

LEGISLATIVE COUNCIL

Thursday, 6 June 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.

Question Time

BRAND SOUTH AUSTRALIA

The Hon. K.J. MAHER (Leader of the Opposition) (14:17): I seek leave to make a brief explanation before asking a question of the Minister for Trade, Tourism and Investment regarding Brand SA.

Leave granted.

The Hon. K.J. MAHER: Yesterday, a letter from the chair of Brand SA, Mr Peter Joy, addressed to the Speaker of the House of Assembly and copied to the Premier and the Leader of the Opposition, was tabled by the Hon. Emily Bourke. It was received by the opposition at approximately 11.30 yesterday morning, 5 June 2019. The letter sets out a clear time line of events and circumstances in relation to the cut in funding to Brand SA that has now been revealed. What we have learnt from that letter is that, on 8 May 2009, Mr Jim McDowell, head of the Department of the Premier and Cabinet and acting chief executive of the minister's own department, the Department for Trade, Tourism and Investment, advised Peter Joy, the chair of Brand SA, that funding had been cut.

It is important to note here that, in response to a question at 3.14pm the week previous, the minister claimed that he did not know about that conversation and put on the parliamentary record yesterday, 'I'm not aware when he speaks,' in relation to Mr Jim McDowell. The minister has put on record that he is not aware when his own acting chief executive of his department speaks to others about major funding cuts that have huge ramifications for his portfolio. The minister may wish to reflect on the accuracy of the statement he gave yesterday, particularly as there are now more than 10 separate FOIs that have been lodged on this matter.

We learnt from the letter that one week later, on the evening of 15 May 2019, the minister had a conversation with the CEO of Brand SA, at which time it was agreed that nothing would be said about the funding cuts until such time as the minister had had a meeting with the Premier, scheduled for 4.30 the next day, 16 May 2019. Then, at 12.14pm the next day, 16 May 2019, the chair of Brand SA received an email from the Premier with a letter confirming that Brand SA's funding had in fact been cut. A little over two hours later on that day, Thursday 16 May, the minister was asked in question time about cuts to Brand SA and the minister feigned ignorance and said that nothing would be revealed until 18 June 2019.

So the minister talks to the CEO of Brand SA on a Wednesday night, and the minister says he has a meeting lined up with the Premier at 4.30 the next day. In the meantime, at 12.14 the next day the Premier emails a letter confirming that Brand SA will have its funding cut. The obvious question that arises here is: did the minister know about the 12.14 email from the Premier before the minister went into question time that day? The minister cannot rely on the glib answer that he refers to his previous comments because he has not been asked about his specific knowledge or otherwise of the Premier's 12.14 email. I don't think anyone in this chamber or reporting on parliament would accept—

The PRESIDENT: Leader of the Opposition, you have asked your question and you have given your facts. Are there any more facts you want to put on, rather than arguing?

The Hon. K.J. MAHER: My question to the minister simply is: was the minister aware of the Premier's email of 12.14 on 16 May informing the chair of Brand SA that funding had been cut prior to the minister walking into question time that day?

The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (14:20): No.

The PRESIDENT: Do you have a supplementary?

BRAND SOUTH AUSTRALIA

The Hon. K.J. MAHER (Leader of the Opposition) (14:20): No; no supplementary. I seek leave to make a brief explanation before asking a question of the Minister for Trade, Tourism and Investment regarding Brand SA.

The PRESIDENT: Is this your second question?

The Hon. K.J. MAHER: Second question.

Leave granted.

The Hon. K.J. MAHER: I again refer to the letter the Hon. Emily Bourke tabled yesterday. That letter was received at approximately 11.30, some two and a half hours prior to yesterday's Legislative Council question time. In question time yesterday the minister was directly asked, and I quote, 'has the minister read the contents of the letter from Mr Peter Joy'. The minister answered with a very simple and definitive, 'No.' It is almost inconceivable that in the two and a half hours prior to question time yesterday no-one from the Premier's office who was copied into this letter informed the minister that there had been explosive allegations that made mention and directly implicate the minister in this funding cut fiasco.

Either the Premier's office or, much more worryingly, the minister's own office had that little regard for the minister that they choose to keep him in the dark on these matters, or alternatively the minister did read the Peter Joy letter and is not being truthful in his answer to this chamber. Again, a series of FOIs that have been lodged will shed significantly more light on this issue. My question, simply, to the minister is: why was the minister kept in the dark about this letter?

The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (14:22): I wasn't aware of the letter until the Hon. Ms Bourke tabled it in the chamber yesterday.

BRAND SOUTH AUSTRALIA

The Hon. K.J. MAHER (Leader of the Opposition) (14:22): Supplementary: does the minister have any explanation as to why such a letter would be withheld from him, prior to a question time, for over two and a half hours?

The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (14:22): No, Mr President.

BRAND SOUTH AUSTRALIA

The Hon. R.P. WORTLEY (14:22): Has the minister had any discussions with the Premier since yesterday's question time and discussed this particular letter?

The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (14:22): I have seen the Premier on a number of occasions since yesterday's question time and, as I have said a number of times in this place, I don't disclose any of those conversations, private conversations, I have with anybody, whether it is the Premier or anybody else.

The PRESIDENT: Third question, Leader of the Opposition.

BRAND SOUTH AUSTRALIA

The Hon. K.J. MAHER (Leader of the Opposition) (14:23): I seek leave to make a brief explanation before asking a question of the Minister for Trade, Tourism and Investment regarding Brand SA.

Leave granted.

The Hon. K.J. MAHER: Again, I refer to the letter tabled by the Hon. Emily Bourke yesterday. That letter makes clear that the minister had a conversation with the CEO of Brand SA on the evening of 15 May 2019 about Brand SA funding cuts, and it was discussed, as revealed in that letter, that the minister would be having a meeting with the Premier the next day at 4.30p.m. on 16 May 2019. I have no doubt now that the minister has properly read the letter that was tabled by the Hon. Emily Bourke yesterday—

The PRESIDENT: You can't put assumptions in; just put the facts and then get to the question.

The Hon. K.J. MAHER: It was an important conversation that was held and one that I am sure would be remembered by anyone who had such a conversation. My questions to the minister are:

1. Is there any element of the version of events that was represented in the letter that the minister disputes?

2. Did the meeting with the Premier at 4.30 on 16 May indeed go ahead, and what was the purpose of that meeting?

The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (14:24): I have said a number of times in here that I don't disclose the contents of private conversations I have with anybody. And, yes, the meeting did go ahead at 4.30.

BRAND SOUTH AUSTRALIA

The Hon. K.J. MAHER (Leader of the Opposition) (14:24): Supplementary in relation to the answer: is there any aspect of that letter that is not an accurate representation of the time line of events that occurred in this fiasco?

The PRESIDENT: I am excluding the word 'fiasco', but the other part of the question is within standing orders.

The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (14:24): As I said, I don't discuss contents of private conversations.

The PRESIDENT: A supplementary, Leader of the Opposition?

BRAND SOUTH AUSTRALIA

The Hon. K.J. MAHER (Leader of the Opposition) (14:24): Does the minister honestly believe that his colleagues behind him, who are shaking their heads, believe that he knows nothing about what happened, or is that ignorant? They are looking at you—

The PRESIDENT: It's out of order.

Members interjecting:

The PRESIDENT: Leader of the Opposition, we went through this yesterday. We don't want to go through it again. This is largely the opposition's question time, with the crossbench. I am happy to go to the crossbench before next week. Reflect on that while I ask the Hon. Mr Hood to ask a question.

TOUR DOWN UNDER

The Hon. D.G.E. HOOD (14:25): My question is to the Minister for Trade, Tourism and Investment. Can the minister please share with us the outstanding economic benefit which the Santos Tour Down Under delivered in 2019 whilst once again showcasing South Australia's unique city and regions to a global audience?

The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (14:25): I thank the honourable member for his question and his ongoing interest in our visitor economy. I am thrilled to announce that the 2019 Santos Tour Down Under has once again delivered record numbers—record numbers—for visitation, economic benefit and job creation for South Australia. Members would be reminded that it was a Liberal government that started the Tour Down Under, and it is a Liberal event that is still going from strength to strength.

This year's event attracted 48,000 event-specific visitors from interstate and overseas, who travelled to South Australia just for the Tour Down Under, generating a record economic impact of \$70.7 million. The international television broadcast coverage showcases Adelaide and our regions to millions of viewers around the world, with 826 hours of coverage this year. Whilst the TDU experienced some extremely hot weather in January, thanks must go to the 805,000 spectators who cheered on the world's best cyclists.

These results are really pleasing and certainly results we share with all those who contribute directly to the event, including the hundreds of volunteers, our state emergency services, our event partners—including our naming rights partner, Santos—and of course our host local councils. Plans are underway for the 2020 event, with the race routes for both the men's and the women's races currently being finalised. I am excited to see what the routes will be for this year, as I think some of the new aspects, such as the finish on the Willunga Hill, really piqued interest and enthusiasm for the event, not to mention the first-time stage finish in Port Adelaide, which was truly exhilarating.

The 2020 Santos Tour Down Under will be held from 16 to 26 January 2020, with the Santos women's Tour Down Under being staged from 16 to 19 January 2020, pending final UCI approval. The Santos Tour Down Under men's race will start with the Down Under Classic on 19 January 2020, with six stages of road racing, which will be held from 21 to 26 January in 2020. To note a few of the highlights, 48,000 visitors travelled specifically to South Australia to attend the TDU, both national and international visitors. This was an increase of 4.3 per cent on the 46,000 from 2018. A total of 91 per cent of the event-specific visitors travelled from interstate and 9 per cent from overseas, with key international markets represented being New Zealand, the United Kingdom and the USA.

There were 485,758 visitor bed nights in Adelaide and regional South Australia generated by the event-specific visitors in 2019. This is an increase of 4.2 per cent from the previous year. An economic impact of \$70.7 million, as I said earlier, was generated into the state's economy. It is up 11 per cent on the \$63.7 million from the 2018 event. The event provided 837 full-time equivalent jobs, another increase of 8.1 per cent on the 774 in 2018.

Another major highlight for us was, obviously, that Santos renewed their commitment to the event. It is fabulous that they want to keep supporting us and are signing on for another three years as the naming rights sponsor. Santos's partnership has been critical in shaping the continued growth and success of the event, and we are thrilled to have them on board as we seek to maximise the economic benefit of this event and showcase our fantastic state in the coming years.

In conclusion, the TDU is an event which continues to deliver great economic outcomes for our state and showcases us all over the globe. Again, I thank the people who are critical to that outcome: the volunteers; our state emergency services; our event partners, including our naming rights partner, Santos; and of course, again, the local councils. I thank all the groups that have already been busily planning how they will deliver an exceptional event in 2020.

TOUR DOWN UNDER

The Hon. K.J. MAHER (Leader of the Opposition) (14:29): A supplementary: has the minister ever suggested or levelled allegations that spectator numbers of the Tour Down Under are inflated? I will repeat the question; he seems to be a bit distressed and confused. Has the minister ever suggested or levelled allegations that spectator numbers at the Tour Down Under are inflated?

The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (14:30): As the minister, I have never levelled those allegations.

Members interjecting:

The PRESIDENT: You have a chance at a further supplementary, so ask a supplementary.

TOUR DOWN UNDER

The Hon. K.J. MAHER (Leader of the Opposition) (14:30): Further supplementary: has the minister, either in his role as minister or in his role as opposition spokesperson, ever suggested or levelled allegations that spectator numbers at the Tour Down Under are inflated?

The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (14:30): Members opposite would understand that, if you're a hardworking member of the opposition—and I

haven't seen any of them for 14 months—you always interrogate the figures and check their veracity. I have always done that in my capacity. I had a number of briefings in opposition around those figures. Premier Rann used to say they were the police's figures, not his. I always interrogate the figures, but as minister I have never criticised the figures.

TOUR DOWN UNDER

The Hon. K.J. MAHER (Leader of the Opposition) (14:31): Further supplementary: what particular aspect led the then shadow minister to believe that numbers may be inflated, and how were his concerns dealt with?

The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (14:31): You should really think I am responsible to the chamber for actions I took and comments I may have made when I was the shadow minister.

TOUR DOWN UNDER

The Hon. K.J. MAHER (Leader of the Opposition) (14:31): Further supplementary: is the minister confirming that he has held the view that the Tour Down Under spectator numbers are falsely inflated?

The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (14:31): No, I haven't held the view they have been falsely inflated. I have questioned, as I said, if they would like me to talk about the time I was in opposition, I questioned those numbers, whether it was any particular community event, to check their veracity. We had a number of briefings from the Tourism Commission and others when in opposition to tell me how those numbers were arrived at.

TOUR DOWN UNDER

The Hon. K.J. MAHER (Leader of the Opposition) (14:32): Further supplementary: does the minister think that's why he is held in so low regard by many in this field, because he didn't believe their numbers?

The PRESIDENT: That's probably out of order. One bridge too far, Leader of the Opposition.

The Hon. K.J. Maher: I've got another one.

The PRESIDENT: I'm sure you have. I am waiting in anticipation. The Hon. Ms Franks.

LIQUOR LICENSING FEES

The Hon. T.A. FRANKS (14:32): I seek leave to make a brief explanation before addressing a question to the Treasurer, as Leader of Government Business and also as Treasurer, on the topic of the new liquor licensing risk-based fee schedule.

Leave granted.

The Hon. T.A. FRANKS: Members would be well aware, as I'm sure the Treasurer is, we are in Adelaide a UNESCO City of Music. Indeed, our pubs and clubs are the home of live music. Members would also be well aware that recently we have heard that some of the GST shortfall will be addressed by an increase in fees and charges. One of those increases in fees and charges will be a new so-called risk-based liquor licensing fee schedule.

In that schedule currently there will be a proposed \$500 charge for risk-defined activities, which would include adult entertainment on licensed premises. At present, that is defined as the current prescribed entertainment, which is, indeed, adult entertainment—stripping, as well as martial arts and boxing. However, it is noted in the government's announcement that this may change at a later stage. I also remind the Treasurer of his words, representing the shadow attorney-general in this place, and the success in this place of arguing that any liquor licensing fee schedules for increases should be tabled as separate regulations to allow for proper disallowance on a merit basis. My questions to the Treasurer are:

1. If the quantum of the proposed increases in licensing fees is not met, will the definition of 'risk' be altered accordingly or will a budget shortfall simply be accepted with these increased liquor licensing fees?

2. Will separate regulations be tabled for this proposed increase in risk-based liquor licensing fees, as was promised and promoted while the Marshall government was in opposition?
3. Will he now rule out any live music being defined as a risk activity on a licensed premises, noting again that we are a UNESCO City of Music?

The Hon. R.I. LUCAS (Treasurer) (14:35): In relation to the detail of some of those questions I will need to refer them to the Attorney-General who, together with the commissioner for liquor licensing issues, Mr Soulio, has carriage of the detail of the questions. In relation to the first question, which was essentially Treasury and Finance related, our normal budgeting procedure is that we can't do anything other than estimate, to the best degree possible, at any particular budget. If, ultimately, there is either an underestimate or an overestimate in a future budget or Mid-Year Budget Review, the government would have to take a separate decision as to whether it adjusts the particular revenue line upwards or downwards.

Past experience of both Liberal and Labor governments would tend to be that these sorts of things don't generally happen during a Mid-Year Budget Review. The very earliest that I can recall that it would have ever occurred in the past might have been if, 12 months later in a subsequent budget, there was a judgement call that either it collected more money—it being the overall measure, not just an individual component of it—or less money, a government might decide to take a decision to correct for that particular factor. I have to say that does not often happen; generally governments of either persuasion have just accepted the ups and downs in terms of the estimates and have moved on.

In terms of the honourable member's first question, I think the more normal course would be if there was some under-collection—given that the total sum of money is, to my recollection, just over \$3 million out of a budget of \$21 billion—in terms of that aggregate line, the more common practice—and I'm not giving a commitment—would be just to accept that that is the reality of what occurred in relation to that particular set of circumstances. If in the event that it collected slightly more, again, the more normal position would be I think that it would just be accepted in subsequent budgets.

However, the specific answer to the question is that those sorts of decisions are finally taken, I would imagine, at each budget time when the budget reset is undertaken. In relation to the more specific questions about the risk-based assessments and how they might apply, I will need to refer those questions to the Attorney and the commissioner.

LIQUOR LICENSING FEES

The Hon. T.A. FRANKS (14:37): Supplementary: what was the government modelling arrived at to come up with the budget figure that these fees are expected to reap in terms of how many licensed premises are expected to alter their opening hours?

The Hon. R.I. LUCAS (Treasurer) (14:38): Again, I would need to refer that to the Attorney, and I am sure she would need to refer it to Mr Soulio in relation to those particular numbers. The aggregate number was announced in last year's budget. This is actually just a long process after consultation where the final detail has been arrived at. Of course, on advice I'm told that they are not actually enacted until November, and the first licence impacts will be felt generally in about May or June next year when the annual licence renewal cycle comes about.

