



SUBMISSION

ACT Government: **ACT Budget 2022-23**

February 2022

Health Care Consumers' Association

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About HCCA

The **Health Care Consumers' Association (HCCA)** is a health promotion agency and the peak consumer advocacy organisation in the Canberra region. HCCA provides a voice for consumers on local health issues and provides opportunities for health care consumers to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- Consumer representation and consumer and community consultations;
- Training in health rights and navigating the health system;
- Community forums and information sessions about health services; and
- Research into consumer experience of human services.

This submission was prepared by HCCA policy staff based on feedback from HCCA members and the HCCA Health Policy and Research Advisory Committee.

Executive Summary

In general terms, HCCA wants to see the ACT Budget address three key areas of health:

- improving consumer access to health and support services,
- improving the integration of different aspects of care, and
- supporting the COVID-19 response.

Additionally, we add our voice to that of other non-government organisations in the ACT in calling for investment to address a critical need for affordable housing and housing support services in the ACT.¹ Investment in housing, especially for people and families living on low incomes, is an investment in the foundation of community health and wellbeing.

HCCA priorities for funding are based on the overarching philosophy that:

- There needs to be a process of prioritisation given the impact of the pandemic;
- Decisions regarding health services for the people of the ACT and surrounding areas should be based on the best current and publicly available evidence and information; and
- Consumers and carers must be meaningfully involved across the spectrum of health service design, development, implementation and evaluation, as well as in priority setting.

On this basis, a summary of HCCA's 14 key budget priorities are below, divided under thematic subheadings for ease of reference. Headings are linked to further detail in section two.

Priorities for Health Services

1. Implementation of Geriatric Streaming in the Emergency Department of the Canberra Hospital.
2. Improve the delivery of palliative care services in the ACT by:
 - a. Establishing a dedicated palliative care unit at the Canberra Hospital;
 - b. Enabling access for more staff to train in the palliative approach; and
 - c. Introduce a 24-hour, 7-day telephone support service for consumers and families accessing palliative care.
3. Broaden the range of, and improve access to, mental health services in the ACT by increasing mental health pathways available to help reduce demand on acute mental health services.
4. Extend and expand consumer access to the Rapid Access Assessment Team and cancer services by including evenings and weekends.

¹ Riotact, 2021, *Housing must be addressed before issues spiral, community sector says*, viewed 24 February 2022, <https://the-riotact.com/housing-must-be-addressed-before-issues-spiral-community-sector-says/533603>

5. Increased accessibility and timeliness of public Dental Services to the ACT community, particularly for those members of our community more at risk of poor health outcomes.

Priorities for the Health System

6. Develop and implement an Integrated Care Strategy across the ACT.
7. Develop and implement a Disability Health Strategy in the ACT.
8. Adequate level of support for the successful implementation of the Digital Health Record.
9. Improve communication with consumers, and their families whose main language is other than English by:
 - a. Establishing a dedicated multicultural liaison unit in public health services to meet the cultural and practical needs of Culturally and Linguistically Diverse consumers.
 - b. Funding a scoping study, in consultation with Culturally and Linguistically Diverse (CALD) community organisations, for CALD community members in the ACT to become accredited translators and interpreters.
 - c. Funding to increase capacity for the translation of health information into community languages.
10. Support individual advocacy by funding a project to scope, pilot and evaluate a broad-eligibility consumer health advocacy service for the ACT, to meet significant unmet community need.
11. Establishment of Healthcare Sustainability Unit within the Health Directorate.

Priorities for the Community Sector

12. Address homelessness and housing affordability issues in consultation with community sector housing advocacy organisations.
13. Redress the chronic shortage of affordable community facilities for community, not-for-profit organisations particularly in the central north but also across the ACT.
14. Address the inadequacy of Indexation to cover increases in costs for community organisations.

Please do not hesitate to contact us if you wish to discuss our submission further.

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Introduction

HCCA supports the Government's commitment to continue funding support for consumers to improve access to safe, high quality and timely health care. This includes continuing to invest in, improve and support services like telehealth, virtual healthcare, hospital in the home, Walk In Centres, and HealthPathways.

We need the Government to deliver a budget that meets increasing demand for many health and hospital services through commitments to infrastructure and service development. We know that there is significant pressure on our public hospital system. Canberra Hospital is one of the busiest Emergency Departments in Australia. Calvary Public Hospital Bruce (CPHB) continues to experience an increase in presentations to its services. Outpatients Departments are busier than ever. This has been compounded by the impact of the COVID-19 pandemic.

