY:** For the record, I will be supporting the opposition's amendment.

**The Hon. T.A. FRANKS:** The Greens will be supporting the opposition's amendment, but we ask the government why they felt it necessary to have this in the commencement provisions?

**The Hon. S.G. WADE:** I have already indicated that. Two years can be arbitrary and we wanted to allow an opportunity for not only the work of the interagency working group but also consultation and implementation. However, I see that the council is attracted to the opposition amendment and I accept that.

Amendment carried; clause as amended passed.

Clauses 3 to 6 passed.

Progress reported; committee to sit again.

**NATIONAL ELECTRICITY (SOUTH AUSTRALIA) (RETAILER RELIABILITY OBLIGATION)  
AMENDMENT BILL**

*Second Reading*

Adjourned debate on second reading.

(Continued from 4 April 2019.)

**The Hon. C.M. SCRIVEN (17:06):** I note that I am the lead speaker for the opposition on this bill. This is a national reform on energy from the COAG Energy Council, so it has been agreed through the COAG process as a national reform. As SA is the lead legislator, the opposition will pass this legislation without amendment. However, there are a few points to note.

First, this is part of the National Energy Guarantee but this legislation has nothing to do with carbon. We know why. It is because the commonwealth government—the Abbott-Turnbull-Morrison government—cannot agree on a carbon policy. It cannot agree on the National Energy Guarantee. It cannot agree on energy policy. It cannot agree on how investment in the energy sector can be generated. Yet, energy is a topic that dominates so many conversations, whether among industry or householders. Businesses and individuals across the country are shaking their heads at the disunity and conflict in the Coalition parties about many matters, but particularly about energy.

The minister has outlined the goals and the expectations the government has for this legislation. The opposition questions many of those assumptions. It is difficult to see how lower prices will result from a massive regulatory burden on shareholders and their capital, on what they do, and how this will incentivise new investment. The government is telling us that there will be more investment in base load generation but without subsidies and without incentives. Apparently, penalties—the big stick, liberally applied potentially—will solve the problem. As I said, the opposition seriously doubts this, but as the legislation has been agreed through the COAG process, we will not oppose it.

**The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (17:08):** I do not think there are any further contributions, so I thank the member opposite for the support from the opposition and the lengthy contribution she has just given us. I thank all members for their patience.

Bill read a second time.

*Committee Stage*

In committee.

Clause 1.

**The Hon. C.M. SCRIVEN:** I have a question for the minister in regard to the regulatory burden that may be imposed by this bill. Can you outline what representations you have received from stakeholders about regulatory burdens?

**The Hon. D.W. RIDGWAY:** I will filibuster for a moment or two until the adviser gets here.

*Members interjecting:*

**The Hon. D.W. RIDGWAY:** It is intriguing that members opposite said they would pass it quite quickly. I would have liked a little notice that they were going to ask a question. I had some very good people about to be—

**The CHAIR:** The Hon. Mr Ridgway, they do not need to give you notice in committee.

**The Hon. D.W. RIDGWAY:** I will have an answer very shortly.

**The CHAIR:** Minister, I recommend you sit down for a little while and wait.

**The Hon. D.W. RIDGWAY:** It was representations made by stakeholders?

**The Hon. C.M. SCRIVEN:** What representations have been made by stakeholders in regard to the increased regulatory burden that may be expected from this legislation when it passes?

**The Hon. D.W. RIDGWAY:** I am advised the Energy Security Board undertook significant consultation with quite a large range of stakeholders and what they learned from that consultation was included in the final bill.

**The Hon. C.M. SCRIVEN:** My question was specifically what representations, if any, had been made to the state government? Have any stakeholders approached the government with concerns about this bill?

**The Hon. D.W. RIDGWAY:** Not specifically to the minister. As the honourable member alluded to in her lengthy contribution at the second reading, it is a COAG-agreed bill, so I guess all those negotiations and consultation happened at that level and then all of the member states were happy to agree to the legislation.

Clause passed.

Remaining clauses (2 to 15) and title passed.

Bill reported without amendment.

*Third Reading*

**The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (17:14):** I move:

That this bill be now read a third time.

Bill read a third time and passed.

At 17:15 the council adjourned until Wednesday 15 May 2019 at 14:15.