In terms of the original number, it would have been part of an aggregate number where in last year's budget, as the member knows, we outlined to ministers and departments, 'Your savings task as an agency is this.' The Attorney-General's Department would have worked together on a variety of things, one part of which was this: to say, 'The contribution towards either generating revenue or making savings is this particular number.' I'm not sure at that stage how much modelling Mr Soulio had done. Then at that stage they would have worked their way through the process.

There is of course in this case a precursor to it in that Mr Anderson had done a report and recommended an even higher level of fees and a risk-based assessment approach. He may have, together with Mr Soulio, commissioned or undertaken modelling for his original report that went to former attorney-general John Rau in relation to a risk-based assessment. I don't know the background to that. The current Attorney, based on advice from Mr Soulio, in the answer might be

able to throw some light as to whether there was some modelling done by Mr Anderson and the commissioner when he was making his original recommendations or not.

MENTAL HEALTH SERVICES

The Hon. C.M. SCRIVEN (14:40): I seek leave to make a brief explanation before asking a question of the Minister for Human Services regarding housing services.

Leave granted.

The Hon. C.M. SCRIVEN: The Adelaide Zero project released during Connections Week in May showed 227 people in the Adelaide CBD sleeping rough compared to 143 12 months ago—a 40 per cent increase in rough sleeping in quite a short time frame. Due to the transfer of funds to the NDIS, community mental health programs have received a 25 per cent reduction in funding across the board, regardless of whether their particular client base will be transferring to the NDIS or not. My question to the minister is: what impact will the 25 per cent reduction to community mental health services have on vulnerable people, especially those experiencing housing stress or homelessness?

The Hon. J.M.A. LENSINK (Minister for Human Services) (14:41): I thank the honourable member for her question because it gives me the great opportunity to correct a number of the inaccuracies that the Labor Party has been peddling on these two issues: both the mental health issue and the number of rough sleepers who have been identified through Connections Week.

If I can turn, first of all, to the matter of the NDIS. As my honourable colleague, the Minister for Health and Wellbeing, yesterday stated, we may need to speak quite slowly to explain these matters for the Labor opposition. The National Disability Insurance Scheme is a radical transformation in the way that services are being funded throughout Australia. The agreements were signed, the bilateral agreements, which have led to the cashing out of services that have heretofore been funded through the South Australian government to the National Disability Insurance Scheme.

I would like an explanation, which the honourable member may like to address through a supplementary, about whether the Labor Party still supports the National Disability Insurance Scheme, given that former prime minister Julia Gillard has stated that it is one of her proudest pieces of public policy. One of the Labor candidates, who was my local candidate in the electorate of Mayo, Mr Reg Coutts, had stated in his brochures that were sent to all of our constituents that one of the things he was extremely proud of in terms of Labor's achievements—

The Hon. C.M. SCRIVEN: Point of order: relevance. Candidates for various seats have nothing to do with people who are, sadly, homeless or sleeping rough and whether the cuts to services will affect them.

The PRESIDENT: I get the point of order. The ministers have some latitude but, minister, please keep it to point. I am very keen to give the crossbenchers a reasonable go.

The Hon. J.M.A. LENSINK: I would take issue with the point of order, because these matters are connected.

Members interjecting:

The PRESIDENT: I haven't upheld the point of order; all I have done is point out to you the concerns of the Hon. Ms Scriven, saying please get to the point. I am conscious that yesterday we didn't get—I'm anxious to get to as many crossbenchers' questions as I can today—

The Hon. J.M.A. LENSINK: Yes, I appreciate that, Mr President.

The PRESIDENT: —being the Thursday, so I would appreciate, although it is within your discretion, a concise and relevant answer.

The Hon. J.M.A. LENSINK: Mr President, that is a difficult thing to do, trying to explain the NDIS in question time after question time after question time, and indeed—

Members interjecting:

The PRESIDENT: Minister, just go on, please.

The Hon. J.M.A. LENSINK: Trying to determine whether the South Australian Labor Party supports choice and control for participants in the NDIS is a question that I think is very concerning. It is incredibly concerning because it is the premise of the National Disability Insurance Scheme that their federal colleagues have repeatedly said was a crowning achievement of the former federal Labor government, which is now being constantly undermined by the South Australian Labor Party.

I have responded in terms of disability services and I am happy to respond in terms of mental health services, but services which have been funded by the South Australian government are being cashed out to the National Disability Insurance Scheme. So we can have a flow chart. We have a person who is currently funded by a South Australian mental health service.

First question is: are they an NDIS recipient? Yes. What is in their plan? They then choose their service provider. If they are not an NDIS recipient, they continue to receive services from the South Australian-funded mental health services. It is as simple as that. It is not a cut. The second issue that I would like to address is the inaccurate use of data through the Adelaide Zero Project by-name list. What we are comparing is that—

Members interjecting:

The Hon. J.M.A. LENSINK: Mr President, I am so sick of these bozos opposite just banging on. They continuously talk throughout questions. Are they actually interested in an answer? Have they ever learnt any manners?

The PRESIDENT: Minister, it is your option to sit down if you wish.

The Hon. J.M.A. LENSINK: I would like to answer, but I would like to be heard in silence, just as a fairly basic courtesy.

The Hon. E.S. BOURKE: Point of order: is that really appropriate language to call us bozos on this side of the—is it very parliamentary?

The PRESIDENT: It has been a long week. We are not having a debate on who's a bozo and who's not a bozo. Alright? Minister.

The Hon. J.M.A. LENSINK: I would like to continue.

Members interjecting:

The PRESIDENT: The Hon. Ms Bourke, the Hon. Mr Hanson, if we can just restrain ourselves. We sat late last night. The minister actually wants to attempt to answer the question. Show her the courtesy.

The Hon. J.M.A. LENSINK: The Labor Party's misuse of the data from the Adelaide Zero Project is also, again, inappropriate. The by-name list is a cumulative total which is collected over a 12-month period. If we actually want to compare apples with apples more accurately, the 2018 Connections Week identified 148 rough sleepers; in 2019, it identified in that period 119.

Also, because they had learnt from last year, they split up the regions that they were examining into smaller regions so that they had the option of finding more people. They also did an additional night. So, from memory, they went out for one night last year and this time they went out for two nights, so they increased the opportunity to find people who are rough sleeping. So, 2018, 148 rough sleepers; 2019, 119 rough sleepers.

The Labor Party don't understand very basic data and these things, which may be by design or maybe they need some re-education program but, in either case, they deliberately misuse information, they deliberately scare the most vulnerable people in South Australia and it is despicable.

MENTAL HEALTH SERVICES

The Hon. C.M. SCRIVEN (14:47): A supplementary, and I will give the supplementary very slowly. As mentioned in the original question, due to the transfer of funds to the NDIS, community mental health services have received a 25 per cent reduction in funding across the board, regardless of whether their particular client base will be transferring to the NDIS or not. If a 25 per cent reduction in block funding is being directly linked to the transition, how will organisations be able to continue to

support extremely vulnerable people such as the homeless community who have very few or no consumers who are going to be on the NDIS?

The Hon. J.M.A. LENSINK (Minister for Human Services) (14:48): I stand by my previous answer. The member can read the *Hansard*. I explained it adequately. If she doesn't understand, that's her problem.

The PRESIDENT: A further supplementary, the Hon. Ms Scriven?

MENTAL HEALTH SERVICES

The Hon. C.M. SCRIVEN (14:48): What representations has the minister made to affected organisations to understand the impact of the slated 25 per cent funding reduction to mental health service funding, and how many providers who are facing those reductions has the minister actually met with face to face about these changes?

The Hon. J.M.A. LENSINK (Minister for Human Services) (14:49): The funding for mental health services falls within the responsibility of my colleague the honourable Minister for Health and Wellbeing. He is responsible for their funding arrangements and he has explained adequately what his response has been this week through, from memory, the Mental Health Commissioner. We maintain very close contact on all things NDIS and we have regular conversations about the transition.

MENTAL HEALTH SERVICES

The Hon. C.M. SCRIVEN (14:49): A further supplementary, despite the previous one not being answered.

The PRESIDENT: The Hon. Ms Scriven, don't learn bad habits from this. Just ask the supplementary.

The Hon. C.M. SCRIVEN: I beg your pardon; I do apologise, Mr President. If the only way that homeless people can transition to the NDIS is by accessing support to do so by these programs that have now been cut, how will they be able to access the help they need to even apply for the NDIS?

The Hon. J.M.A. LENSINK (Minister for Human Services) (14:49): The honourable member doesn't even understand how the NDIS works, because there was a split between existing providers and the way that people access the NDIS. That was a quite deliberate policy decision by the government in terms of holding a longstanding view that existing providers have a conflict of interest. The simple matter is that people don't access the NDIS by their current service providers; they go to the agency and they go to the local area coordinators.

The PRESIDENT: The Hon. Ms Scriven, this is probably the last supplementary. I am keen to get on.

MENTAL HEALTH SERVICES

The Hon. C.M. SCRIVEN (14:50): So funding that has been cut that would help to assist homeless people, would help homeless people to actually apply, is reduced. How are these homeless people now going to be assisted to apply for the NDIS?

The Hon. J.M.A. LENSINK (Minister for Human Services) (14:50): There is a range of other ways that people can access support and assistance. We have a range of homelessness service providers and some of them provide assistance for services through Centrelink and that range of things as well. The local area coordinators—

Members interjecting:

The Hon. J.M.A. LENSINK: Mr President, they just don't understand the system. We did have a briefing. I find it quite amazing that we went to all the trouble last year of organising a briefing for every member of parliament in South Australia with the NDIA to explain how the process works, and we constantly have Labor members coming into this place clearly expressing that they don't even understand the basic pathways.

Members interjecting:

The PRESIDENT: Minister, sit down. No more supplementaries on this issue; the opposition benches can decide to use their other questions for this if they want. The Hon. Mr Wortley, please don't carry on a conversation with the Hon. Mr Ridgway in earshot; I was trying to listen to the minister.

The Hon. R.P. Wortley interjecting:

The PRESIDENT: It wasn't even witty. I might have been more tolerant if there were anything of humour in it. The Hon. Ms Lee.

WOMEN'S SUFFRAGE ANNIVERSARY

The Hon. J.S. LEE (14:52): My question is to the Minister for Human Services about celebrations for the 125th anniversary of women's suffrage in South Australia. Can the minister please explain to the council why marking this momentous occasion is important in promoting women's leadership and equality amongst both Australians and our international neighbours?

The Hon. J.M.A. LENSINK (Minister for Human Services) (14:52): I thank the honourable member for her question and for her ongoing interest in this issue. As I have stated in this place before, a range of state government, local government and community organisations are very involved in the celebrations for the 125th anniversary of suffrage in South Australia.

I was really pleased that the South Australian state office of the Department of Foreign Affairs and Trade organised an event here at Parliament House last week on Friday 31 May that included a range of students from Pacific nations who are in Australia studying. The Australian government, through the Australian aid program, funds a number of programs to support women's leadership and equality in the Pacific. Women's empowerment is a key component of Pacific regional programs that support women to fully participate freely and safely in legal, economic and social life.

There are a number of outstanding women leaders and scholars from Pacific countries studying in Adelaide, and celebrating 125 years of suffrage was an excellent opportunity for the students to learn about South Australia's social and political heritage and build closer ties between South Australia and the Pacific into the future.

I was privileged to be one of the guest speakers, and was able to tell the story of suffrage and the lead-up to the vote. We also heard from Dr Sharman Stone, the Ambassador for Women and Girls appointed by the federal government. She advised that 80 per cent of the \$4 billion to be spent in that portfolio is to ensure that women receive the support they need. Women's representation is only about 5.6 per cent in Pacific nations compared with some 30 per cent globally, and one of their key roles is to eliminate gender-based violence.

We also heard from Anna Apop, who is one of the students from Papua New Guinea. She was able to advise us how her grandfather was around during the independence from Australia and involved in Kokoda. The conclusion we reached was that leadership change is incremental. We would all like to see greater representation of women in our parliaments, particular in Papua New Guinea, which has actually no female representation at all from 111 parliamentarians.

In those situations, the advocacy of the women's non-government organisations has been extremely important. From there, we have been able to draw parallels with South Australia, where the non-government organisations were incredibly important in women gaining the right to vote and, as we saw as recently as last evening, in terms of issues that are very important to women.

We always need to reflect with these things that there's a long way to go but also to look at how far we have come. I was also able to refer to our previous clerk, Mrs Jan Davis, who was very active in the Commonwealth Parliamentary Association, assisting a range of nations in the global Pacific with their constitutions, governance and a range of areas. I think there is potentially interest in engagement from DFAT with Mrs Davis as well to see what further connections may be made.

We also had a number of people who were from Timor-Leste, some of whom are studying at Flinders University. We wish all of the students who were in this program the best and hope that they can take some learnings back with them, which will assist them in their leadership back home into the future.

SCISSOR LIFTS

The Hon. F. PANGALLO (14:56): I seek leave to make a brief explanation before asking the Treasurer and Minister for Industrial Relations a question about scissor lifts.

Leave granted.

The Hon. F. PANGALLO: As my parliamentary colleague the Hon. Tammy Franks has pointed out previously, scissor lifts have been responsible for over 12 deaths and countless serious injuries, including the tragic deaths of Mr Jorge Castillo-Riffo in 2014 and Mr Steve Wyatt in 2016 while operating scissor lifts on the new RAH site. On 1 November 2018, the South Australian Coroner, Mark Johns, handed down his findings from the inquest into Mr Castillo-Riffo's tragic and preventable death.

Mr Johns made six recommendations, two of which are critical and urgent for the use of scissor lifts on construction sites and other workplaces. The first of these two recommendations, which is recommendation 38.3, is that there is a need for standardisation of the controls of scissor lifts. At present, a forward motion of the joystick of one scissor lift may lower the platform and on another scissor lift on the same work site the forward movement of the joystick may raise it. The risks identified present an obvious and unacceptable risk of death and injury to workers.

We understand SafeWork SA has spent six months since the Coroner's recommendation conducting an audit of these potential death traps due to non-standardised controls. Your response to the Hon. Tammy Franks about this audit shows an alarming lack of action by SafeWork SA to do anything to address the recommendations. Even more disturbing is that, since January 2019, there have been over 50 improvement and prohibition notices issued to businesses using this equipment and more serious safety incidents reported but still no action on the actual recommendation 38.3 that addresses the issue identified by the Coroner.

The second of these two recommendations, recommendation 38.4, is that, until the implementation of scissor lift controls configuration is standardised statewide, scissor lifts should not be operated unless there is a person on the ground operating as a spotter at all times. SafeWork SA has done nothing about implementing this life-saving measure that could be put in place immediately, yet your office has kept them busy policing trivial pursuits of supermarkets over floor space breaches. My questions to the Treasurer are:

1. What has the government done to ensure all the recommendations made by the Coroner into Mr Castillo-Riffo's death have been implemented as a matter of urgency?
2. What has the government done in particular about directing SafeWork SA, the relevant regulator, to ensure that Coroner's recommendation 38.4 is immediately and urgently implemented, that is, that a scissor lift should not be operated unless there is a person on the ground operating as a spotter at all times?
3. Can the Treasurer assure the council that there are no scissor lifts operating in the state without a spotter?
4. Apart from a SafeWork SA audit of scissor lifts due this month, what has the government done in terms of actually acting on the Coroner's recommendation 38.3 that attention be given at state and national levels to standardising scissor lift controls?
5. Why is the government allowing these systematic failures that we know cause entirely preventable deaths (just as they did again in 2016, with the death of Mr Steve Wyatt at the same site) to continue?

The Hon. R.I. LUCAS (Treasurer) (15:00): I thank the honourable member for his question. Whilst as minister and as a member of the government we always give utmost respect to the informed views of the Coroner and, similarly, the ICAC commissioner, who has looked to SafeWork SA as well, but on other issues, consistent with the position of other governments around Australia my personal view in relation to these issues, whilst we give great respect to their recommendations, is that we do not automatically say that each and every one of their recommendations we accept and will be implemented. That is the simple answer to the honourable member's question.

The Hon. Mr Pangallo may well adopt the position that everything a Coroner ever recommends has to be accepted by the government of the day without question, and he is perfectly entitled to have that particular position. But, with great respect to the Coroner, as one of the Hon. Mr Pangallo's colleagues indicated, he has been there for quite some time and is certainly, I am sure, well informed on a whole variety of issues, but I am sure even he would not claim to be an expert on everything.

If I can speak broadly but in relation to this particular issue, it is impossible for any person, as intelligent as a Coroner might be, to be an expert and therefore to make a judgement on every issue, which ultimately is both practical and also is right in terms of its implementation and the consequences of such implementation.

I take the first of the recommendations. The issue, so I am advised, is that these elevated work platforms, or scissor lifts, are manufactured by any number of manufacturers all around the world. I am not sure whether there is an Australian manufacturer, but certainly the overwhelming majority, I have been informed, are imported to Australia. It is therefore easy for a Coroner in a regional government like South Australia, one part of a national government, to give an opinion that every manufacturer around the world should standardise their work practices in terms of how they actually manufacture their equipment, and then indicate that they are going to require the government of the day to implement them. That is not the way government operates. The Coroner provides advice, he has an opinion; ultimately, the government needs to make a judgement in terms of what, if anything, might be implemented in relation to his recommendations.