Impact of the pandemic

The COVID-19 pandemic has highlighted some of the inequalities within our nation in relation to health and wellbeing.² The financial, emotional and social cost of the pandemic is significant. This context warrants a review of election commitments and priorities by the ACT Government to reflect this reality, with a particular lens on the needs of older people and people with a disability.

In particular, the health impact of the COVID-19 pandemic on people with disabilities have been clearly exposed and needs to be addressed. People with disabilities, their families and carers have experienced uncertainty due to fast changing health advice addressed to non-disabled audiences, limited or delayed access to information, and prolonged isolation from the community, leading to loss of wellbeing and psychological distress. Many of the issues faced by people with disabilities during COVID-19 were reported by people with disabilities as barriers to health and wellbeing before the pandemic, and key lessons have been learned about how to address them. Funding to help address these issues for people with disabilities is required.

We are often critical of the glacial pace of reform in the health system but the way we have all worked together to respond to a significant threat has been extremely satisfying. It shows that change and reform is possible. HCCA is committed to building on the positive partnerships that have been formed and improved during the ACT COVID-19 response. There are numerous opportunities to improve our health system and address health inequity, and ultimately leading to a more sustainable health system. Many of the pandemic's worst impacts – acute ill-health, untimely death, loss of livelihood – have been disproportionately borne by people affected by socioeconomic disadvantage: those with complex and chronic

² SBS News, 2021, 'The COVID-19 pandemic has further exposed inequality in Australia', viewed 25 February 2022, <https://www.sbs.com.au/news/article/the-covid-19-pandemic-has-further-exposed-inequality-in-australia/vnw8rlnc0>

health conditions, and people experiencing, or at risk of, poverty. An ACT Budget that actively responds to the social determinants of health also contributes to a pandemic-ready and resilient ACT. The goodwill and collaborative approach that agencies have brought to the pandemic response across our health and community services sectors, in particular, demonstrate our collective ability to address inequity that continues to limit the wellbeing of many people in the ACT.

Research into the experience of the pandemic

The pandemic has presented a range of opportunities for research, not only around COVID-19, but in how we manage pandemics in health care and society more broadly. HCCA supports the valuable role of consumer-based research, involving consumers at all levels and stages of the research process. This will help ensure that results of research help support improvements in safety and quality, as well as health outcomes.

It is important to reflect on the COVID-19 response to date, and identify areas for improvement, as well as documenting the experiences of decision-makers, consumers, carers, health professionals and policymakers during this unprecedented time for the ACT. A formal process for research to evaluate the COVID-19 response in the ACT would also provide insights for the future response to other infection diseases. HCCA encourages the ACT Government to support work to evaluate the COVID-19 response and the experience of key groups involved. This work would be consistent with the ACT Research Strategy currently in development, as well as the recently launched Canberra Health Services (CHS) Research Strategy.

Delay progress toward implementing Health Hubs

HCCA is aware of the extraordinary pressure under which all health services and health professionals in the ACT have been working during the COVID-19 response. Given the pace of change and the scale of challenges affecting the health sector over the past two years, HCCA encourages the ACT Government to consider delaying the implementation of some planned reforms. In particular, we suggest that progress to develop the proposed Health Hubs (a pre-election commitment) be delayed. This would release workforce capacity within health services and deliver some potential infrastructure savings.

HCCA remains committed to policy and service innovations that bring care closer to home and focus on meeting the needs of people with chronic conditions. However, we suggest that it is not unreasonable to delay the timeframes for implementing the Health Hubs, given the unprecedented impacts of COVID-19 on health services (including workforce challenges) and communities.

The comments in this submission were informed by from our work with a wide range of health care consumers across the ACT and in particular our Health Policy and Research Advisory Committee. This submission also draws on the HCCA Priorities for Investment (2020) which can be found here: <https://www.hcca.org.au/wp-content/uploads/2020/09/HCCA-Priorities-for-Investment-for-ACT-Election-2020-FINAL.pdf>

Details for each key area of investment

1.1 Health Services

1. Geriatric Streaming in the Emergency Department of the Canberra Hospital

HCCA strongly supports the introduction of specialised care for older people (referred to as geriatric streaming) in the Emergency Department of the Canberra Hospital. The development of the new Critical Services Building, as part of the Canberra Hospital Expansion Project, presents the ideal opportunity to implement geriatric streaming to meet the unique needs of older consumers presenting to the Emergency Department.