*Answers to Questions***SUPERLOOP ADELAIDE 500**

In reply to **the Hon. T.A. FRANKS** (14 February 2019).

**The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment):** I have been advised:

In 2019, the attendance was 253,500. Of this, the number without direct payment or free of charge was 10,944. This includes tickets provided as part of paid sponsor packages, tickets for stakeholders, charities and volunteers, including groups such as the Country Fire Service (CFS) and State Emergency Services (SES).

The attendance at the March 2018 Adelaide 500 was 273,500. The number without direct payment or free of charge in 2018 for comparative purposes was 13,498.

**SUPERLOOP ADELAIDE 500**

In reply to **the Hon. T.A. FRANKS** (26 February 2019).

**The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment):** I have been advised:

1. The 3 per cent increase in ticket sales is derived from there having been 107,048 general public and corporate ticket sales processed through the authorised ticketing agency compared to the same time last year. These tickets do not include sponsor and stakeholder allocated tickets, and is a mix of single day passes, and multiple day passes (i.e. attending more than one session).

2. As part of the 2018-19 state budget the government tasked the South Australian Tourism Commission (SATC) to reduce the total build time of the Superloop Adelaide 500 infrastructure by one week. The SATC allocated \$100,000 to meet this requirement.

3. The amount of funding allocated to the VIP suite for government guests this year was \$139,111.55. In comparison, 2018 funding to the VIP suite for government guests was \$148,666.21. Please note that these figures do not include construction costs, security and staff costs.

4. The SATC sought expert advice on the potential to reduce the total build time and at what cost. The SATC's independent engineers, iEDM, subsequently advised that given the constraints around the size of the worksite and workers occupational health and safety that a maximum reduction of one week was achievable without compromising worker safety. After consideration of how this would be achieved, iEDM subsequently advised that the cost for a one-week reduction in total build and dismantle time would be approximately \$100,000.

**SUPERLOOP ADELAIDE 500**

In reply to **the Hon. R.P. WORTLEY** (26 February 2019).

**The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment):** I have been advised:

1. The 3 per cent increase in ticket sales is derived from there having been 107,048 general public and corporate ticket sales processed through the authorised ticketing agency compared to the same time last year. These tickets do not include sponsor and stakeholder allocated tickets, and is a mix of single day passes, and multiple day passes (i.e. attending more than one session).

2. As part of the 2018-19 state budget the government tasked the South Australian Tourism Commission (SATC) to reduce the total build time of the Superloop Adelaide 500 infrastructure by one week. The SATC allocated \$100,000 to meet this requirement.

3. The amount of funding allocated to the VIP suite for government guests this year was \$139,111.55. In comparison, 2018 funding to the VIP suite for government guests was \$148,666.21. Please note that these figures do not include construction costs, security and staff costs.

4. The SATC sought expert advice on the potential to reduce the total build time and at what cost. The SATC's independent engineers, iEDM, subsequently advised that given the constraints around the size of the worksite and workers occupational health and safety that a maximum reduction of one week was achievable without compromising worker safety. After consideration of how this would be achieved, iEDM subsequently advised that the cost for a one-week reduction in total build and dismantle time would be approximately \$100,000.

**SUPERLOOP ADELAIDE 500**

In reply to **the Hon. T.T. NGO** (26 February 2019).

**The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment):** I have been advised:

1. The 3 per cent increase in ticket sales is derived from there having been 107,048 general public and corporate ticket sales processed through the authorised ticketing agency compared to the same time last year. These tickets do not include sponsor and stakeholder allocated tickets, and is a mix of single day passes, and multiple day passes (i.e. attending more than one session).

2. As part of the 2018-19 state budget the government tasked the South Australian Tourism Commission (SATC) to reduce the total build time of the Superloop Adelaide 500 infrastructure by one week. The SATC allocated \$100,000 to meet this requirement.

3. The amount of funding allocated to the VIP suite for government guests this year was \$139,111.55. In comparison, 2018 funding to the VIP suite for government guests was \$148,666.21. Please note that these figures do not include construction costs, security and staff costs.