SafeWork SA—I think I need to check the record in response to the earlier question—I am happy to indicate has taken up the issue at the national level. I think an organisation represents manufacturers of elevated work platforms or the importation of such into Australia. I think they have been consulted in relation to how achievable the recommendations of the Coroner might be.

There are clearly very significant issues. If what was to be implemented is that whichever particular work platform—that is, whichever particular design is to be the one—was ultimately approved, which would obviously favour that particular manufacturer, then if the intent of the Coroner's recommendation is that all other current work platforms on dozens, if not hundreds, of work sites in South Australia would be banned from use until they are actually replaced, then clearly the implications of that would be very significant in terms of both the construction industry and the home building industry, which is already obviously suffering some issues at the moment, if automatically a government was, if it had the power—you would need to see whether you had the power—to actually ban the use of anything other than a particular manufacturer's brand in South Australia.

The government of the day would then, of course, have to answer the question as to why it chose either the handle moving forward or the handle moving backward, if I can characterise the two options—as to why it chose a particular one of those options as being the one to be accepted. My recollection of the Coroner is that the Coroner did not actually argue which one was the one necessarily; it was just that they ought to be standardised, and it ought to be the one particular model so that everyone could be familiar with it.

So, as I said, in that particular case it is quite easy for the Coroner in South Australia to make a recommendation and for the honourable member to be critical of SafeWork SA because they have not immediately implemented the recommendation. I would invite the member and indeed other members to think through logically what the consequences would be and how that actually might be implemented, even if the government chose to seek to implement it, and what the consequences would be if one just accepted the Coroner's recommendation in relation to these issues.

In the alternative, and what the audits are doing at the moment in terms of safe work health safety practices and the consensus opinion in industry and even amongst those who work on them is that there needs to be an insistence on much better training of operators in terms of whatever machine it is they happen to be using on a particular work site. I think a number of the major companies have recognised the need, based on the Coroner's recommendations and others, that there has to be much greater emphasis in terms of the training of the operators of these particular elevated work platforms so that they are familiar with whether the handle moves forwards or

backwards or sideways or whatever it might happen to be, and they are more familiar and better trained in relation to the usage of them.

I am mindful of the time and your request to get more crossbencher questions—if I could speak very briefly to the second issue, and I am happy to have a further discussion with the Hon. Mr Pangallo. But in relation, again, to the issue of spotters, there is very strong support from some in the community for that recommendation of the Coroner; there is very strong opposition from a number of stakeholders, in particular the MBA and a number of others representing the construction industry in this state, saying the natural consequences of that particular recommendation in their view would be very significant in terms of the cost of construction in South Australia, in terms of—

The Hon. R.P. Wortley: The cost of other lives.

The Hon. R.I. LUCAS: Well, their view is—all I am saying is there is a variety of different views. Their view is that there would be very significant implications in relation to those. It may well be, in the alternative again, a proposition where you have identified risk situations where spotters clearly are used, and some of the construction companies advise they are already doing that in terms of using spotters and better training of operators.

Can I conclude by saying: whether or not we agree with the recommendations of the Coroner, I can assure the honourable member, whether he wishes to accept it or not, that the government has no wish at all to see workplace injuries or deaths in South Australia, and we will do whatever it is that we can, sensibly, to reduce the risks of workplace injury and deaths. In particular, not just in the area of elevated work platforms but on a range of other issues that, for example, the ICAC commissioner has identified but also other issues such as silicosis where the government has been taking a proactive response.

SCISSOR LIFTS

The Hon. F. PANGALLO (15:09): Supplementary: can I just say that the Treasurer's swipe at the Coroner and his office is really quite disingenuous. Are you saying that you are dismissing not only these findings but other findings that are made by the Coroner in serious matters that affect workplace safety and other matters, and will you accept responsibility if there is another incident?

The Hon. R.I. LUCAS (Treasurer) (15:10): I certainly don't interpret anything I have said as a swipe at the current Coroner. What I have said is that as minister I don't just automatically accept even a well-informed opinion from a coroner as being something that I as minister and the government of the day automatically have to accept and implement. Governments are elected to govern, coroners are elected to give opinions in relation to the particular cases they investigate.

The former Labor government, when royal commissions have made recommendations, on occasions have not implemented all the recommendations of a royal commission. Equally well-informed royal commissions, I am sure, but ultimately Labor governments—as have former Liberal governments—have to make judgements in relation to the informed advice they get from royal commissioners or coroners—or indeed court decisions for that matter—and then make their judgement.

They need to be judged and we need to be judged accordingly by the people of the state. I have no problems with that. I don't interpret that as a swipe at the Coroner at all. That's the characterisation that the Hon. Mr Pangallo has used. I interpret it as just a sensible operation of government in relation to just not automatically accepting every view that a royal commissioner, for example, gives us, or indeed a coroner does.

SCISSOR LIFTS

The Hon. T.A. FRANKS (15:11): Has the minister raised this in any national dialogues, such as COAG meetings?

The Hon. R.I. LUCAS (Treasurer) (15:11): I don't believe there has been—possibly because of the federal election—any, to use the phrase, national dialogues such as COAG meetings in relation to work health safety issues. There may well be a work health safety meeting of ministers some time, perhaps in August, September or October. Certainly, SafeWork SA has raised issues at

the national level, at officer level, but there has not been the opportunity for a ministers' meeting in relation to this particular issue.

SCISSOR LIFTS

The Hon. J.E. HANSON (15:12): The Coroner recommended that, until standardisation and control of mechanisms is achieved, scissor lifts not be operated until there is a person on the ground operating as a spotter and who is available at all times to activate the emergency lowering mechanisms that exist on scissor lifts should that be necessary. Has the minister or the Treasurer chased up whether or not that is occurring on worksites in lieu of scissor lifts not being standardised?

The Hon. R.I. LUCAS (Treasurer) (15:12): I have already responded to that in response to the question from the Hon. Mr Pangallo, and that is that we have not implemented the issue in relation to it. I think the Hon. Mr Pangallo went further than that and said whether or not I had issued—

The Hon. J.E. Hanson interjecting:

The Hon. R.I. LUCAS: Can I answer the question? The Hon. Mr Pangallo went a bit further, and I think he asked whether or not I had directed SafeWork SA or others in relation to that second recommendation, which the Hon. Mr Hanson has just referred to, and the answer to the question is no, I have not. I further indicated in response to the Hon. Mr Pangallo that there were varying views being expressed to the government in relation to how, or if at all, that particular recommendation should be implemented. More particularly and more likely, it is to be how that particular recommendation might be implemented, but I have not issued a direction. I don't know how many times I need to say it, but I have not issued a direction to SafeWork SA in relation to that particular second issue.

The PRESIDENT: The Hon. Ms Franks, a supplementary.

SCISSOR LIFTS

The Hon. T.A. FRANKS (15:13): In the absence of either spotters or standards, has there been any work to at least ensure that on a particular worksite the same controls are consistent for that worksite?

The Hon. R.I. LUCAS (Treasurer) (15:14): The audit to which I have referred, I think in the first question from the Hon. Ms Franks some time ago, and I think the Hon. Mr Pangallo referred to that answer in part, that is, there is an audit that has been conducted. A number of improvement notices and prohibition notices have been issued. I don't know the details of each and every one of those. It was a significant number, and I think the Hon. Mr Pangallo repeated the number. I put that on the record earlier, so it is not new information. But what the precise detail of each and every one of those either improvement notices or prohibition notices related to, I am not aware of the detail of each and every one of those.

SCISSOR LIFTS

The Hon. T.A. FRANKS (15:14): I repeat the supplementary: has any direction been made for a worksite to have the same controls and standards so that there is a consistency for a worker moving from one machine to another?

The Hon. R.I. Lucas: Have I issued a direction?

The Hon. T.A. FRANKS: Yes—SafeWork SA.

The Hon. R.I. LUCAS (Treasurer) (15:15): The answer is no, I have not issued a direction.

SCISSOR LIFTS

The Hon. T.A. FRANKS (15:15): Supplementary: will the minister consider issuing a direction that on a worksite there is at least a consistency in standards for these scissor lifts?

The Hon. R.I. LUCAS (Treasurer) (15:15): I am always happy to consider any advice or recommendation from the Hon. Ms Franks, but it's unlikely that I would do so.

NATIONAL DISABILITY INSURANCE SCHEME

The Hon. E.S. BOURKE (15:15): I seek leave to make a brief explanation before asking a question of the Minister for Human Services regarding block funding.

Leave granted.

The Hon. E.S. BOURKE: On 30 June, block funding contracts for disability services will end, with the NDIS still not fully rolled out and service providers unfunded for many of their programs. My questions to the minister are: has the minister made any allowance in the 2019-20 budget for ongoing funding for services previously funded under block funding arrangements? How will people access services if they have not moved to the NDIS, either due to delays or not qualifying for the scheme?

The Hon. J.M.A. LENSINK (Minister for Human Services) (15:16): I thank the honourable member for her question, although I do find it disturbing that the Labor Party continues to peddle things which are patently untrue.

The Department of Human Services has previously provided grant funding to disability services providers quarterly in advance, with payments made in July, October, December and April. This funding was individualised, with a notational amount allocated to each client receiving services. When a client transitions to the NDIS, funding to the provider is adjusted accordingly in the next payment.

To reduce the risk of overpayment to providers and the need to recover funds, the Department of Human Services is now making monthly payments to providers for the final quarter of 2019. Service providers have generally welcomed this as a sensible option that reduces the likelihood of overpayments. The Department of Human Services continues to monitor the situation and work with organisations to ensure a smooth transition to the NDIS.

Relevant organisations have also been encouraged to apply for the NDIA Information Linkages and Capacity Building (ILC) grants to assist them to sustain services into the future. Some organisations have already received such funding. Funding was also extended to support people with disability living in particular arrangements where they needed to continue to do so. There is also funding for under 65 continuity of support.

We are monitoring the final transition of people to the National Disability Insurance Scheme. It was delayed. It was initially expected that all clients would have been transitioned by 30 June 2018. As I have said repeatedly in this chamber, the numbers, I believe, of people transitioning into the scheme were overly ambitious. The Productivity Commission had advised the former federal Labor government not to implement the National Disability Insurance Scheme earlier. They ignored that advice and brought it in 12 months earlier.

As I said before, the delay in the transition of South Australia has had some mixed blessings in that it has allowed some people to take the time needed to adjust, particularly for some organisations and some participants to understand how the scheme works, because it is a radical transformation in the way that services are funded. But we are confident that the vast majority of clients who are supposed to be in the scheme will be in by 30 June. If that is not the case, then adjustments will be made accordingly to payments.

*Parliamentary Procedure***APPROPRIATION BILL 2019**

The House of Assembly requested that the Legislative Council give permission to the Treasurer, the Hon. R.I. Lucas MLC, to attend at the table of the House of Assembly on Tuesday 18 June 2019, for the purpose of giving a speech in relation to the Appropriation Bill.

The Hon. R.I. LUCAS (Treasurer) (15:20): I move:

That this message be taken into consideration forthwith.

Motion carried.

The Hon. R.I. LUCAS: I move:

That the Legislative Council grant leave to the Treasurer, the Hon. R.J. Lucas, to attend in the House of Assembly on Tuesday 18 June 2019 for the purpose of giving a speech in relation to the Appropriation Bill, if he thinks fit.

Motion carried.

Personal Explanation

BUDGET ESTIMATES PROCESS

The Hon. T.A. FRANKS (15:20): Mr President, I had a comment to make with regard to that motion. I did rise to speak.

The PRESIDENT: Sorry, I was reading.

The Hon. T.A. FRANKS: I indicate that certainly as a member of this place I support the Treasurer's request but note that we continue to be one of the few commonwealth parliaments where the upper house is not involved in the budget estimates process, and I ask the Treasurer to take that under consideration.

The PRESIDENT: I will treat that as a matter of personal explanation. I am sure the Treasurer will take it under advisement.

Bills

HEALTH CARE (GOVERNANCE) AMENDMENT BILL

Committee Stage

In committee.

(Continued from 4 June 2019.)

Clause 1.

The Hon. S.G. WADE: I would like to give a response to a question asked by the Leader of the Opposition. I am seeking to respond to the question by the Leader of the Opposition in relation to the ministerial power to direct and the limitations on that power. Before referring to particular clauses I want to stress that none of the sections that I am referring to are in this bill; they are either in the principal act or, shall we say, the first amendment bill 2018. In relation to the minister's power to direct, section 33(4)(a) states:

The governing board for an incorporated hospital—

(a) must comply with any directions of the Minister and any directions of the Chief Executive;...

That power to direct is subject to two other sections in the act. Firstly, under section 6(3):

(3) The Minister cannot give a direction concerning the clinical treatment of a particular person.

Also, under section 34(6), it states:

(6) However, no Ministerial direction may be given by the Minister relating to the appointment, transfer, remuneration, discipline or termination of a particular person.

Those three sections relate to the ministerial power of direction. There is also provision under schedule 3 of the act—this would definitely be in the amendment bill because it relates to governing boards—which is inserted by the first amendment bill, for the appointment of advisers under section 10, dismissal of the governing board under section 12 and administrators under section 13.

The Hon. R.P. WORTLEY: Does that mean that if the local board makes a decision that is found to be a bad decision and that results in some very significant consequences, you are ultimately responsible?

The Hon. S.G. WADE: Let me assure the council that the Westminster system of parliamentary democracy will not come crashing down with the passage of this legislation. Just as under the former Labor government and Liberal governments before it, up until 2008, when boards were abolished, the minister continued to be accountable to this parliament for the portfolio. As I mentioned when the bill was last considered—I think on Tuesday—within this governance structure

the oversight is of the minister, but we and the management team in the Department for Health and Wellbeing will strive to maximise the autonomy of the local boards.

The Hon. K.J. MAHER: Just to confirm, because I think he dodged his way around it a little bit, does the buck stop with the minister in terms of the health system in South Australia?

The Hon. S.G. WADE: Yes.

The Hon. K.J. MAHER: The minister has made much of the autonomy and how the government will listen to and enact the views of local health boards. I understand the chair of the Southern Adelaide Local Health Network, Mr Mark Butcher, wrote to the minister advising there should be additional details surrounding service level agreements to specify the volume, scope and standards of services provided to SA Health by local health networks. If the minister, as he claims, does respect the autonomy and the authority of the incoming boards, why has Mr Butcher's feedback not been incorporated?

The Hon. S.G. WADE: My understanding is that since Mr Butcher wrote that letter, those issues have been discussed with both the other boards and with the department and the consensus was that the provisions in the bill were appropriate. Mr Butcher's approach was not preferred.

The Hon. K.J. MAHER: Just to confirm, is the minister saying that some others do not like Mr Butcher's approach or is the minister saying that Mr Butcher is now satisfied that his concerns have been addressed?

The Hon. S.G. WADE: I would certainly prefer the first combination. I certainly do not have authority to speak on behalf of Mr Butcher.

The Hon. K.J. MAHER: Can I ask the minister if he is aware if the concerns that Mr Butcher raised about additional details surrounding service level agreements to specify the volume, scope and standard of service provided have been adequately addressed to Mr Butcher's standard?

The Hon. S.G. WADE: As I said, I have no intention of speaking for Mr Butcher.

The Hon. K.J. MAHER: This might be an easier one: is the minister aware if Mr Butcher has ever indicated that he feels his concerns have been adequately addressed?

The Hon. S.G. WADE: In any conversation, in any place, with any person, I cannot answer that question.

The Hon. K.J. MAHER: I thank the minister for placing on record that he is not aware that these concerns have been addressed, and that the authority and autonomy—

The Hon. S.G. WADE: To the satisfaction of Mr Butcher.

The Hon. K.J. MAHER: No, no, no—a question to the minister: is he aware of any correspondence or indication from Mr Butcher that his concerns have been addressed in any way?

The Hon. S.G. WADE: I am advised that the issues that Mr Butcher raises in his letter were discussed in a meeting of incoming board chairs, and the consensus of that meeting was not to prefer Mr Butcher's approach.

The Hon. K.J. MAHER: I thank the minister for his answer to a different question that he has chosen to make up an answer for himself, but the question is: does the minister know if any of Mr Butcher's concerns have been addressed at all?

The Hon. S.G. WADE: What seems to be developing here is yet another filibuster by the Labor opposition. I do not know how many permutations of the same question I need to be asked.

The Hon. K.J. Maher interjecting:

The CHAIR: I do not need the sound effects to my left. Okay? I would really like to hear the minister.

The Hon. S.G. WADE: There are more than one million electors in South Australia. Mr Butcher is only one of 10 board chairs. Even if Mr Butcher's views have not changed, the issues

he has raised have been considered, particularly by his fellow board chairs, and the current approach is preferred.

The Hon. K.J. MAHER: The minister has outlined that it is only one of 10 who has raised these concerns so we can sweep aside the views and not worry about them. How many of the 10 chairs would have to raise a concern before changes were made? Is it majority rules in terms of the number of board members or is it three or is it eight? How many of the 10 would have to raise a concern on a specific matter before their concerns would be addressed?