Experience in NSW and hospitals overseas that have introduced geriatric streaming has demonstrated better health outcomes and increased patient satisfaction.³ Geriatric streaming achieved higher rates of post-discharge independence and fewer re-presentations, as well as lower admission and readmission rates. These improved health outcomes demonstrate a more efficient use of resources⁴. The expected reduction in admissions, re-admissions and even re-presentations offers an opportunity to reallocate funding to alternative areas of need.

Early discussions with stakeholders as part of the clinical user groups for the Canberra Hospital Expansion Project indicated that they were supportive of geriatric streaming. However, as work has progressed on this project, the geriatric streaming model of care has not yet been prioritised for implementation in the Emergency Department in the Critical Services Building. HCCA is concerned that support for implementing geriatric streaming may be lost due to competing pressures for space and resources as the Critical Services Building design develops.

HCCA seeks a commitment in the 2022-23 budget to fund geriatric streaming in the Emergency Department at the Canberra Hospital from the opening of the Critical Services Building in 2024.

³ Liu, J., Palmgren, T., Ponzer, S., Masiello, I. and Farrokhnia, N., 2021. Can dedicated emergency team and area for older people reduce the hospital admission rate? - An observational pre-and post-intervention study. *BMC Geriatrics*, 21(1), pp.1-8; Asha, S.E. and Ajami, A., 2013. Improvement in emergency department length of stay using an early senior medical assessment and streaming model of care: a cohort study. *Emergency Medicine Australasia*, 25(5), pp.445-451.

⁴ Wallis, M., Marsden, E., Taylor, A., Craswell, A., Broadbent, M., Barnett, A., Nguyen, K.H., Johnston, C., Glenwright, A. and Crilly, J., 2018. The geriatric emergency department intervention model of care: a pragmatic trial. *BMC Geriatrics*, 18(1), pp.1-9.

2. Improve the delivery of palliative care services in the ACT

HCCA would like to see an expansion of palliative care services in the ACT. Our priorities include:

- A dedicated palliative care unit at The Canberra Hospital;
- Access for more staff to train in the palliative approach; and
- A round-the-clock, seven days a week, Territory-wide telehealth support and information line for patients and carers.

Demand and need for specialist palliative care services across all care settings (home, residential facilities, hospital and hospice) continues to outstrip current specialist palliative care workforce capacity⁵.

HCCA continues to recommend that all staff in health services be supported to access training in the palliative approach, for example through the Program of Experience in Palliative Approach (PEPA)⁶. HCCA also continues to advocate for the establishment of a twenty-four seven Territory-wide palliative care phone support and information line for patients and carers. Similar services operate in other states in Australia⁷. These phone support services provide specialist advice for health professionals as well as consumers, carers and families.

End-of-life and palliative care happens twenty-four seven, and consumers, carers and health professionals require access to information and support outside of standard business hours. A service of this kind, if co-designed with consumers, would help to address some of the support gaps in the ACT palliative care system and help improve the end-of-life experience for Canberrans.

3. Broaden the range of, and improve access to, mental health services in the ACT by increasing mental health pathways available to help reduce demand on acute mental health services

ACT residents have a higher rate of mental health challenges compared to the national average, and the prevalence of mental health conditions for ACT residents is on the rise.⁸ HCCA seeks a commitment to invest in access to,

⁵ Select Committee on End of Life Choices in the ACT, 2018, *Transcript of Evidence*, 12 July 2018, Canberra, page 392, viewed 24 February 2022, <https://www.hansard.act.gov.au/hansard/2017/comms/elc08a.pdf>

⁶ Program of Experience in the Palliative Approach, *What is PEPA?* viewed 24 February 2022, <https://pepaeducation.com/about-pepa/>

⁷ Namasivayam, P., Bui, D.T., Low, C., Barnett, T., Bridgman, H., Marsh, P. and Lee, S., 2022. *Use of telehealth in the provision of after-hours palliative care services in rural and remote Australia: A scoping review protocol*. Plos one, 17(1), p.e0261962.