4. The SATC sought expert advice on the potential to reduce the total build time and at what cost. The SATC's independent engineers, iEDM, subsequently advised that given the constraints around the size of the worksite and workers occupational health and safety that a maximum reduction of one week was achievable without compromising worker safety. After consideration of how this would be achieved, iEDM subsequently advised that the cost for a one-week reduction in total build and dismantle time would be approximately \$100,000.

#### **SUPERLOOP ADELAIDE 500**

In reply to **the Hon. C.M. SCRIVEN** (26 February 2019).

**The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment):** I have been advised:

1. The 3 per cent increase in ticket sales is derived from there having been 107,048 general public and corporate ticket sales processed through the authorised ticketing agency compared to the same time last year. These tickets do not include sponsor and stakeholder allocated tickets, and is a mix of single day passes, and multiple day passes (i.e. attending more than one session).

2. As part of the 2018-19 state budget the government tasked the South Australian Tourism Commission (SATC) to reduce the total build time of the Superloop Adelaide 500 infrastructure by one week. The SATC allocated \$100,000 to meet this requirement.

3. The amount of funding allocated to the VIP suite for government guests this year was \$139,111.55. In comparison, 2018 funding to the VIP suite for government guests was \$148,666.21. Please note that these figures do not include construction costs, security and staff costs.

4. The SATC sought expert advice on the potential to reduce the total build time and at what cost. The SATC's independent engineers, iEDM, subsequently advised that given the constraints around the size of the worksite and workers occupational health and safety that a maximum reduction of one week was achievable without compromising worker safety. After consideration of how this would be achieved, iEDM subsequently advised that the cost for a one-week reduction in total build and dismantle time would be approximately \$100,000.

#### **TRANSPORT SUBSIDY SCHEME**

In reply to **the Hon. K.J. MAHER (Leader of the Opposition)** (20 March 2019).

**The Hon. J.M.A. LENSINK (Minister for Human Services):** The Minister for Transport, Infrastructure and Local Government has advised:

The mobility allowance was a federal payment made to people with disability. The commonwealth Department of Human Services may have this information but as it was not part of eligibility requirements for transport support through the South Australian Transport Subsidy Scheme (SATSS) or public transport concessions, the Department of Planning, Transport and Infrastructure (DPTI) does not have this information.

In regard to SATSS, for active users aged under 65 years, and for all levels of disability, the average subsidy per annum is:

- \$1,451 for members who receive a 50 per cent subsidy on a \$40 trip;
- \$3,190 for members who receive a 75 per cent subsidy on a \$40 trip.

Depending upon their eligibility, people with disability may also receive the following:

- a vision impairment travel pass or the mobility special pass, which are photo ID Metrocard that provide unlimited free travel; or
- a concession travel Metrocard which provides fares at concession peak trip of \$1.83 per trip and concession interpeak of 0.98c per trip; and/or
- Adelaide Metro accepts the Plus One Companion Card and the DHS Companion Card. Both cards allow the holder's carer or companion to travel free on Adelaide Metro Services when accompanying the holder of the card.

#### **ELECTRIC VEHICLES**

In reply to **the Hon. M.C. PARNELL** (2 April 2019).

**The Hon. R.I. LUCAS (Treasurer):** I have been advised:



1. Yes. The Department for Energy and Mining and the Department for Planning, Transport and Infrastructure are working together to lead the development of an electric vehicle strategy for South Australia. The process will be informed by targeted industry consultation and supported by a cross-government working group.

2. The government has met its target of 30 per cent low-emission vehicles. The 30 per cent target was achieved in October 2018. As at April 2019, the fleet consists of 38.5 per cent low-emission vehicles.

3. As at April 2019, the fleet consists of 1,243 electrified vehicles.

- 37 plug-in hybrid electric vehicles; and
- 1,206 petrol electric hybrid vehicles.

#### HOUSING AFFORDABILITY

In reply to **the Hon. F. PANGALLO** (4 April 2019).

**The Hon. J.M.A. LENSINK (Minister for Human Services):** The South Australian Housing Authority has advised:

As at 1 April 2019, 435 tenable houses were ready for occupancy, of which: 156 had tenancy offers accepted; 248 were undergoing an offer process; 30 were awaiting decision or advice on future use; and one was allocated for a short-term lease program.

An additional 255 vacant houses were undergoing maintenance prior or during the offer process; and 16 houses had been recently vacated and awaited vacancy code.