The Hon. S.G. WADE: The government has undertaken consultation on this bill. The government has made a decision having considered the input through that consultation. No person participating in a consultation process has a veto.

The Hon. K.J. MAHER: Can the minister confirm whether any person at all, and more specifically in addition to that any other member of a local health network, has voiced concerns along the same line as Mr Butcher's in regard to the detail surrounding service level agreements?

The Hon. S.G. WADE: I do not have that information.

The Hon. K.J. MAHER: Report progress so you can get it here. Do you want to report progress as you did the last day we did this so you can get answers? I invite the minister to consider whether, being unable to answer legitimate questions of this committee, he wishes to, as he did on Tuesday, report progress so he can fully inform himself of some pretty basic details.

The Hon. S.G. WADE: I have no intention of seeking to report progress.

The Hon. K.J. MAHER: The SALHN board chair has also raised concerns, I understand, with the minister around keeping the CE of SA as employer of staff. Can the minister elaborate on those concerns and if they have indeed been raised?

The Hon. S.G. WADE: In feedback on the bill, the chair of the Southern Adelaide Local Health Network governing board commented that without effective delegations of employing authority there is a risk for LHN governing boards to deliver on their legislative functions. The comments from the chair of the Southern Adelaide Local Health Network governing board were discussed with all governing board chairs, and with the chair of the Southern Adelaide Local Health Network also present. The comments made by the chair of the Southern Adelaide Local Health Network governing board were more specifically about the ability of the governing boards to be involved in the enterprise bargaining process, rather than being an employer of staff.

The department currently leads the process within SA Health for advising the Department of Treasury and Finance on enterprise bargaining negotiations in consultation with the LHNs. From 1 July 2019 a partnership approach between the department and the LHN governing boards will be adopted to ensure they also have input into the negotiations. The department is currently working with government board chairs and LHN CEOs to review current practices and strengthen their collaborative processes. This approach has been discussed by the Treasurer and the Minister for Health and Wellbeing with the governing board chairs. In relation to the—

The Hon. K.J. Maher interjecting:

The Hon. S.G. WADE: If I could answer, Chair.

The Hon. K.J. Maher interjecting:

The Hon. S.G. WADE: Could I answer—

The Hon. K.J. Maher interjecting:

The CHAIR: Let him answer the question. You are in committee; I cannot restrain you no matter how many questions you ask. You have free rein, so relax. We have all afternoon.

The Hon. S.G. WADE: On the issue of the employing authority per se, the board chairs would have preferred for the LHNs to be the employing authority. It was the preference of the employee organisations that the chief executive remain the employing authority. The government has chosen to prefer the position put forward by the employee organisations.

The Hon. K.J. MAHER: The minister may have been mumbling somewhat and I did not understand one of the things he said, but he chose not to help the committee by repeating it. I think the minister talked about another government official who, in conjunction with the minister, has met with the heads of local health networks. Can he repeat who that government official was? To place it in context it might be useful for him to repeat the rest of his answer after that so that I can better understand it.

The Hon. S.G. WADE: Let me put it this way. The officer I was referring to was the Treasurer. Beyond that answer, it was oral. If the member wants he can refer to *Hansard*. Beyond that I am at a loss to recall my statement.

The Hon. K.J. MAHER: Maybe report progress so that we can do that again, come back.

The Hon. S.G. WADE: The Labor opposition may want to establish a filibuster, but this government is determined to get this legislation through for the start of the boards on 1 July. We know that Labor abolished boards, we know that at both the first amendment bill and the second amendment bill they are trenchantly opposing us undoing their mess, but as a parliament we have a job to do. This bill has now been in the public domain for two months. I am ready, willing and able to address issues on the bill but, particularly in relation to the first matter, the Leader of the Opposition seems to think—

The Hon. K.J. Maher interjecting:

The CHAIR: Leader of the Opposition, I am just sitting here. Let him finish.

The Hon. K.J. MAHER: My apologies. Can the minister inform the committee whether it was one meeting that the Minister for Health and the Treasurer held with the heads of all health networks or has it been a number of meetings?

The Hon. S.G. WADE: I have had a number of meetings with board chairs. In relation to the matters we are referring to, as far as I know the Treasurer has had only one.

The Hon. K.J. MAHER: I think I have been misunderstood again—perhaps deliberately once more. Has the Treasurer had a separate meeting with the head of the board chairs or was that meeting with the Treasurer in conjunction with the health and wellbeing minister with the head of the boards?

The Hon. S.G. WADE: I am not aware of any more than one.

The Hon. K.J. MAHER: Again, I thank the minister for his answer but it is a different question he has chosen to answer, not mine. My question was: is the meeting he refers to with just the Treasurer and the health board chairs or was that a joint meeting with the Treasurer as well as himself, as Minister for Health, and the health board chairs?

The Hon. S.G. WADE: A joint meeting.

The Hon. K.J. MAHER: Were there minutes kept of this meeting?

The Hon. S.G. WADE: Not that I am aware of.

The Hon. K.J. MAHER: When did this meeting occur and was there a formal agenda for the meeting?

The Hon. S.G. WADE: I do not recall the date of the meeting, neither do I recall whether there was a formal agenda.

The Hon. K.J. MAHER: Will the minister take on notice and bring a reply back to the committee about when that meeting was held and whether there were minutes or agendas for the meeting?

The Hon. S.G. WADE: I am happy to take that on notice but I certainly do not intend to delay the progress of this bill while that information is sought.

The Hon. K.J. MAHER: As the minister was an attendee at the meeting that we are talking about and the minister has revealed some of the things that were discussed at that meeting, can the

minister reveal if there were any other concerns raised by the heads of the health boards at that meeting?

The Hon. S.G. WADE: I suppose it depends on how you want to characterise the issues. As I have already indicated, there are at least two aspects of this issue: one is the role of boards in the enterprise bargaining arrangements. If you like, that is one issue. The other issue is: who actually employs the staff? If you want to regard the employing authority as another issue, that is a second, but beyond those two I do not recall any others.

The Hon. K.J. MAHER: At that meeting that the Treasurer and the minister attended, was it represented to the meeting by anyone else at that meeting that the issue that the minister has referred to actually posed a risk to the local health networks' governing board ability to deliver on their legislated functions?

The Hon. S.G. WADE: I do not recall anybody at the meeting using that phraseology, but I can assure you that the board chairs going into that meeting made it very clear that they would prefer that the local health networks were the employing authority. That is not the decision of the government and the legislation before you reflects the decision of the government.

The Hon. K.J. MAHER: Are there regular meetings where the chairs of the health boards meet without either the Treasurer or the minister attending?

The Hon. S.G. WADE: Yes.

The Hon. K.J. MAHER: How often are those meetings?

The Hon. S.G. WADE: I will take that on notice.

The Hon. K.J. MAHER: The AMA has raised concerns about the absence of any robust research, evidence or modelling supporting this new governance structure. Can the minister point to any such modelling or is the AMA right to be concerned that there is no such modelling?

The Hon. S.G. WADE: In terms of modelling, I would refer the honourable member to the governance frameworks in, as I understand it, every other state and territory. This has been well modelled in other states. We had two very experienced administrators from other jurisdictions who partnered with us to draw on those models and make sure that South Australia had the best model for its circumstances.

I also take the opportunity to reiterate that this model was taken to the last election. It was vigorously opposed by the former government, it was vigorously opposed by the current opposition in the first amendment bill and it continues to be opposed by Labor now. I would say that not only is this model based on good practice from around Australia but it also has been validated by the electorate. We have a mandate.

The Hon. C. BONAROS: Can the minister confirm for the record that any potential industrial disputes with salaried medical officers regarding their employment status and who their employer is have been an issue of some discussion and whether those issues have now been overcome?

The Hon. S.G. WADE: As I indicated, the employee organisations preferred the chief executive to be the employing authority, which, just to reiterate, is the current arrangement. In that sense, continuing the employing authority arrangements under the new structure ensures there will be no disruption to industrial matters that are currently before the tribunals and the like, and there will not be a change to the legal dynamics as we go into this new regime. As far as I know, the employee organisations are happy with the employing authority aspects of the bill.

The Hon. C. BONAROS: Just for our benefit, can the minister confirm—and I am not doubting that it is the case that the CEO is to be the employing authority—how it is that the potential for any industrial disputes in relation to this bill came to be?

The Hon. S.G. WADE: I would welcome a supplementary question if I am not giving you the answer that you want. The chief executive, with around 40,000 staff, does not manage every industrial matter or, for that matter, undertake every employing authority duty. The employing authority powers of the chief executive are already significantly delegated to the local health networks and I would expect that, as the new structure takes effect, they may well be revised, reflecting the

devolution. We want to empower both local boards and local management but, if you like, the fount or source of the employing authority is the chief executive under the current act, both before and post the two amendment bills.

The Hon. C. BONAROS: Do the employing organisations that the minister refers to include SASMOA and potential industrial disputes to which they have alluded?

The Hon. S.G. WADE: It would be fair to say that the main concerns raised in relation to the possibility of the employing authority moving were raised by the ANMF and SASMOA.

The Hon. C. BONAROS: To be clear, those concerns have now been alleviated?

The Hon. S.G. WADE: Yes, because the chief executive of the Department for Health and Wellbeing is the employing authority both pre and post these changes.

The Hon. C. BONAROS: Have you as minister, or your department or executive, had those discussions with SASMOA and the ANMF in relation to that very issue?

The Hon. S.G. WADE: The department discussed the employing authority issues with the employer organisations, I am advised, in what is called the Industrial Liaison Forum.

The Hon. C. BONAROS: Do we know when those discussions took place?

The Hon. S.G. WADE: My understanding is that there would have been discussions prior to 8 April, but certainly on 8 April the employee organisations received a briefing on the bill, which would include the fact that the employing authority was staying with the chief executive of the department.

The Hon. C. BONAROS: One of the criticisms that has been raised at the stakeholder meeting which many of us attended most recently with a number of NGOs, organised by SACOSS, was a continued lack of input from stakeholder groups regarding the government's strategic plan in terms of health. The feedback was that there has not been open dialogue to the extent that they would expect so that they have an overall picture of what this government's strategic plan is for health. Can the minister (a) provide a reason as to why they would say that and (b) talk us through that criticism in terms of what he considers has been done or has not been done in terms of that stakeholder engagement?

The Hon. S.G. WADE: My understanding is that there is a strategic framework consultation that is underway. I do not know at what stage in that consultation process those comments were made, but I certainly would expect that by the time the strategic framework is progressed all key stakeholders would have been engaged.

The Hon. C. BONAROS: I appreciate that response, but I suppose the criticism has been that this has been a bit of a piecemeal approach in some respects—these are not my concerns; these are concerns that were raised with us—that it has been a bit ad hoc and a bit of a piecemeal approach in that we are dealing with bills separately without an overall picture in terms of that strategic plan. I appreciate that there is still consultation underway in relation to the framework, but that does not do anything to diminish the concerns that have been raised in the context of the overall holistic picture and the strategic plan for health.

The Hon. S.G. WADE: I think it would be better to characterise health as operating under a series of strategic frameworks and individual plans. Ones that come to mind are the Mental Health Strategic Plan that was released at the end of December 2017 and still has some years to run, and my understanding is that the Aboriginal consultative framework is going to be reviewed in the year ahead. So thinking that we cannot consider governance until all the plans are settled, I think, would be misconceiving the way that the department does policy.

In terms of the strategic direction of the government, I would have thought that that was abundantly clear. This government is committed to undoing the damage of Transforming Health. We are determined to decentralise both services and governance. We are determined to increase the range of alternative care pathways, particularly with initiatives like Home Hospital and the enhancement of hospital-avoidance strategies such as Pop-Up Community Care in the north and,

with the establishment of Wellbeing SA, a complete repudiation of the former Labor government's abolition of the primary health and preventative focus within SA Health.

This bill is one element of the government's overall strategy and we believe it is a very important element because rather than looking to SA Health to provide, shall we say, the micromanaged plans to tell everyone what to think and what to do, as the former government tried to do with Transforming Health, we want to put a governance framework in place which involves an ongoing conversation, so that as plans and policies are developed at both the statewide level and the regional level there is real engagement with clinicians and consumers.

The Hon. C. BONAROS: Again, I appreciate the minister's response, but I suppose the feedback that we are getting is that there are still concerns in relation to that consultation process, if you like, and that overall picture. In relation to the consultation itself, can the minister clarify for the record why it is that stakeholder engagement has been staggered? I understand that consultation has occurred with different groups on varying dates. Is there a reason why that has occurred? For instance, my understanding is that unions were consulted on 9 May and the AMA on 16 May. Everyone has not been consulted together, but they have been somewhat staggered.

The Hon. S.G. WADE: I would suggest they are slightly more staggered than the honourable member is suggesting because I would suggest there are two stages to the consultation for this bill. If we take the completion of the first bill as the completion of that consultation process, there were discussions. I think I mentioned in an earlier contribution that there was consultation, particularly with unions, about some aspects before 8 April.

In terms of why we staggered them, some of the meetings would have been staggered because of pre-existing appointments. For example, the meeting with health advisory council presiding members on 15 April was, as I understand it, a predetermined meeting. I presume the other reason the department chose to have more than one meeting was because of the different focus. Unions would naturally be particularly interested in the employing authority and the impact on enterprise bargaining arrangements, which would not be of interest to others.

Also, I think it would be fair to say that the department organised a series of meetings, but every organisation and individual that was contacted was also invited to have a direct briefing—a personal briefing, if you like. So there was not only a series of meetings but an opportunity for more in-depth conversations if stakeholders wanted that.

The Hon. C. BONAROS: I am sure we would be here all day if we were to request that we run through all of the issues raised during those discussions, but can the minister advise whether there were any standout issues that were raised during those discussions and whether they have been incorporated into the bill in any manner?

The Hon. S.G. WADE: I would make two points. First of all, the honourable member has referred to the stakeholder forum that was organised by SACOSS and other bodies, and I think it would be fair to say that the issues they raised there are issues they have also raised with government. Many of the issues that have been raised were not so much with the legislation but with how it is going to work. I think for some peak bodies it is somewhat daunting to have to talk to 10 LHNs rather than one department.

That is one of the dynamics of decentralisation rather than centralisation. It might be to the efficiency of central agencies and the department to be the one source of authority. That might be convenient for unions and other stakeholders, but we will certainly be working hard with all stakeholders to make the journey to engaging a range of LHNs to have a less decentralised model, because we believe it is fundamentally in the interests of consumers, communities and clinicians.

The Hon. C. BONAROS: Can the minister point to specific issues that were raised in relation to the bill or that were the subject of discussion with the AMA in response to their consultation on this bill?

The Hon. S.G. WADE: I have before me the key letter the AMA provided me in relation to this bill, dated 30 April. One of the issues raised was the medical leadership of the new governance structures. With all due respect to the AMA, they are talking about clinician participation on boards and clinician engagement in management. In terms of clinician engagement on boards, I would

remind the council that that matter was dealt with in the first bill. It was the government's view, supported by the parliament, that mandating at least two health professionals per board was appropriate. They have raised issues in relation to the commission on excellence and innovation in health. That is a matter that is not in the bill. It is not the intention of the government to legislate for that commission and so, in our view, it is not relevant to this bill.

In relation to the dissolution of the Health Performance Council, their views, as I understand it, were well ventilated at the stakeholder forum. In relation to system oversight, they talk about the importance to have the evidence to make the right decisions. We believe that through work being done within the department, in Wellbeing SA, in the commission on excellence and innovation in health and in the statewide networks, data will be brought together which will enrich decision-making at all sorts of levels within the structure, certainly much more than what predates this set of bills.

The Hon. K.J. MAHER: I thank the minister for talking about the concerns of SACOSS. Has the minister personally or has his department had meetings with SACOSS to discuss their concerns, over and above written correspondence with each other?

The Hon. S.G. WADE: SACOSS has received a briefing and has written a letter, dated 3 May, but I am not aware of meetings other than that.

The Hon. K.J. MAHER: Has SACOSS raised concerns that go to the fundamentals of the structure of the health system and the impacts that has on health outcomes, over and above specific concerns?

The Hon. S.G. WADE: There are two key documents in relation to the concerns of SACOSS; one being the letter of 3 May, but a more recent joint statement which SACOSS issued, along with other endorsing partners, as they call it. In terms of the 9 May statement, it had three particular sections: one was the oversight and independent safeguarding bodies, and they support the retention of the Health Performance Council as a mechanism for an independent line of authority; they wanted to amend the act to give consumers and those with lived experience an independent voice; and they wanted to statutorily enshrine the Mental Health Commissioner.

In terms of driving whole-of-system improvements to ensure quality and safety, the group sought to amend the functions of the Health chief executive and the functions of the board. The service agreements were also sought to be developed in consultation, and it was proposed that the bill be amended to reflect the requirement for the public health system and services to work in a cohesive way to ensure integrated care around a person's needs. And they made comments in relation to the probity of the board—clauses 11 and 12.

For the benefit of the council, I remind the council that all crossbenchers were provided with a copy of the submissions that the government received on this bill, as did the opposition.