⁸ Australian Bureau of Statistics, 2018, Table 2: Summary health characteristics, 2017-18 - states and territories *National Health Survey 2017-18*, viewed 24 February 2022, <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/2017-18>; ACT Health, 2019, *Mental health conditions, ACT residents, 18+ years, ACTGHS 2007-2019*, viewed 24 February 2022, <https://www.health.act.gov.au/about-our-health-system/data-and-publications/healthstats/statistics-and-indicators/mental-health>.

and broadening the range of, mental health services available in the ACT in line with the rising demand.

As with physical health care, a variety of models of care are needed to address the breadth of consumer need. Consumers must be able to access the services that are appropriate to their needs.

HCCA asks that the 2022-23 budget includes a commitment to the:

- Expansion of in-person mental health services for mild to moderate presentations;
- Establishment of peer support programs;
- Development of mental health patient navigation information;
- Co-ordination of cross-service discharge planning; and
- Expansion of youth mental health services (with consideration of the needs of young people who are transitioning from paediatric to adult mental health services).

HCCA is supportive of the ACT Government's recent mental health initiatives including the Safe Haven Cafe in Belconnen and MindMap, the ACT youth navigation portal. We seek further funding commitments from the ACT Government to investigate, implement and evaluate services to provide appropriate mental health pathways for ACT consumers.

4. Extend and expand consumer access to the Rapid Access Assessment Team and cancer services by including evenings and weekends

Serious illness does not recognise business hours. HCCA advocates for extending the availability of the Rapid Access Assessment Team and Cancer Services to include evenings and weekends.

These areas are a priority because demand for hospital Emergency Department services has been at an all-time high (with particular needs in mental health, aged care and paediatrics),⁹ and cancer is one of the leading causes of disease burden in the ACT.¹⁰

The Rapid Access Assessment Team model has been very successful in improving access for consumers receiving cancer care and we would like to see this approach expanded to other health priority areas for the ACT, such as diabetes and heart failure. Establishing these services could better meet consumer needs across a range of health priority areas and reduce the pressures on acute services.

⁹ Judkins, S., 2021, 'ED overcrowding, under-resourcing "worst in 30 years"', *Medical Journal of Australia InSight+*, viewed 24 February 2022, <https://insightplus.mja.com.au/2021/14/ed-overcrowding-under-resourcing-worst-in-30-years/>

¹⁰ ACT Health, 2021, *Chief Health Officer's Report 2020*, viewed 24 February 2020, <https://health.act.gov.au/about-our-health-system/data-and-publications/reports/chief-health-officers-report-2020>

5. Increased accessibility and timeliness of public Dental Services to the ACT community, in particular for those members of our community more at risk of poor health outcomes.

Public dental services are essential to the health and wellbeing of many people. One of the biggest determinants of oral health in Australia is socioeconomic status. Low-income households are far more likely to suffer from poor oral health than higher-income households.¹¹ This disparity disproportionately affects Aboriginal and Torres Strait Islander people and those Australians who are eligible for public dental care, with increased rates of missing, decayed or filled teeth. People who qualify for public dental care are also nine times more likely to suffer complete tooth loss and five times more likely to suffer inadequate dentition.¹² Poor oral health also has flow on effects in the broader areas of physical health, nutrition, employment, self-esteem and mental health¹³.

The average wait times for public general dental care and denture care for the public ACT patients in 2020-21 continues to be longer than the recommended target time and has increased significantly compared to wait times 2018-2019.¹⁴ These lengthy waiting times for general dental health care can result in cases where preventive care is difficult to access, and minor dental issues escalate, requiring emergency care, preventable hospital admissions and more drastic treatments, such as tooth removal.¹⁵

In 2020 HCCA provided advice to a review of CHS Oral Health Services, seeking to ensure the new model of care for our public dental health services would provide a robust preventative care strategy. We still advocate that this will help improve people's overall oral health in the ACT while reducing the costs associated with acute and emergency dental care.