The Hon. C. BONAROS: I note that the minister has just referred to the issue of the service level agreements—and he may have already answered this—but the request that has been made is that they be made visible in the legislation to ensure concerns about driving systemic change on either a population basis or on a disease basis are enacted. SACOSS then provides a justification in the correspondence that you have referred to in relation to that.

My question goes back to the comments made by the minister earlier this week in relation to the consultation process. It was my understanding, and I may be wrong, that in relation to those tight time frames the minister had indicated that the consultation process in terms of this bill is somewhat ongoing, so it was not complete to the extent that there may still be changes.

The Hon. S.G. WADE: What I was primarily saying in my comments earlier this week was that we released the full set of the bill on 8 April and we tabled the legislation on 2 May. Obviously, it has remained on the table since we started the consideration in the council this week. Particularly from 8 April through to now, the consultation on the bill is ongoing. We did not say that we are not going to consider any changes from stakeholders once we have tabled the bill. In that sense, it was something of an ongoing consultation.

I also make the point that the very fact that the stakeholders briefed parliamentarians, which I appreciate because it is important to have a diversity of perspectives shone on any piece of

legislation, was the stakeholders again having another opportunity to introduce change. Both the council, by the filed amendments that we have before us, and the other place will have an opportunity to develop the legislation. Of course, once it passes the house and receives the royal assent, until the parliament looks at it again, it will be settled.

In terms of the rest of the structure of health, there is certainly ongoing work that needs to be done. For example, the final detail of Wellbeing SA will be finalised over the months ahead, and likewise with the commission on excellence and innovation in health. Whilst the basic framework of statewide clinical networks has been put in place, they will of course take more flesh as they are established over time. This legislative framework has been subject to ongoing consultation, particularly through the first bill and now through the second bill, and the conversation on the structure and operation of SA Health will continue.

The Hon. C. BONAROS: Given the minister's answer, I think it is worth pointing out for the record that those submissions were made available because they were requested in the first instance. My question is this: we have alluded to the 8 April date and the 2 May date in terms of the tabling of the bill. One of the criticisms that has been raised was that we provided these submissions and we do not know why, because the bill was tabled and there would not have been time to consider them. If this is an ongoing consultation process, as the minister suggests, has the minister considered any amendments in the context of what SACOSS has outlined in its submission and has the minister sought to meet with SACOSS or, indeed, any of the other stakeholders himself to address the concerns they have raised in that correspondence?

The Hon. S.G. WADE: It is certainly the government's view that much of the feedback from the group of stakeholders—SACOSS-led stakeholders, shall I call them—was taking a different approach to decentralisation. We believe in a decentralised approach. In relation to the continuation of the Health Performance Council, just as the Labor Party established the Health Performance Council as a check and balance as they abolished board governance, we are likewise going back to board governance, putting in place a range of other checks and balances, including the commission on excellence and innovation in health, the statewide clinical networks and Wellbeing SA. We differ from them. We do not believe that we need the Health Performance Council; we believe it unnecessarily duplicates.

The Hon. C. BONAROS: There was one question there that I do not think was answered, that is, irrespective of whether you differ with them in relation to certain measures, has any attempt been made since that correspondence was received to talk to those groups further, specifically SACOSS—that is one of the pieces of correspondence we have here. That is my first question: have we made any attempts to speak to them since the correspondence has been received?

Secondly, there are other measures in their submission that they point to which do not impact on decentralisation. As the minister would be aware, that is something that we supported and are on the record as supporting, so I am not suggesting by any stretch that we would expect the government to adopt amendments to that effect. My question is: have we made any efforts to attempt them and have we given consideration to any of the other amendments or possible changes that have been proposed which do not impinge on the changes that this government is proposing?

The Hon. S.G. WADE: In terms of the meeting, I am not aware of SACOSS having requested a meeting with me.

The Hon. C. BONAROS: I am asking if the minister has sought to meet with SACOSS in response to the correspondence?

The Hon. S.G. WADE: I certainly have not sought a meeting with them. I thought their letters and their statements were clear. I have already mentioned the Health Performance Council and why the government prefers another approach. In terms of amending the act to give consumers and those with lived experience an independent voice, in my view that was an opportunity to ventilate the government's decision in relation to the Health Consumers Alliance in the context of devolution and, again, I think that indicates a centralised approach. What we had under the former government was a centralised bureaucracy which had ordained its consumer partner, if you like.

What we are proposing under our structure is that the Health Consumers Alliance, along with any other consumer representative body, would be able to engage both at the LHN level and beyond

but, if you like, the focus was on the LHNs. So we were not going to centrally fund a consumer voice dependent on government funding rather than membership or other funding. We believe that leads to a not responsive organisation, so we have not taken up that suggestion.

The proposal to statutorily enshrine the Mental Health Commissioner is well beyond the scope of this act. In fact, if you were going to legislate for the Mental Health Commissioner, you would think you would do it in the Mental Health Act not in the Health Care Act. In terms of amending the functions of the Health CEO, much of what they have suggested there would happen and does not need legislative entrenchment. In terms of the functions of the board, we believe that the functions of the board in the act are appropriate. They are based on the functions of other boards in other models.

In relation to service agreements and the suggestion that they must be developed in consultation with community representatives and peak bodies, I think it is important to appreciate that service agreements are primarily an agreement between the local health network and the department. Of course, the LHNs, going into the conversations about service level agreements, have had their year of consumer and clinician engagement which informs their engagement with the service level agreement.

One of the key objectives of the government is to restore financial sustainability to the health system. At the moment service level agreements are, I would suggest, not taken that seriously; they are often not even finalised until September, well into the financial year. It is our intention to have them resolved as close as we can to the beginning of the financial year, so I would say the service level agreements are consumer and community-informed through the boards and LHNs that sign off on them.

The Hon. C. BONAROS: The minister's response points to the reasons that concerns have been raised with members of the crossbench, in particular, in relation to the consultation. If you recall, my initial question was that you have received this correspondence from SACOSS, these are the matters they have laid out, and some of them relate to the core elements of the bill and others, in relation to the service level agreements, potentially not in terms of enshrining them in the legislation.

It goes back to this central issue that we have taken the time, as an NGO, on a shoestring budget, to provide this feedback, and even if we are not going to agree with what has been provided the least the government could do is seek to meet with SACOSS and other organisations and provide the reasons they are not prepared to take up those measures.

In relation to the issue of the Mental Health Commission specifically, the minister says that in his view those provisions are outside the scope of the bill. My thinking would be that if they were truly outside the scope of the bill then parliamentary counsel would advise anyone drafting or seeking to draft those amendments that they were outside the scope of the bill and therefore could not be moved as amendments to this bill.

Given that they are drafted I think it is fair for us to assume that they are within the scope of the bill before us, so my next question to the minister is: has the minister sought any clarification from parliamentary counsel or otherwise as to whether they are outside the scope of the bill we are considering?

The Hon. S.G. WADE: I have not spoken to parliamentary counsel but I have discussed the issue with the Clerk. My understanding is that it would be open to the committee to consider the amendments, but to do so it would need to have already considered an instruction that should have been done before the end of the second reading stage.

The ACTING CHAIR (Hon. D.G.E. Hood): The advice I have received is that the amendments would be allowable, essentially, because they are within the health act itself. That is my understanding.

The Hon. S.G. WADE: I am advised that the advice I gave the council has been updated since consultation with parliamentary counsel, but the key point is that, as far as I am aware, no other mental health commissioner is established under this act. I do not criticise stakeholders for taking the opportunity to ventilate issues that the government has not put on the agenda, but the Mental Health Commission is not part of the board governance framework and the Mental Health

Commission, as I understand it in other states where it is legislated, is legislated in mental health legislation rather than in health care legislation.

The Hon. T.A. FRANKS: In terms of the breadth of this bill, with the Health Performance Council being part of this particular piece of legislation, that is not part of the governance system proposed, so do we already have an organisation or an entity in this bill that is beyond the scope of what the minister just outlined that this bill does?

The Hon. S.G. WADE: I would not agree with the honourable member, because the former government put the Health Performance Council in the legislation when it was abolishing boards. It explained that in terms of needing to have system performance oversight in a situation where the department was going to be both the system manager and the service deliverer, if you like, one entity. Consistent with the restoration of the boards, we regard the Health Performance Council as unnecessary duplication.

The Hon. K.J. MAHER: I would be grateful if the minister could inform the committee how many non-clinical staff—that is, management or administration rather than non-clinical roles—currently work in Country Health SA.

The Hon. S.G. WADE: I do not have that information handy. Sorry, if I may, I might refer to last year's budget paper. That may be the most accessible answer to that question. Relying on state budget 2018-19, Budget Paper 4, Volume 3, sub-program 2.5 is Country Health. The number of budgeted employees for Country Health in 2018-19 is 5,901.

The Hon. K.J. MAHER: That is for Country Health SA?

The Hon. S.G. WADE: Yes.

The Hon. K.J. MAHER: So 5,901 administrative—

The Hon. S.G. WADE: Sorry, that was all staff.

The Hon. K.J. MAHER: That would have been a very big administration and management with 5,000. Is the minister able to segregate that into essentially clinical and non-clinical staff?

The Hon. S.G. WADE: The budget papers do not give that detail.

The Hon. K.J. MAHER: I do apologise, but I cannot remember if the minister said this before: is he able to take that on notice and bring back a reply as to how that figure breaks down, for Country Health SA, the clinical and non-clinical roles?

The Hon. S.G. WADE: Yes, I am happy to do that and I will provide that when it is available. It may not be available before the passage of the bill.

The Hon. K.J. MAHER: Understanding that we do not have the number of clinical and non-clinical, but it will be a subset of that. Just over 5,000 will be non-clinical—some percentage of that. Whatever that percentage turns out to be when we have those figures, can the minister advise how many of those non-clinical positions will be rolled into the proposed rural support service?

The Hon. S.G. WADE: I do not have the detail in terms of how many staff will move between different units, but one thing that I do want to stress is that the rural support service is not part of the department but part of the local health networks. The rural support service will be hosted within the Barossa Hills Fleurieu LHN. The rural support service will be led by a co-director model, consisting of an executive director and a chief clinical adviser, who will jointly lead and manage the rural support service.

The Hon. K.J. MAHER: I think I heard correctly that the rural support service will be wholly regional based; is that what the minister is saying?

The Hon. S.G. WADE: I was suggesting that the rural support service will be organisationally hosted within the Barossa Hills Fleurieu LHN. My understanding is that it will have its head office, if you like, in the country, beyond the metropolitan area of Adelaide. This is in stark contrast to Labor's understanding of decentralisation. Under Labor, decentralisation of Country Health involved moving the staff from Hindmarsh Square to King William Street.

The Hon. K.J. MAHER: What happens if there is a conflict of interest between the rural support service and the LHN in which the minister has indicated it will reside?

The Hon. S.G. WADE: I should stress that the Barossa Hills Fleurieu LHN will host the rural support service, but it will not own it. Services and customer service expectations will be set through formalised agreements with the six regional LHN boards, and be overseen by a management oversight committee of the six regional LHN chief executive officers and an independent chair. The rural support service annual plan and budget will be set based on the mandate agreed by the six regional LHNs. A formal service agreement with a performance measurement framework will be agreed and put in place to set the critical success behaviours, key result areas and minimum performance standards for the delivery of services.

The ACTING CHAIR (Hon. D.G.E. Hood): I do not wish to curtail debate at all, but we have been on clause 1 for an hour and 15 minutes. I draw that to members' attention. Are there any further contributions to clause 1? The Hon. Ms Bonaros.

The Hon. C. BONAROS: I have a question in relation to a submission dated 30 April by the acting CEO of the Southern Adelaide Local Health Network. In that submission it says that, 'SALHN supports in principle the intent of the state government's new governance and accountability framework for the public health system,' but they also provide commentary in relation to a number of the proposed amendments.

Can the minister confirm whether any of those issues have been addressed by way of changes in the bill? Have they been incorporated into the bill at all in terms of the commentary that they have raised? They have raised commentary in relation to the role of the CE, the service agreements and employed staff. So my question is: have any of those concerns or issues been incorporated into the bill?

The Hon. S.G. WADE: Of the three issues raised I have already dealt in some detail about the employing authority, which as I understand it is section 34. I have also dealt with the issue of the service agreement. I am advised that all three issues in the SALHN letter were discussed at the board chairs meeting, as the letter from Mr Morris, the acting chief executive of SALHN, is basically the same letter as was written by Mr Butcher.

The Hon. C. BONAROS: Sorry, just to confirm: I understand the minister's response in relation to section 34 and that those issues have been resolved, but in relation to the issues SALHN raises about service agreements and about the role of the CE, have they been addressed?

The Hon. S.G. WADE: I did previously address both the service agreements and the employed staff, and the issues were discussed, but the consensus was not to agree with the SALHN position. In relation to the role of chief executive, changes have not been put forward as a result of that suggestion.

The Hon. C. BONAROS: And they, for the record, are the same as the issues raised by Mr Butcher?

The Hon. S.G. WADE: To clarify, I am advised that the letter of the acting chief executive officer of SALHN and the letter from the interim chair or transition chair of SALHN were basically identical.

The Hon. K.J. MAHER: What role will health advisory councils play in the future?

The Hon. S.G. WADE: The health advisory councils will primarily continue to be the custodians of community assets and community raised funds, but they also in my view are likely to take a very strong role in community consultation.

In terms of the regional boards, even though we are moving from one country board to six regional boards, some of them will still be quite large. For example, there is a board which is basically Eyre Peninsula and the Far North-West of the state; likewise, there is another board on the north-eastern corner of the state. Within each board there are a number of health advisory councils, and I expect they will become very strong elements of the community consultation networks the boards established. We are certainly encouraging boards to work with health advisory councils, and I have been hearing reports of discussions developing between boards and HACs.

The Hon. K.J. MAHER: Is the minister undertaking that health advisory councils will continue in their operation?

The Hon. S.G. WADE: Yes.

The Hon. K.J. MAHER: And how long does that guarantee that the minister has given last for? That is, how long does this undertaking that health advisory councils will continue last for into the future?

The Hon. S.G. WADE: I have no intention of changing the role of HACs going forward.

The Hon. K.J. MAHER: Can the minister outline how currently HACS are funded and in the past have been funded?

The Hon. S.G. WADE: I am speaking from my understanding rather than from any briefings I have received. I presume that HACs are supported by their local hospitals, but they are not separately funded. Depending on the individual HACS, they can be extremely effective in local fundraising. One of the HACs that comes to mind in that context is the Loxton Health Advisory Council, which, if I recall correctly, over time has raised more than \$1 million, but I am not aware of direct funding to support HACs in terms of their secretariat and the like. My understanding is that that is provided by local hospitals.

The Hon. K.J. MAHER: I know it will vary, but is the minister able to outline and give an example of how much one HAC costs to operate and fund on a yearly basis?

The Hon. S.G. WADE: I have no estimates of the cost to run a HAC. I would indicate to members that the annual reports of all the HACs are tabled in this place.

The Hon. K.J. MAHER: As I understand it—and I am sure the minister will correct me if my understanding is incomplete—

The Hon. S.G. Wade: Or if I have more of an understanding.

The Hon. K.J. MAHER: Or if he has more of an understanding than I do—HACS are not separately funded as a discrete entity or body but they receive their funding for their operation through the local hospitals in the area. I am just not entirely sure if I have understood properly.

The Hon. S.G. WADE: Yes, my understanding and presumption is that HACs are not separately funded and that the support, rather than their funding, that they receive is provided by the local hospital. In that context, section 23 of the Health Care Act provides:

A HAC may, with the approval of the responsible Minister or, if relevant, a responsible public sector instrumentality, make use of the staff, services or facilities of an administrative unit or another public sector instrumentality.

The Hon. K.J. MAHER: I wonder if what the minister is reading is in the current act or in the bill that is proposed.

The Hon. S.G. WADE: It is the current act, introduced by the former Labor government in 2008.

The Hon. K.J. MAHER: And does the current bill as it is proposed in any way vary the provision that the minister has just read out?

The Hon. S.G. WADE: I am advised that clause 19 of this bill makes a minor deletion to the functions of the health advisory council in that it deletes reference to assisting the Health Performance Council in the performance of its functions.

The Hon. K.J. MAHER: In the future, will HACs be supported and/or funded through local hospitals, or will it be LHNs that have the primary responsibility for the HACs in the area?

The Hon. S.G. WADE: I am not anticipating any change because, as I said before, the HACs are focused at the hospital level, whereas the LHN operates at a regional level.

The Hon. K.J. MAHER: But is it not the case that the local health networks will decide the relative funding to each hospital in their area? Is that the sort of autonomy the minister is talking

about, or do LHNs not decide how much hospitals in their area are funded and is that something that is centrally decided by the minister or the central department?

The Hon. S.G. WADE: The local health networks will appoint their own CEOs and manage their own budgets but, as I said, I am not aware of HACs receiving funding from the department as a discrete line item, and in that context I cannot imagine that they need a discrete line item from LHNs.

The Hon. K.J. MAHER: Is the minister saying that a local health network is not capable of making a decision that would stop providing support to a HAC? That is something that is outside their purview?

The Hon. S.G. WADE: The fundamental issue of whether a HAC exists and whether it has statutory powers under the act, LHNs will not control that. If an LHN were to say, 'We're providing support to a HAC and we're not going to provide that going forward,' it would not, in my view, threaten the existence of the HAC. The reality is that HACs are primarily volunteers and they will continue to operate under the current legislation much as they do now.

The Hon. K.J. MAHER: I understand the minister is saying HACs do not have a discrete funding line centrally for the operation of HACs. The minister has also said, as I understand it—and I am sure he will correct me if I am wrong—that HACs receive, effectively, in-kind support in administrative roles from local hospitals, as I gather from the minister. Do any HACs receive more than in-kind support, that is, direct funding, whether that be for hiring meeting halls or paying for printing, other than in-kind support?

The Hon. S.G. WADE: I am not aware of that detail. There are numerous HACs around the state—I think in the order of 40. How each of them operates is not something I have line of sight on.

The Hon. K.J. MAHER: I guess this is what this line of questioning has been building up to. If there was a decision at a local health network level that hospitals in the local health network ought not be providing that in-kind support, and given the minister has guaranteed the HACs will continue, is this one of those areas that the minister would override the local health network to ensure that occurs?

The Hon. S.G. WADE: These are hypothetical questions.

The Hon. K.J. Maher interjecting:

The CHAIR: Leader of the Opposition, he is going to answer your question, I think, or attempt to. If he does not—

The Hon. K.J. MAHER: I will keep asking.

The Hon. S.G. WADE: It is clear under the legislation that the minister's power to make directions is not constrained in relation to HACs.

The Hon. K.J. MAHER: I appreciate the minister's answer, but I do think it is a little bit cute to talk about hypothetical situations, because this is a bill, it is not yet law. Any bill we discuss here, how that works in the future is, by necessity, going to be a hypothetical situation because it is not yet law and we do not have the evidence of how it works. It is self-evident that every single question about the operation of the bill will be hypothetical.

The Hon. S.G. Wade interjecting:

The Hon. K.J. MAHER: The minister provokes by saying it is a hypothetical question, and I think I have a right to say everything is self-evidently hypothetical. Is the minister guaranteeing that he will intervene in the operation of the local health networks if he thinks a single HAC is under threat because it is not being supported properly?

The Hon. S.G. WADE: I will give no such guarantee.

The Hon. K.J. MAHER: Does the minister retreat from his guarantee that HACs will continue into the future, then?

The Hon. S.G. WADE: I gave no such guarantee.

The Hon. K.J. MAHER: Is the minister now saying there is no guarantee for the future of HACs, that they may all fall by the wayside?

The Hon. S.G. WADE: There is—

The Hon. K.J. MAHER: I have not finished yet, and I am on my feet. The minister earlier informed the committee that he gives an undertaking that HACs will continue. When pressed on it, the minister says there is no such guarantee. I ask the minister: which one is it?

The Hon. S.G. WADE: Let me clarify: there is no change to the function and operation of HACs through this legislation. But I will not guarantee that I will send money to supplement a HAC because their local LHN no longer provides them a meeting room. This legislation supports the role of the HACs. They will have an important role going forward in terms of being the custodians of the community assets and the fundraising focus for local communities and, as I said earlier, a focus for community consultation. They have provided very valuable roles in the past and they will continue into the future. I expect they will be treasured parts of the community networks by the local health networks, and I do not expect that there will be any stepping back from the HACs by the LHNs.

The CHAIR: Leader of the Opposition, just for the benefit of this discussion, it is totally appropriate for you to ask questions about what the bill would allow the minister to do, just reflecting on it. It is okay to ask what the minister may intend to do but it is getting very close, if not hypothetical, to ask would a minister ever at any point. I am being very reasonable. Can I just give you that guidance, otherwise we are going to be here all afternoon and we are all going to be frustrated.

The Hon. K.J. MAHER: Thank you, Mr Chairman. I note that the minister, I think, a number of times in his most recent answer talked about what he expects to happen which, of course, is about the future and hypothetically what may or may not happen, so I thank him for his Geoffrey Robertson-style hypothetical entertainment. Just to be abundantly clear, hypothetically, if a—

Members interjecting:

The Hon. K.J. MAHER: I am not asking him for a guarantee but if a local health network issued instructions to hospitals in their area to not provide any more administrative support for HACs, is that something that you would consider—you, as minister—using your wideranging powers to intervene to ensure that support was provided?

The Hon. S.G. WADE: I would be very concerned if any LHN took that step because it would be completely contrary to this government's determination to wind back the centralisation of decision-making under the former government and, for that matter, the total locking out of communities and clinicians that we saw in Transforming Health, in EPAS and in the new RAH.

We have no intention of repeating the mistakes of the former government, and a robust network of HACs, in my view, serves the health system well. They operate in a complementary way to the networks because, for one thing, the networks do not own the assets; they need to be in partnership with the HACs to deliver services in their area. If the landlord for your particular hospital is a HAC and you suggest that you are going to withdraw administrative support to them, that is not a great way to maintain a stakeholder relationship.

The Hon. K.J. MAHER: I have a question on a completely different topic.

The CHAIR: Okay. When you are thinking of using the word 'hypothetical', can I recommend, 'Is it possible under the terms of the bill'—

An honourable member: This is coaching.

The CHAIR: I am the President and I am here to lift the standards of the council, that is all: just helpful advice to the Leader of the Opposition, a former minister.

The Hon. K.J. MAHER: I ask a question, not about how things may operate in the future given certain events precedent, but how things will necessarily operate. How will contracts and funding arrangements operate under the new country health arrangements?

The Hon. S.G. WADE: I expect that LHNs will contract for the services they provide. For example, under the former Labor government the Flinders Medical Centre had multimillion dollar

contracts with Flinders Private Hospital over time. The former Labor government privatised hotel services in the LHNs, and I presume that those contracts were maintained at the LHN level.

There are some services that are delivered as statewide services. For example, when Labor maintained private radiology services in the country that was, as I understand it, done through SAMI, the medical imaging service. However, there will still be some central contracts, particularly where there are economies of scale and other elements of the contract and relationship warrant a central contract, but much of the services of LHNs will be delivered by contracts which are held by them.

The Hon. K.J. MAHER: On another, completely different topic, has the commission on excellence and innovation been established? I hope I am getting that body correct. Maybe you can let me know what it is actually called.

The Hon. S.G. WADE: My understanding is the commission on excellence and innovation in health will be established in the second half of this year. It will be an administrative unit within the portfolio and my understanding is the inaugural head of the commission has been identified as Professor Paddy Phillips.

The Hon. K.J. MAHER: Can the minister outline how the commission will operate and what its roles and functions will be?

The Hon. S.G. WADE: I did highlight these issues in my second reading summing-up. I would remind the honourable member that I was raising the commission on excellence and innovation in that context to highlight how other elements of the government's reform of the health system were addressing functions that are currently undertaken by the Health Performance Council.

If I could just reiterate the comments I made in my second reading summing-up, the commission on excellence and innovation in health will be based on similar entities in New South Wales and Victoria. It will bring together expertise from clinicians, both from the private and public sectors, consumers, health partners and other relevant stakeholders to maximise health outcomes for patients.

It will be recognised as a centre of excellence and a strong partner for clinical improvement and innovation and support the provision of safer, more innovative and efficient health care through empowering clinicians and consumers. I also spoke at length within my second reading summing-up on the expected contribution of the statewide clinical networks and indicated that the statewide clinical networks will be hosted in the commission.

The Hon. K.J. MAHER: I thank the minister for his answer. Does that mean that the commission on excellence and innovation will be independent of government or part of government? Who does it report to, effectively, and can anyone exercise control and direction over the commission and the commissioner?

The Hon. S.G. WADE: I think it would be fair to say that all of what we are discussing today is within government: the LHNs are part of government, the department is part of government, the minister is part of government, the commission will be part of government. What the governance structure does, just as every LHN structure does around Australia except South Australia, is put in place an organisational structure within government that establishes a healthy dynamic.

Part of the healthy dynamic in the commission on excellence and innovation in health is making sure that we have strong clinician engagement on issues in relation to the quality and safety of health services. The reason why the government believes this would add value is because of the experience of other states and territories and, again, our duty to undo the damage of Labor's disastrous Transforming Health experiment.

When the former Labor government decided to not only centralise the department but also centralise services in the three spine hospitals—Lyell McEwin, the Royal Adelaide and Flinders—it also took the opportunity to abolish the clinical senate. We are not using the same name, but the clinical senate had much of the elements of the commissioner. This is, if you like, part of the re-engagement with clinicians that this government committed to at the election and that we have a mandate to deliver.

In terms of the relationships, the commissioner will report to the Premier and the Minister for Health and Wellbeing for the attainment of the performance objectives they set. The commissioner will report to the chief executive of SA Health for matters relating to the attainment of whole of government objectives and the effective management of the office, but it will be a separate office from the Department for Health and Wellbeing, and so the commission will be able to work with local health networks, the Department for Health and Wellbeing, and private providers as an independent partner whilst drawing on the administrative resources of the department, thereby reducing duplication.

The Hon. K.J. MAHER: I am wondering if the minister can outline what was the view of any of the state's integrity bodies or agencies in relation to probity matters that occur in this bill?

The Hon. S.G. WADE: In terms of advice of commissioners, I have not sought the advice, nor as far as I know has the department sought the advice of the Independent Commissioner Against Corruption but, in terms of the issues in relation to disclosure of interests, we have sought the advice of the Commissioner for Public Sector Employment.

The Hon. K.J. MAHER: What is the view of the Commissioner for Public Sector Employment and what was the nature of the advice sought?

The Hon. S.G. WADE: I seek your guidance, Chair. I am more than happy to share the contents of this letter but it seems to me to be directly related to the clause that deals with the amendment—

The CHAIR: You are free to table it. Is that your intention?

The Hon. S.G. WADE: What I am actually seeking to do is perhaps discuss the issue when we discuss the issue. Are we suggesting—

The CHAIR: It is at the will of the committee.

The Hon. S.G. WADE: Yes. Let me give you a broad indication. I am not really sure what the purpose of clause 1 is. I should say, I am not sure what the purpose of all the other clauses is if we are going to do everything at clause 1 without—

The CHAIR: We can have a free-ranging discussion on clause 1 or, if it is the will of the committee, we can hold off on some of these issues and deal with them at the clause. It is up to the will of the council. It is not the Chair of the committee's role to corral members. I am interested to hear from members. If the minister is seeking some indication from members, we can hold that issue off until the clause.

The Hon. S.G. WADE: I am happy to give the answer but I think we are slipping again into a filibuster and this government is determined to get the legislation through.

The CHAIR: The questions, minister, have been reasonable.

The Hon. K.J. MAHER: This may provide some help for the minister. He seems very anxious at the moment for some reason.

The CHAIR: We do not need the social commentary. Just get to the point.

The Hon. K.J. MAHER: It may be of benefit if the minister wishes to table the letter. I have a few more questions generally about the issue and then we can drill down in much greater detail once we get to the clause. It may be helpful if the minister wishes to table the letter now so we can consider it when we next consider this bill, and have a much better look at the letter.

The Hon. S.G. WADE: I thank the honourable member for the suggestion and I am happy to table the letter.

The CHAIR: Do you have two copies there just in case we get a question on the contents of the letter?

The Hon. S.G. WADE: No, I do not have two copies. Could I undertake to table it?

The CHAIR: The parliamentary staff will make a copy of the letter, just so that we do not then launch into questions immediately. So you are seeking leave to table the letter?

The Hon. S.G. WADE: Yes.

Leave granted.

The Hon. S.G. WADE: I understood the honourable member's question was in relation to whether the ICAC commissioner had been engaged, in relation to the amendment in relation to conflicts of interest, and my advice is that we have not engaged the ICAC commissioner on the proposal in the bill. What I do indicate is that the ICAC commissioner briefed the incoming board chairs in relation to probity issues.

The Hon. K.J. MAHER: I thank the minister for his answer. Yes, the Independent Commission Against Corruption is one of this state's integrity agencies or bodies, but there are quite a number of others. Have any others expressed a view on this bill?

The Hon. S.G. WADE: Considering it was a very broad question, I am not aware of any integrity bodies that have made submissions on this bill.

The Hon. K.J. MAHER: I thank the minister for his answer. In response to the answer before that, I think the minister chose his words very carefully when he said that neither he as minister nor the department have sought the views of ICAC. He went on to say that ICAC has provided some, I think, training for heads of local health networks. Although the minister and his department have not sought the views of ICAC, has anyone from ICAC, of their own volition, offered views to the minister or his department?

The Hon. S.G. WADE: Other than the presentation of the ICAC commissioner to board chairs, I am not aware of any advice being proffered by the ICAC commissioner in relation to the governance reforms.

The Hon. K.J. MAHER: Have any views been sought or expressed in relation to this bill from the Mental Health Commissioner?

The Hon. S.G. WADE: Neither my adviser nor I recall the department having sought or received advice from the Mental Health Commissioner on this bill in particular. Obviously, the Mental Health Commissioner is involved in the mental health services planning process, and I have been actively engaging him on issues in relation to mental health governance reform.

The CHAIR: Does any other—

The Hon. K.J. Maher interjecting:

The CHAIR: Excuse me, I am now reaching out to other members of the committee. This does not involve just the two of you.

The Hon. K.J. Maher interjecting:

The CHAIR: Do not try my patience at 5 o'clock on a Thursday. Does any other honourable member have any matters they wish to raise on clause 1? Before I proceed with putting questions, I note that when we come to clauses 4 and 5 the Hon. Ms Franks has indicated, by way of filing, that she intends to oppose those two clauses. Then we come to the insertion of a new clause 5A by the Leader of the Opposition. I am saying that by way of guidance to members. It is my intention to put clause 1 and then put clauses 2 and 3 together. Then we come to clause 4. Does any honourable member have any objection to this course of action?

Clause passed.

Clauses 2 and 3 passed.

Clause 4.

The Hon. T.A. FRANKS: I move:

Amendment No 1 [Franks-1]—

Page 3, lines 7 and 8—This clause will be opposed

While this is the amendment of the long title, it seeks to oppose the deletion of the words 'the Health Performance Council' from the long title of the act. I take this as a test clause for keeping the Health

Performance Council in our act until such time as it can be debated whether we should remove it. At this stage it has been admitted by the government itself that this presupposes many things; in fact, that may be done at a future date. It is not crucial in this particular debate and in this particular amendment bill that we delete the Health Performance Council at this stage.

The Hon. K.J. MAHER: I rise to indicate that the opposition will be strongly and vigorously supporting this amendment No. 1 [Franks-1].

The CHAIR: It is not an amendment, even though it is expressed like that, it is opposition to a clause, so you are going to oppose clause 4.

The Hon. K.J. MAHER: We are with the Hon. Tammy Franks, Mr Chairman. If I understood it correctly, we will use this as a test clause for further amendments Nos 2, 3, 5 and 6. Are they the particular ones we are looking at?

The CHAIR: It is not really a test. The Hon. Tammy Franks has filed it this way as a matter of courtesy to the council, in that she is indicating that she is going to oppose it. It is not really a test of the others. This member is going to oppose, so honourable members should be either expressing their dissatisfaction for this clause, they should be expressing their support for the clause or even their ambivalence.

The Hon. K.J. MAHER: I have much more than ambivalence, Mr Chairman.

The Hon. T.A. FRANKS: To clarify, it is indeed a test because it is a test of the principle of keeping the Health Performance Council.

The CHAIR: Yes, I am just talking very technically.

The Hon. T.A. FRANKS: So in that way it is a test of the will of the council on that matter, even though we are simply deleting the reference in the title in this particular clause, and the Greens will be opposing the clause.

The CHAIR: Not all members may follow the logic but, yes, I accept your practicality.

The Hon. T.A. FRANKS: I thought it was clear but I just made it sound more confusing.

The Hon. K.J. MAHER: I think you are more correct than he is.

The CHAIR: I am just providing guidance from the Chair, so just go with your rationale now.

The Hon. K.J. MAHER: Thank you, Mr Chairman. I might finish my remarks in supporting the proposal of the Hon. Tammy Franks. As suggested, these proposals stop the government from abolishing the Health Performance Council. I made reference in my second reading contribution that this valuable council provides independent oversight and reporting to parliament and the views of the entire health system systematically, not just focussing on hospitals.

This council is one of the only bodies in SA dedicated to considering the health system holistically and long term. The minister has proposed a commission for innovation and excellence that will, I think—

The Hon. S.G. Wade: Excellence and innovation.

The Hon. K.J. MAHER: A commission for excellence and innovation, because the order of those two words is critical apparently. It will, in effect, replace the Health Performance Council or it will come in as the Health Performance Council goes out, if the bill stands, as is proposed by the minister. From what I understand the government said and the contribution the minister has made on clause 1, this will not be an independent body, it will not report to parliament, it will not provide oversight of the whole system and it will not necessarily look at it holistically.