One significant factor that impacts the provision of public dental services is the shortage of dentists working in the public health system, particularly in

¹¹ Australian Institute of Health and Welfare, 2021, *Oral health and dental care in Australia*, viewed 25 February 2022, <https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/contents/healthy-teeth>

¹² Australian Institute of Health and Welfare, 2021, *Oral health and dental care in Australia*, viewed 25 February 2022, <https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/contents/healthy-mouths>

¹³ Spencer, A.J., 2001. *What options do we have for organising, providing and funding better public dental care?*, Australian Health Policy Institute, Sydney, NSW, viewed 25 February 2022, <https://www.adelaide.edu.au/arcphd/downloads/publications/reports/miscellaneous/spencer-options-paper.pdf>

¹⁴ ACT Government, 2021, *Australian Capital Territory Budget 2021–22, Budget Statements C*, viewed 18 February 2022, https://www.treasury.act.gov.au/__data/assets/pdf_file/0020/1870220/2021-22-Health-Directorate-Budget-Statements.pdf; ACT Government, 2021, *Australian Capital Territory Budget 2019-20, Budget Statements C*, viewed 18 February 2022, https://www.treasury.act.gov.au/__data/assets/pdf_file/0012/1369785/C-Health-Directorate.pdf

¹⁵ Verma, S. and Chambers, I., 2014. Dental emergencies presenting to a general hospital emergency department in Hobart, Australia. *Australian Dental Journal*, 59(3), pp.329-333; Brennan, D.S., Luzzi, L. and Roberts-Thomson, K.F., 2008. Dental service patterns among private and public adult patients in Australia. *BMC Health Services Research*, 8(1), pp.1-8.

regional areas of Australia.¹⁶ Funding to address workforce issues and shortages should be a priority for the ACT Government to help alleviate the waitlists for the public dental services in the ACT. Increased funding for the recruitment and retention of dentists in the public system will help to ensure those most at need can access dental services in a timely manner to prevent further deterioration of health outcomes that are associated with poor oral health.

1.2 Health System

6. Develop and implement an Integrated Care Strategy across the Territory

HCCA wants to see health services in the ACT delivering integrated care to people with chronic and complex health conditions. To do this, HCCA encourages the ACT Government to support a collaborative, cross-agency, approach that makes use of services delivered by non-government organisations as well as CHS, CPHB and private providers, including General Practices.

Noteworthy successful models of this kind include:

- The CHS REACH team, which worked collaboratively as part of a multi-agency partnership to support the health and wellbeing of public and social housing tenants affected by strict COVID-19 “lockdowns” in 2021. The model was subsequently used to support the health and wellbeing of guests at the ACT Government’s Ragusa quarantine facility
- The COVID Care@Home program, which provides support for self-care as well as in-home monitoring of people with COVID-19, via the online MyDHR system. The program draws on connection with community, primary care, and acute health services as required.

In addition to sustaining and supporting these and other innovative models, HCCA encourages the ACT Government to support the development of a Territory-Wide Integrated Care Strategy. This will provide the necessary jurisdiction-wide framework and policy context to foster innovation and enable services to more consistently deliver integrated care, particularly for people with chronic and/or complex health conditions.

¹⁶ Dudko, Y., Kruger, E. and Tennant, M., 2018. Shortage of dentists in outer regional and remote areas and long public dental waiting lists: changes over the past decade. *Australian Journal of Rural Health*, 26(4), pp.284-289; Hopcraft, M.S., Milford, E., Yapp, K., Lim, Y., Tan, V., Goh, L., Low, C.C. and Phan, T., 2010. Factors associated with the recruitment and retention of dentists in the public sector. *Journal of Public Health Dentistry*, 70(2), pp.131-139; Lim, M.A.W.T., Liberali, S.A.C., Calache, H., Parashos, P. and Borromeo, G.L., 2021. Perceived barriers encountered by oral health professionals in the Australian public dental system providing dental treatment to individuals with special needs. *Special Care in Dentistry*, 41(3), pp.381-390.

7. Develop and implement a Disability Health Strategy in the ACT

HCCA strongly support the development and implementation of a Disability Health Strategy (DHS) that meets the ACT Government's human rights obligations under Australia's Disability Strategy 2021-2031. We recognise that the Government has committed to this work, and we know that the ACT Health Directorate are collaborating with the Community Services Directorate, to co-design the ACT DHS with the ACT disability community to ensure better health outcomes for people with disabilities, their families, and carers.

However, HCCA notes that no funding for the ACT DHS was provided in the 2021-22 budget. We want to see funding allocated to progress the development of this strategy in the 2022-23 ACT Government budget. This should include resourcing for the continued participation of people with disability in the development and governance of the Strategy through their representative organisations.

The health impact of the COVID-19 pandemic on people with disabilities has been clearly exposed and needs to be addressed in this work. People with disabilities, their families and carers have shared experiences, including, but not limited to:

- uncertainty due to changing health advice addressed to non-disabled audiences,
- limited or delayed access to health information in suitable formats, and
- delayed essential and routine health care.

The ACT's DHS must address the complex social determinants of health that result in poor health outcomes for people with disability.¹⁷ HCCA believes that the forthcoming ACT Disability Strategy should seek to align with the DHS across areas such as justice, housing, education and financial security to comprehensively address the social determinants of health across all areas of life.

8. Adequate level of support for the successful implementation of the Digital Health Record

The ACT's Digital Health Record and the MyDHR consumer access portal are scheduled to go-live in November 2022. If consumers, clinicians and administrators are to realise the full benefit of the system there needs to be adequate support for the engagement and education of consumers. This is particularly important in the context of the digital challenges faced by a range of ACT communities – including access to suitable devices and internet

¹⁷ ACT Council of Social Services, 2019, *Imagining Better Reflections on access, choice and control in ACT health services for people with disability: Report of the Appreciative Inquiry Project supported by the ACT Office for Disability*, viewed 25 February 2022, <https://www.actcoss.org.au/sites/default/files/public/publications/2019-report-imagining-better-act-health-services-for-people-with-disability.pdf>

connection, digital literacy, health literacy and language barriers. This system interface will initially be available in English only at go-live and this means consumers who do not have strong English may find using the system very difficult. People who primarily speak and read languages other than English must be supported to fully participate in MyDHR.

To ensure that the broadest range of ACT residents realise the benefits of the Digital Health Record, the 2022-23 budget needs to include provision for proactive education and support for consumers navigating the new digital system. ACT Health is currently developing a consumer engagement strategy to guide this work. We strongly encourage consultation with a range of community organisations to identify the unique needs and preferred methods of engagement of their communities.

We seek a 2022-23 budget commitment to:

- Resource training and support for community organisations. Many community organisations provide practical support to their members who may not be able to navigate the system independently for a range of reasons (including people who have a disability, low literacy, or use a language other than English). Community organisations are already stretched and will need funding to manage the increase in demand for this support following the launch of the Digital Health Record.
- Expedite development of alternative language options to provide access for culturally and linguistically diverse (CALD) ACT residents. This is a specific example of the need referred to in section 9, to provide funds for translated health information in ACT community languages.
- Support promotion and education provided by health services. This could take the form of help desks, targeted support in waiting rooms and at reception, and specific education for consumers who have chronic or complex health conditions, where they may benefit most from the innovations of the digital system.

9. Improve communication with consumers, and their families whose main language is other than English

HCCA continues our commitment to a focussed campaign for effective communication with consumers, patients and their families whose main language is not English. Approximately one in five households in the ACT speak a language other than English at home.¹⁸ HCCA seeks funding for

¹⁸ Australian Bureau of Statistics, 2017, *2016 Census QuickStats*, viewed 25 February 2022, https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/CED801?opendocument

three strategies to help improve health communication with consumers, carers and families who do not speak English as a main language.

- a. Public health services need an embedded, dedicated unit with responsibility for addressing the specific needs of culturally and linguistically diverse (CALD) communities, including access to interpreters and translators, but more broadly acting as a conduit and intermediary between health service delivery and the cultural and practical needs of consumers. Examples of multicultural liaison units can be found in hospitals in NSW and Queensland.¹⁹ HCCA advocates for funding for units to be established in both the Canberra Hospital and CPBH to meet the specific needs of CALD community members while receiving care in public hospitals in the ACT.
- b. An issue that impacts the quality and safety of care for CALD consumers is difficulty accessing interpreters, at the right time, in the correct language.²⁰ While health services do have systems to access interpreters, there are complex reasons for them not being used as comprehensively as they are needed in health care. We have heard from consumers that issues include:
 - lack of staff and consumer understanding of consumer's right to access interpreters, and staff knowledge of how to arrange or pay for interpreters,
 - the nature of health care is that it can be unpredictable/ emergency and after hours meaning less access to interpreters,
 - the availability of interpreters for some language groups
 - privacy concerns of consumers accessing interpreters from a small jurisdiction particularly on sensitive medical/ cultural issues, and
 - for some people, preferring to know the interpreter rather than having a stranger interpret for them.