We think the abolition of the council is a clear attempt to remove independent oversight of SA Health and the health system, and we will be opposing it and supporting the proposal put forward by the Hon. Tammy Franks and the further proposals that remove other clauses of this bill that abolish this council.

The Hon. S.G. WADE: I need to choose my words carefully, but certainly the government is going to regard the result of this clause as an interesting indication of the will of the council,

however you want to phrase it. I would like to take the opportunity to highlight the hypocrisy of the Labor Party: 'Don't look at what we do, look at what we say.' This is the party that abolished boards in 2008 and in that context established the Health Performance Council. Twice since then they sought to abolish the Health Performance Council with no proposal to put in place an enhanced governance framework.

Then the Leader of the Opposition dares to stand here and say the only enhancement we are making in lieu of the Health Performance Council is the commission on excellence and innovation in health: it is just not true. As I said in my second reading summing-up, since the Health Performance Council was established there has been significant change in the governance arrangements. The National Health Reform Agreement provides for a whole series of reporting mechanisms. The Australian Institute of Health and Welfare, of course, and the Productivity Commission provide strong, independent data, which is nationally comparable and which is extremely important.

It is one thing to have a homegrown set of data, but if it cannot be compared and contrasted with other jurisdictions people often have trouble assessing the relative performance of a health system. Even within the health and wellbeing portfolio in the government of South Australia, this government is significantly strengthening the system performance oversight. We are putting in place a department that will no longer have a conflict of interest in being both the manager of the system and the service deliverer, which you had in the Labor centralised model. With decentralised board governance the system manager, the department, will be able to take an independent system manager assessment of the operation of the system.

In terms of the commission on excellence and innovation in health, it has a very strong role in terms of overseeing the system as a whole but also with a particular focus on clinical informatics. I know the Australian Medical Association, as a key stakeholder, is very keen to strengthen our clinical informatics. They would prefer to see it based in a university; we believe it needs to be in touch with the health system it is seeking to serve.

The model that is used in other states and territories, such as the New South Wales Agency for Clinical Innovation and the Clinical Excellence Commission are both within state government but at arm's length, as is this commission. The honourable member asserts that the commission will not be accountable to the parliament. The commission will be providing an annual report and my understanding is that it will be tabled in parliament.

The Hon. C. BONAROS: I will refer briefly back to the comments I made about consultation. Fortunately for the stakeholders who we have been talking about today, even where the government chooses not to consult or not to speak to them directly about issues they have raised as concerns, there are a number of other members in this chamber who are free to do so and, in fact, welcome the opportunity to do so. I think in this instance that is precisely what we have done.

While I acknowledge what the minister has said, and the points he has made in relation to the centre for innovation and excellence, I remain concerned about the concerns that have been raised by stakeholders during those discussions about the removal of what they call a crucial piece of architecture that was put in place to ensure the independent examination and review of the health system. I remain concerned that their concerns have not been fully addressed by the government's proposal and, as such, I will be opposing the clause that seeks to remove 'department' from the bill.

Clause negatived.

Clause 5.

The Hon. T.A. FRANKS: I move:

Amendment No 2 [Franks-1]—

Page 3, lines 9 and 10—This clause will be opposed

Again, this does oppose the clause. In this case, it is with regard to the Health Performance Council, and what it does is it opposes the deletion of the current definition of the Health Performance Council.

The Hon. S.G. WADE: I regard this as consequential on the—

The CHAIR: It cannot be consequential because it is not actually—it is an indication—

The Hon. S.G. WADE: So on the basis of the council's previous indications of intent, I intend not to object to this amendment.

The CHAIR: Following on from the last vote, one might be able to predict the outcome.

Clause negatived.

New clause 5A.

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

Amendment No 1 [Maher-1]—

Page 3, after line 10—After clause 5 insert:

5A—Amendment of section 5—Principles

Section 5(f)—after subparagraph (iv) insert:

- (iva) that is inclusive of primary health care networks, Aboriginal and Torres Strait Islander health services and public health services provided in local government, aged care and disability sectors; and

And it is an amendment to put something in that was not there before rather than taking something out that currently was proposed.

The Hon. S.G. Wade: He wants to be President, doesn't he?

The Hon. K.J. MAHER: A lot of people in this chamber do want that, minister. This amendment—

The Hon. S.G. Wade: Not me.

The Hon. K.J. MAHER: You never know; one day. This amendment adds to the principles of the Health Care Act to reflect that the health system should be inclusive of primary health networks, Aboriginal and Torres Strait Islander health services, public health services provided in local government, aged care and disability sectors.

This amendment, along with other amendments moved by the opposition, has arisen out of the joint submission from many representative bodies, including the South Australian Council of Social Service, the Health Consumers Alliance of South Australia, the Aboriginal Health Council of South Australia, the Lived Experience Leadership and Advocacy Network, the Australian Association of Social Workers South Australia, the South Australian Network of Drug and Alcohol Services, the Australian Health Promotion Association South Australia, the Public Health Association of Australia and the South Australian Mental Health Coalition.

The opposition has greatly appreciated, as I know other members have, receiving the valuable contributions these organisations provided in their joint submission and their ability to hold briefings. We are committed to putting forward some of the amendments to give effect to those contributions, and this is one of those.

The Hon. S.G. WADE: This amendment seeks to insert a new clause into the principles of the act to require that health services are inclusive of primary health networks, Aboriginal and Torres Strait Islander health services and public health services provided in local government, aged care and disability. The government does not support the amendment. The state government is not involved in the administration of these health services, so it does not make sense to legislate services outside of the South Australian public health system.

Primary health networks are commonwealth entities and the commonwealth is responsible for the regulation of aged care and services provided under the NDIS. Aboriginal health services, whilst receiving funding from the state, are external entities. Section 33(1)(h) requires the governing boards to cooperate with external providers such as this, but to put it in the functions of the act that the local health networks are responsible for services which are beyond the state public health system we do not believe makes sense.

The CHAIR: Can I ask honourable members, if they are so minded, to indicate their views?

The Hon. T.A. FRANKS: To assist the Chair, we will be supporting this amendment.

The Hon. C. BONAROS: We will also be supporting the amendment.

New clause inserted.

Clause 6.

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

Amendment No 2 [Maher-1]—

Page 3, after line 21 [clause 6(1)]—After paragraph (e) insert:

- (ea) to establish and maintain a body that independently represents the interests of consumers and patients;
- (eb) to engage with consumer representatives and other interested parties in the development of health care policy, planning and service delivery;

This amendment adds to the functions of the chief executive of SA Health. Importantly, this amendment adds as a responsibility of the chief executive 'to establish and maintain a body that independently represents the interests of consumers and patients'. This amendment aims to enshrine the role of the Health Consumers Alliance, a body that the government proposed to axe their funding to in the 2018 budget.

The state government funding for the Health Consumers Alliance represents 80 per cent of that organisation's total funding. The government decided to axe the entirety of this funding last September. These amendments will also add to the chief executive's functions to engage with consumer representatives and other interested parties in the development of healthcare policy, planning and service delivery.

The Hon. S.G. WADE: This amendment seeks to include new clauses under the functions of the chief executive to establish and maintain a body that independently represents the interests of consumers and patients. It puts that responsibility on the chief executive of the department and, to my mind, persists with the centralised view of the health system.

One of our concerns about the system we inherited from the former Labor government is that you had a centralised department with a centralised Health Consumers Alliance. The Marshall Liberal government, in reforming the governance of SA Health, includes the establishment of local health networks, and as governance devolves to the boards the focus of consumer and community engagement will shift to the LHNs.

The boards will become fully operational in July, subject to the passage of this legislation, and each board will establish strong relationships with local consumers, particularly through the development of a community engagement strategy. As we devolve health services, it makes sense to devolve consumer engagement. Statewide collaboration in relation to consumer engagement will be driven by the networks.

The Health Consumers Alliance has expertise in this area and is well placed to undertake funded project work for local health networks. The alliance is a membership organisation and yet less than 1 per cent of its income last financial year came from its membership fees. I do not believe that it is healthy for a consumer advocacy body to be so reliant on centralised funding. Certainly, I believe that devolving consumer engagement will make the Health Consumers Alliance more responsive to the network of consumers around the state.

In my comments to this council last year, I indicated that I hoped that the Health Consumers Alliance would take up the opportunity to redraw their business model and engage the local health network boards in their role. In that context, I was pleased to see recently that the Health Consumers Alliance has been engaged by SA Health in the review of the current framework and establishment of the statewide consumer feedback and complaints management strategy framework. That was at a cost of more than \$100,000 and, perhaps more significantly, for a term up to the end of February 2020.

I can assure you that the Marshall Liberal government expects that the Health Consumers Alliance will continue to exist beyond 1 July. We certainly strongly believe in consumer and community engagement. That is exactly why each of these LHNs has a statutory duty to develop a strategy to engage both clinicians and communities. The fact is we have the Department for Health using the Health Consumers Alliance for project work. I am certainly aware that the Health Consumers Alliance has been used by LHNs in the past. I expect it will continue to be used by LHNs in the future.

I do not believe that this amendment will lead to any positive outcome in terms of saving the Health Consumers Alliance, because I believe the future of the Health Consumers Alliance is in its own hands, as it should be. It seems somewhat bizarre to have a consumer network that you expect to provide strong advocacy that is beholden to a central agency and, according to this amendment, the chief executive of the department that they are trying to keep accountable. We believe a devolved model would lead to a more rigorous and effective consumer voice.

The Hon. J.A. DARLEY: I indicate that I will be opposing this amendment.

The Hon. T.A. FRANKS: The Greens will be supporting this amendment. I note that, when it comes to consumer advocacy in the health space, that is actually a hallmark of good governance. In fact, quite rightly it should be ensured. We have a chief executive in a centralised role in this decentralised system, but apparently that is not good enough to have a centralised role of coordination for the consumer voice to be heard. I think that is a balance that is out of kilter in a healthy decentralised model. Therefore, the Greens will be supporting the opposition amendment.

The Hon. C. BONAROS: Can I just indicate for the record that I do not accept the minister's justifications for not accepting this amendment in terms of a decentralisation model that we are considering. I think that the amendments that have been drafted do fit within the scope of even what the government has outlined in terms of the role of the chief executive in promoting effective and efficient use of available resources in the public health service, for instance, and in undertaking planning for the health system statewide.

They are just a couple of examples in terms of the government's own measures. Again, I do not accept the minister's justification for not supporting this amendment but indicate that we will be supporting the amendment.

The Hon. S.G. WADE: I would clarify that my main objection is to the first clause. The principle of engaging consumers and communities is central to our board structure and operation, but what subparagraph (ea) suggests is that the chief executive establishes and maintains a body. The Health Consumers Alliance actually would not fit that bill because it is already established. It is a community organisation, as understand it, independently incorporated. Apparently, under this amendment, the chief executive has to go and establish his or her own—at the moment it is a 'his'.

I think it is against the principles of decentralisation for the head of the department to ordain who shall be the voice for consumers. I would welcome a diversity of voices of consumers. For example, there might be a voice that is particularly strong in mental health, there might be a voice that is particularly strong in terms of women's rights or the interests of country people. But, no, we are going to establish a body and it is going to be established by the head of the central body. I appreciate that the honourable members like the idea of consumer engagement, but what does this mean?

The Hon. C. BONAROS: Can I highlight for the record that one of the criticisms of the former government's Transforming Health proposal—one of the continued criticisms—is the lack of representation and the lack of engagement with not only consumer and patient bodies but also stakeholder engagement. Again, I am sure that the government, with all the resources available to it, could formulate a model for a body that independently represents the interests of those consumers and patients and gives them a direct voice in terms of the direction of our health services.

The Hon. S.G. WADE: I would assert that that is exactly what we are doing. Through project funding we are already engaging the Health Consumers Alliance with more than \$150,000 of funding in relation to developing a framework. I believe that, as the Health Consumers Alliance continues to establish valuable partnerships, its funding and its future will be secure. However, this does not even mention the Health Consumers Alliance, it says that the chief executive will need to establish a body.

There is no detail as to what it is and no standards to say when that goal is committed. I believe that it is not an amendment that should be supported.

The Hon. K.J. MAHER: I comment that the Minister for Health and Wellbeing concedes that in his view that is what they are already doing. If that is actually and truly the case and the Minister for Health and Wellbeing believes that is what will continue into the future then this amendment does no harm whatsoever and just ensures that what he claims it is doing continues.

The Hon. S.G. WADE: I do not think this amendment does harm, but I believe it is directly contrary to the principle of an independent consumer voice. The independent consumer voice is going to exist with or without this amendment. We are respectfully engaging consumers; that is why we are funding the Health Consumers Alliance in a major project as we speak. This amendment is philosophically opposed to the idea of the consumer movement because you have the chief executive of the department being required by statute to establish a consumer voice.

Amendment carried; clause as amended passed.

Clause 7.

The Hon. T.A. FRANKS: I move:

Amendment No 3 [Franks-1]—

Page 4, lines 13 and 14—This clause will be opposed

Again, this deals with the Health Performance Council and retaining it for the present time.

The Hon. S.G. WADE: On the basis of earlier discussions in the council, I intend to support this amendment.

Members interjecting:

The Hon. S.G. WADE: This is an HPC one; it is a consequential amendment. Why don't we get a bit of clarity here? It is a consequential amendment.

The Hon. K.J. MAHER: Mr Chairman, you said it is consequential. It is closely related to what has gone on before.

The CHAIR: It is not technically consequential. Consequential is where you put—

The Hon. T.A. Franks interjecting:

The CHAIR: No, the Hon. Ms Franks, I agree that I am being technical.

The Hon. S.G. Wade: The Chair is not helping the council.

The CHAIR: It will if you listen, minister. The consequential—

The Hon. K.J. Maher interjecting:

The CHAIR: Are we all finished? A consequential amendment is where you have one particular amendment and therefore, technically, because of the law that has been changed, all the other associated amendments must follow because of a technical legal requirement of the first amendment.

When a member puts an amendment, such as amendment No. 3 [Franks-1], that this clause will be opposed, any member is free to oppose the clause. That is a courtesy, which I thank the Hon. Ms Franks for, of her intentions in relation to that clause and therefore prompts the Chair of the committee to call upon the member to give their views in opposition. In this case, because they all flow together, members can anticipate each other's position, but it is not a test in the purest form. Therefore, these are very helpful and I thank the Hon. Ms Franks' prompts for debate on these clauses.

The Hon. K.J. MAHER: The opposition will be supporting this consequential amendment and notes the test clause that has previously gone before.

The Hon. S.G. Wade: He is defying you, Mr Chair.

The CHAIR: It is too late. I am soon going to wash my hands of it. You can reflect on the *Hansard* in the following week and it will dawn on you the accuracy of the gift of knowledge and wisdom the Chair has been giving you.

Clause negatived.

New clause 7A.

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

Amendment No 3 [Maher-1]—

Page 4, after line 14—After clause 7 insert:

7A—Insertion of Part 3

Before Part 4 insert:

Part 3—Mental Health Commissioner

9—Appointment

- (1) There is to be a Mental Health Commissioner.
- (2) The Commissioner is appointed by the Governor.

10—Terms and conditions of appointment

- (1) The Commissioner will be appointed for a term not exceeding 5 years and on conditions determined by the Governor and, at the end of a term of appointment, will be eligible for reappointment.
- (2) The appointment of the Commissioner may be terminated by the Governor on the ground that the Commissioner—
 - (a) has been guilty of misconduct; or
 - (b) has been convicted of an offence punishable by imprisonment; or
 - (c) has become bankrupt or has applied to take the benefit of a law for the relief of insolvent debtors; or
 - (d) has, because of mental or physical incapacity, failed to carry out duties of the position satisfactorily; or
 - (e) is incompetent or has neglected the duties of the position.
- (3) The appointment of the Commissioner is terminated if the Commissioner—
 - (a) becomes a member, or a candidate for election as a member, of the Parliament of a State or the Commonwealth or a Legislative Assembly of a Territory of the Commonwealth; or
 - (b) is sentenced to imprisonment for an offence.
- (4) The Commissioner may resign by notice in writing to the Minister of not less than 3 months (or such shorter period as is accepted by the Minister).

11—Temporary appointments

The Minister may appoint a person (who may but need not be an employee in the Public Service) to act as the Commissioner—

- (a) during a vacancy in the office of Commissioner; or
- (b) when the Commissioner is absent from, or unable to discharge, official duties; or
- (c) if the Commissioner is suspended from office under this Act.

12—Honesty and accountability

The Commissioner and any other person appointed to act as the Commissioner are senior officials for the purposes of the *Public Sector (Honesty and Accountability) Act 1995*.

13—Functions

- (1) The Commissioner has the following functions:

- (a) to identify and review issues about—
 - (i) mental illness in South Australian communities, including within aged care, disability and Aboriginal and Torres Strait Islander communities; and
 - (ii) the provision of mental health services in South Australia;
- (b) to inquire into and report on any matter relating to mental illness and mental health services on the Commissioner's own motion, at the request of the Minister, the Chief Executive, a patient or a body or person representing the interests of consumers or patients;
- (c) to review and identify any causes of concern with—
 - (i) the provision of mental health services; and
 - (ii) trends in the delivery of mental health services and the mental health of the population;
- (d) to advise, and report to, the Minister on any matter relating to mental health services and issues or trends in the area of mental illness; and
- (e) to maintain links with—
 - (i) mental health service providers; and
 - (ii) organisations that have an interest in the provision of mental health services; and
 - (iii) organisations that represent the interests of patients and consumers of mental health services; and
- (f) to perform other functions conferred on the Commissioner by or under this or any other Act.