In other jurisdictions, some of these issues have been addressed through the funding of scholarships for local community members to become accredited interpreters and translators. Such programs already operate in Queensland, NSW and Victoria.²¹ Additionally, NATTI has partnered with the Australian Red Cross' Humanitarian Settlement Program to launch a

¹⁹ Western Sydney Local Health District, n.d., *Multicultural Health*, viewed 28 February 2022, <https://www.wslhd.health.nsw.gov.au/Multicultural-Health->; Metro South Health, 2018, *Showcase shines light on Multicultural team*, viewed 28 February 2022, <https://metrosouth.health.qld.gov.au/news/showcase-shines-light-on-multicultural-team>

²⁰ Inquiry into Maternity Services in the ACT, 2018, *Transcript of Evidence*, 6 August 2019, Canberra, page 65, viewed 24 February 2022, <https://www.hansard.act.gov.au/hansard/2017/comms/health23a.pdf>

²¹ National Accreditation Authority for Translators and Interpreters, 2021, *The NSW Interpreter Scholarship Program*, viewed 25 February 2022, <https://www.naati.com.au/news/the-nsw-interpreter-scholarship-program-2/>; NAATI, 2021, *Interpreter scholarships soon available in Queensland*, viewed 25 February 2022, <https://www.naati.com.au/news/interpreter-scholarships-soon-available-in-queensland>; Victorian Government, 2021, *Interpreter scholarships*, viewed 25 February 2022, <https://www.vic.gov.au/interpreter-scholarships>

pilot program to support people recently resettled from Afghanistan to gain a NAATI credential as an interpreter or community language aid.²² The development of such a program in partnership with CALD community organisations in the ACT has potential to provide much needed support for the improvement of CALD communities health and wellbeing. Additionally, a program such as this can provide employment to community members already providing informal interpreting services to the community as well as boost the available interpreter workforce in the ACT, particularly for less common languages groups. A program of this nature also has the potential to provide a pathway for employment for newly arrived migrants and refugees to the ACT. It is essential that any work to address these issues be designed in partnership with local CALD communities.

HCCA seeks an ACT Government commitment for funding, in partnership with ACT CALD community organisations, a scoping study for a program of this nature to benefit ACT CALD communities to access and participate in healthcare.

- c. HCCA advocates for the provision of additional funding for the translation of health information into community languages to support CALD consumers making informed decisions about their health. Resources relevant to the ACT context are usually only provided in English, which means that consumers who do not speak English as a main language can miss out on critical health information, which impacts their ability to manage their own health, and the outcomes of their care.²³ This has been highlighted during the COVID-19 pandemic, where a lack of up to date translated information led to people accessing information in their own languages from other countries, which was not correct for an Australian context.²⁴

HCCA recognises that the barriers surrounding communication for CALD health consumers in the ACT are complex and multifactorial. However, the use of a multifaceted approach has the potential to address some of the barriers and contributes to increasing the quality and safety care for consumers who do not speak English as their primary language.

²² NAATI, 2021, *Launch of Red Cross and NAATI Credentialing Program Pilot*, viewed 24 February 2022, <https://www.naati.com.au/news/launch-of-red-cross-and-naati-credentialing-program-pilot/>

²³ Al Shamsi, H., Almutairi, A.G., Al Mashrafi, S. and Al Kalbani, T., 2020. Implications of language barriers for healthcare: a systematic review. *Oman Medical Journal*, 35(2), p.e122.

²⁴ Renaldi, E. and Fang, J. 2020, 'Victoria's coronavirus information mistranslated and outdated for migrant communities', *ABC News*, viewed 25 February 2022, <https://www.abc.net.au/news/2020-10-27/victoria-migrants-concerned-covid-19-information/12815164>; Tangcharoensathien, V. et al., 2020. Framework for managing the COVID-19 infodemic: methods and results of an online, crowdsourced WHO technical consultation. *Journal of Medical Internet Research*, 22(6), p.e19659.

10. Scope, pilot and evaluate a broad-eligibility individual consumer health advocacy service for the ACT, to meet significant unmet community need

Non-government services that currently provide individual health advocacy in the ACT operate over their capacity and must limit eligibility criteria to manage demand and need.