14—Annual report

- (1) The Commissioner must, on or before 30 September in every year, forward a report to the Minister on the work of the Commissioner under this Act during the financial year ending on the preceding 30 June.
- (2) The Minister must, within 6 sitting days after receiving a report under this section, have copies of the report laid before both Houses of Parliament.

We regard this as a particularly important amendment. The amendment enshrines in the statute the role of the Mental Health Commissioner, a role the government is seeking to abolish as part of its mental health governance review.

I note that the minister himself was one of the people originally arguing for the establishment of a mental health commissioner. Now we find that his government is trying to scrap this role and, as I am advised, is basing their plans on a commission report written up by interstate consultants that many have advised followed a less than desirable stakeholder engagement process.

I think it is important to make it very clear that this amendment was a suggestion from the joint submission, to which we referred from that extensive list of stakeholders, and the opposition believes it is one that should be enshrined under the Health Care Act.

The Hon. S.G. WADE: As I indicated earlier, if this was a matter that the council was attracted to, I believe that it would appropriately sit in the Mental Health Act and not in the Health Care Act. My understanding is that in other jurisdictions where the Mental Health Commissioner is statutorily enshrined it is done in such legislation.

The Leader of the Opposition has taken the opportunity to yet again highlight the hypocrisy of the Labor team. The mental health community has sought a statutorily entrenched mental health commissioner for some time, and the former Labor government of which he was part, specifically chose to establish the Mental Health Commission without a statutory base.

This government, on being elected, established a mental health governance review that dealt with a whole range of issues in relation to mental health governance. One of them, for example, was

in relation to the former government's merging of the role of the Chief Psychiatrist with the executive management of mental health services within the Department for Health and Wellbeing.

The review dealt with a number of other matters and in the context of the establishment of Wellbeing SA and the proposed functions of the Office of the Chief Psychiatrist suggested that the Mental Health Commission should not continue.

The government took an interim response to the community for consultation and has received a number of submissions. The government is considering those submissions and I will be taking a submission back to cabinet in due course. In that context, I would not be in a position to accept this anyway. We are in the middle of a consultation process and, from the government's point of view, I would say, 'Well, what consultation has the opposition engaged in with the mental health community?'

It is one thing to say a group of respected stakeholders have reiterated their longstanding support for a statutorily-based mental health commissioner; it is another thing to say that these statutory provisions that we present to you now have been consulted on amongst the mental health community: consumers, carers, people with lived experience, mental health organisations and different stakeholders. If the Labor Party wants to act in opposition in a way that it was never willing to do in government, the least they could do is to consult on a model before they seek to statutorily entrench it.

The Hon. K.J. MAHER: The minister asks about consultation. I can reiterate that the principles underlying this amendment were probably given greater consultation than the minister has regularly engaged in. I will reiterate some of the bodies that purported the principles that these amendments are based on: the South Australian Council of Social Service, the Health Consumers Alliance of SA, the Aboriginal Health Council of SA, the SA Lived Experience Leadership and Advocacy Network, the Australian Association of Social Workers SA, the SA Network of Drug and Alcohol Services, the Australian Health Promotion Association SA, the Public Health Association of Australia and the Mental Health Coalition of South Australia. When the minister asked, 'What consultation occurred?' well, that is pretty extensive consultation.

I might just point out the irony of the minister attempting to call out hypocrisy in relation to this. I think it was the minister who previously called for the Mental Health Commissioner. It is a complete 180° turnaround to suggest its abolition, and I am advised that, as recently as in the last estimates, he said he had no plans to abolish it. If that is actually true, then he should be welcoming these amendments that will help him keep his word and help him keep the word that he gave the parliament.

I know the minister is desperately looking for reasons to attack this proposal in order to try to win crossbench support to abolish the Mental Health Commission. One of the more foolish suggestions that he has made is that it should not be in the Health Care Act. It may be a little disingenuous to suggest that. Of course, this is a reasonable act for it to be in. The Mental Health Act deals with provisions of mental health care services and powers; the Health Care Act deals with the governance of the entire healthcare system. It is entirely reasonable that this is the correct place for these provisions to be placed.

If you look around the country, the National Mental Health Commission—there is a national one, as there should be a South Australian one and as there is one in other states, not to abolish it—is established under the Public Sector Management Act, not a specific act or not a mental health act. Queensland has its own Mental Health Commission Act, as does New South Wales, but the WA Mental Health Commission is established under the WA Public Sector Management Act. There are a wide variety of mechanisms and ways in which these are established. They exist federally and in a number of other states.

We oppose the minister's desire to oppose the commission. There has been extensive consultation on the principles that support these amendments, and we think that the organisations that have put forward these ideas are worthy of being respected and of having their ideas enshrined in this legislation.

The Hon. S.G. WADE: I ask the honourable member how many of the organisations he referred to received a copy of this amendment? What feedback did they provide on the draft?

The Hon. K.J. MAHER: I am happy to take that question on notice and provide the minister with an answer after we have completed this bill—as he has done on a number of occasions with very serious questions I have asked him.

The Hon. S.G. WADE: I think that is enough of an answer for the house. If he—

The Hon. K.J. Maher interjecting:

The Hon. S.G. WADE: I am happy to take on notice what proportion of Country Health SA staff are administrative staff. That is not mentioned in this bill anywhere. However, when you are bringing forward an amendment that seeks to statutorily entrench a model that is clearly deficient—

The Hon. K.J. Maher interjecting:

The CHAIR: Please, you are sitting down. The minister is on his feet. We established this principle over the week.

The Hon. S.G. WADE: I can assure you that any mental health commission I would enshrine in statute would not be as thin as this. There is not even a mention of lived experience. Where is the consumer's voice and the carer's voice? This is not what the Mental Health Coalition would be looking for, this is not what the mental health community would be looking for. This is just a Labor stunt on a bill.

The government is going to continue to respect the consultation we have engaged in. We put out a report from an independent reviewer and we have given the community an interim government response. We are, as a government, considering the feedback from that consultation, and that will involve cabinet consideration. I am certainly not going to sketch the mental health governance structure going forward because we have engaged in a consultation process with the sector.

We are respectfully considering that feedback and will be making an announcement in due course. We are doing the hard yards in getting mental health governance right. We are not just whacking in an amendment and saying, 'I think we did some consultation, I'll let you know later.'

The Hon. K.J. MAHER: Has the minister checked his emails today? I will get to why that is important in just a second. I think the Hon. Tammy Franks will know why.

The Hon. S.G. WADE: From time to time I do check my emails.

The Hon. K.J. MAHER: Did you receive and check an email that all MLCs received from Ross Womersley, the CEO of SACOSS?

The Hon. S.G. WADE: I do not recall having seen a—

The Hon. K.J. Maher interjecting:

The Hon. S.G. WADE: I do not know what the honourable member is going to seek to achieve by reading out a letter from Mr Ross Womersley.

The Hon. K.J. MAHER: You asked directly about consultation.

The CHAIR: It is a key principle.

The Hon. S.G. WADE: I welcome him to show me. If the honourable member can tell me that he has provided a copy of those draft amendments to Mr Womersley—

The CHAIR: I remind the Leader of the Opposition of a principle of reading from the phone. May I make a suggestion, Leader of the Opposition, that since we are unlikely to complete this bill this evening you may wish to table the letter, because if you read it from your phone I am probably going to require you—

The Hon. K.J. MAHER: No, that is eminently sensible. I will read from an email on a piece of paper, Mr President.

The CHAIR: A member could ask you to table it or you can choose to table it yourself.

The Hon. K.J. MAHER: If a member wants me to table an email that every member has received in their inbox, I am happy for them to do so.

The CHAIR: Leader of the Opposition, I do not know, nor does any member of the council know that everyone has received that. That is an assertion to the council and there is no evidence. I do not want to go down this track, but you are reading from a document. You have a choice between tabling the document, but I alert members that they can ask you to table that document.

The Hon. K.J. MAHER: I will read from a document, and of course any member is capable of—

The CHAIR: You have already identified what it is.

The Hon. K.J. MAHER: I have before me a document sent from Ross Womersley on Thursday 6 June 2019 at 10.42am. The email appears, from the face of the piece of paper, to have been addressed to the Hons Connie Bonaros, Emily Bourke, John Darley, John Dawkins, Tammy Franks, Justin Hanson, Ian Hunter, Michelle Lensink, Rob Lucas, Andrew McLachlan, Tung Ngo, Frank Pangallo, Mark Parnell, Irene Pnevmatikos, David Ridgway, Clare Scriven, Terry Stephens, Stephen Wade, Russell Wortley, Jing Lee and myself.

The subject of the email is 'Health Care (Governance) Amendment Bill 2019', and from the face of the printout the email has been sent to all those people, but I am sure honourable members can check for themselves to confirm that. The email states:

Dear members of the Legislative Council,

You would be aware that we wrote to you regarding concerns a number of key stakeholders had about this legislation and its inadequacies at which time we invited you to a briefing to discuss these in person. We appreciated the presence of all parties at the briefing which we hope was helpful. I have attached our original correspondence for reference and have also included the joint statement from a number of the key stakeholders.

I am writing now to advise you that having reviewed the amendments being brought forward by both the Greens and the Labor Party, SACOSS believes they go a long way to addressing our principle concerns and strongly encourage you to support their passage.

I would be pleased to speak with any of you directly if this was helpful.

Sincerely yours,

Ross

The signature block underneath is:

Ross Womersley

CEO

South Australian Council of Social Service

I will repeat that: 'strongly encourage you to support their passage'. So when the minister asks, 'Has anyone provided comment on the actual details of the legislation?', the answer is yes, according to the email from 10.42am this morning.

The Hon. S.G. WADE: I certainly do not take that as an endorsement by SACOSS of the model of the Mental Health Commission proposed in this amendment and, if it did, it would be me thinking less of SACOSS. If SACOSS really—

The Hon. K.J. Maher interjecting:

The CHAIR: Leader of the Opposition, he is responding to you.

The Hon. S.G. WADE: I respect Ross Womersley and I respect SACOSS for the fact that they are a community-based organisation that believes in engaging the community. I would be amazed if SACOSS would statutorily entrench a mental health commission without engaging the mental health community.

That general statement I do not regard as an endorsement of this model. This government has done the hard yards of consulting with the community about what they want. We will consider that and bring forward a proposal. We are not going to be supporting this unconsulted proposal.

The Hon. K.J. MAHER: It is quite remarkable the level of insult that the minister has decided to throw at organisations like SACOSS that dare to disagree with his view of the world in trying to abolish this commission. I would ask the minister, in his consultation through the mental health governance review, with whom, outside of government, did the review consult?

The Hon. S.G. WADE: I am going to clarify that I have no doubt that SACOSS wants a mental health commission. I have no doubt that SACOSS would like that mental health commission to be enshrined in statute. What I also have no doubt about is that this proposal has not been consulted on with the community, and my understanding of SACOSS heritage and values is that they believe in consultation, and I would very surprised if the general statement the honourable member read earlier was endorsing this model as presented.

Progress reported; committee to sit again.

Personal Explanation

NATIONAL INSURANCE DISABILITY SCHEME

The Hon. S.G. WADE (Minister for Health and Wellbeing) (18:04): I seek leave to make a personal explanation.

Leave granted.

The Hon. S.G. WADE: Yesterday, I indicated that a number of organisations did not have NDIS clients. I am advised that the following organisations have at least one client eligible for NDIS based on the data we have received from the NDIA: UnitingSA, Grow, Centacare, Life Without Barriers, Neami, Skylight, Catherine House and Clubhouse.

Bills

VICTIMS OF CRIME (OFFENDER SERVICE AND JOINDER) AMENDMENT BILL

Second Reading

The Hon. R.I. LUCAS (Treasurer) (18:05): I move:

That this bill be now read a second time.

I seek leave to have the second reading explanation and the detailed explanation of clauses inserted in *Hansard* without my reading it.

Leave granted.

Victims of crime compensation is governed by the Victims of Crime Act 2001. The compensation provided to victims compensates the victim for the pain and suffering they have endured, as well as compensating their economic loss incurred as a result of a crime. It is a compensation scheme of last resort, meaning that compensation from other sources is intended to be sought first, and victims of crime compensation is not intended to act like civil damages to restore a victim to the position they were in prior to the crime, but to provide an acknowledgement from the state of their loss.

There is currently a requirement in section 18 of the Victims of Crime Act that claimants must serve a copy of their application for compensation on the offender.

For many victims, such an application can be stressful and traumatic, particularly for domestic violence victims and victims of sexual offending.

Quite simply, no victim deserves to have any part of offending against them re-triggered.

Currently, the initial application for victims of crime compensation must be made in the prescribed form, and is made to the Crown Solicitor's Office. The application is required to contain extensive, detailed information, including medical reports on the injuries suffered by the victim.

The vast majority of claims are settled by agreement with the Crown. It is exceedingly rare to have court proceedings instituted in victims of crime matters, however it is possible for a victim to initiate court proceedings if their claim cannot be settled by agreement.

The requirement for victims to serve a copy of their compensation application on the offender is unique to South Australia; we are the only jurisdiction with that type of service requirement in our legislation. All other jurisdictions advise the offender of the outcome of the compensation application at the point where the state initiates recovery proceedings against the offender.

There is no ability for the Crown to waive the requirement for service in section 18 unless the whereabouts of the offender are unknown and cannot be readily ascertained. Service is also not required if the identity of the offender is unknown.

There have been concerns raised both by victims' legal representatives and by the Crown Solicitor's Office that the service requirement in section 18 presents a risk of renewed violence against victims, particularly in domestic or family violence matters. This is a particular concern because the service requirement is imposed on the claimant directly. Any kind of direct contact, even via post, represents a risk of re-triggering violence towards the victim. The communication can be perceived by offenders as the victim personally 'doing this to me'. There are many victims for whom the requirement to contact their offender is so traumatising that they are too scared to comply with the requirements, and may forgo a compensation application altogether.

Additionally, victims (and their legal representatives) often have trouble obtaining the current contact details for the offender to serve the application. This is particularly true where the offender is a minor, as their contact details are not in the record of court outcome usually supplied to the Commissioner for Victims' Rights, and cannot be provided to the victim for privacy reasons, but the service requirement contains no exemptions in cases of young offenders.

This bill removes the requirement in section 18 for the victim to serve a copy of their application for compensation on the offender. This ensures that all communications with the offender occur after compensation has been paid and the matter finalised with the victim, and will come directly from the Crown Solicitor's Office. The victim will have no need to make any kind of contact with the offender, reducing the risk of triggering renewed violence.

There is currently also a requirement in section 19 for the victim to serve a copy of any application to the court (if court proceedings are initiated after the matter has not been settled by agreement). This situation is rare, as the vast majority of matters are settled by agreement with the Crown, however the obligation on the victim is still present in the act. These provisions are amended by the bill to provide the court with the power to dispense with the service requirement upon application by the claimant.

This bill will also ease the administrative burden on the CSO, who are often forced to spend time redacting sensitive information in section 18 applications when a copy is requested by an offender (who has complained they did not receive a copy from the victim). As a result of the amendments, the Crown Solicitor's Office will be free to develop a simpler notification for the offender which does not disclose sensitive information.

Offenders will still be able to make representations to the CSO to the effect that the amount of compensation to be recovered from the offender should be reduced. This opportunity will now occur later in the process, but has not been removed. Again, this change is bringing South Australia more closely in line with other jurisdictions, where offenders are contacted by the State, and only at the point where recovery of the money is sought from the offender.

This bill makes only a small change to the legislation, but it will have an outsized positive impact for victims negotiating the victims of crime compensation system in this State.

I commend the bill to members.

Explanation of Clauses

Part 1—Preliminary

1—Short title

2—Commencement

3—Amendment provisions

These clauses are formal.

Part 2—Amendment of Victims of Crime Act 2001

4—Amendment of section 18—Application for compensation

This clause deletes the requirement for an application to the Crown for statutory compensation to be served on the offender.

5—Amendment of section 19—Joinder of offender as party to court proceedings

This clause amends section 19 of the Act to permit the Court, on application by a claimant in respect of an application to the Court for statutory compensation, to exempt the claimant from the obligation to serve a copy of the application on the offender. If such an exemption is granted, the offender is not a party to the proceedings before the Court. Currently the Court has this discretion only where the whereabouts of the offender are not known and cannot be readily ascertained.

Debate adjourned on motion of Hon. I.K. Hunter.

**CRIMINAL LAW CONSOLIDATION (ASSAULTS ON PRESCRIBED EMERGENCY WORKERS)
AMENDMENT BILL**

Introduction and First Reading

Received from the House of Assembly and read a first time.

At 18:07 the council adjourned until Tuesday 18 June 2019 at 14:15.