HCCA is frequently contacted by consumers with individual advocacy needs. COVID-19 has brought with it an increased need for individual advocacy, especially for people who are isolated from family, carers and other support people, due to visitor restrictions for admitted patients. In addition, the requirement to isolate if a consumer has COVID-19 or is a close contact has cut people off from the carers and family members who would normally provide advocacy and support. HCCA continues to call on the ACT Government to address the significant unmet community need for individual health advocacy by funding a project, to scope, pilot and evaluate a broad-eligibility consumer health advocacy service for the ACT-

Individual health advocacy supports consumers to participate in decisions about our own care. This is a focus of the Australian Commission on Safety and Quality in Health Care's National Quality and Safety Health Service Standards,²⁵ and other health care standards including the Royal Australian College of General Practice's Standards for General Practice.²⁶ Organisations and professionals that engage positively with an advocacy service of the kind proposed in this submission will be well-placed to demonstrate their achievements against accreditation and professional standards.²⁷

HCCA seeks an ACT model of an individual advocacy service which draws on and adapts the successful health advocacy model implemented for over a decade by the Health Consumers' Council of Western Australia.²⁸

²⁵ Australian Commission on Safety and Quality in Health Care, 2017, *National Quality and Safety Health Service Standards*, viewed 25 February 2022, <https://www.safetyandquality.gov.au/sites/default/files/migrated/National-Safety-and-Quality-Health-Service-Standards-second-edition.pdf>

²⁶ Royal Australian College of General Practitioners, *Standards for General Practice 5th edition*, viewed <https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed>

²⁷ Australian Commission on Safety and Quality in Health Care, 2017, *National Quality and Safety Health Service Standards*, viewed 25 February 2022, <https://www.safetyandquality.gov.au/sites/default/files/migrated/National-Safety-and-Quality-Health-Service-Standards-second-edition.pdf>

²⁸ Health Consumers' Council (WA), 2020, *Annual Report 2019/20*, viewed 22 February 2022, https://www.hconc.org.au/wp-content/uploads/2020/12/HCC-Annual-Report-2020_web-v2.pdf

11. Establishment of Healthcare Sustainability Unit within the Health Directorate

HCCA recognises the overwhelming evidence that climate change will have adverse impacts on human health, and these effects are projected to worsen if action is not taken.²⁹ There are significant environmental costs of health care that need to be addressed. The health care sector is a significant contributor to greenhouse gas emissions, waste products and natural resource consumption. This threatens our present and future health. In Australian emissions are estimated at over seven percent of Australia's total CO₂ emissions.³⁰ We need health care to be delivered in ways that are both financially and environmentally sustainable.

We are very pleased that Canberra Hospital will be the first 100 per cent renewable energy-powered hospital in the country, using electric heat pumps and no gas.³¹ This is an achievement to be celebrated as well as noting that the Directorate facilitated the ACT Government joining the Global Green and Healthy Hospitals Network.³² We look forward to seeing further sustainability measures extended across public health care facilities.

Energy use is only one aspect that needs to be addressed. Health professionals and administrators also have a role to play. One part of this is reducing low-value care (care where the harms and risks of medical tests and procedures outweigh any benefits).³³ Other initiatives that have the potential to contribute to sustainability in health care include: reviewing prescribing habits; expanding low-carbon models of care such as telehealth to reduce travel;³⁴ reducing single use plastics in surgery;³⁵ and reducing waste, particularly in operating rooms.³⁶

The establishment of a small unit in the Health Directorate could progress this critical work for now and the future. We acknowledge that the Government has the Zero Emissions Government Team (from the Environment, Planning

²⁹ HCCA, 2016, *Position Statement: Climate Change and Health*, viewed 25 February 2022, <https://www.hcca.org.au/wp-content/uploads/2018/09/HCCA-Climate-Change-and-Health-Position-Statement-2016.compressed.pdf>

³⁰ Malik, A., Lenzen, M., McAlister, S. and McGain, F., 2018. The carbon footprint of Australian health care. *The Lancet Planetary Health*, 2(1), pp.e27-e35.

³¹ Rattenbury, S (Minister for Climate Change and Sustainability), 2020, *ACT Government announces first all-electric public hospital in Australia (if not the world)*, viewed 22 February 2022, https://www.cmteed.act.gov.au/open_government/inform/act_government_media_releases/rattenbury/2020/act-government-announces-first-all-electric-public-hospital-in-australia-if-not-the-world

³² ACT Health Directorate, 2021, *Annual Report 2020-21*, viewed 18 February 2022, https://www.health.act.gov.au/sites/default/files/2021-12/ACTH%20Annual%20Report%202020-21_Accessible.pdf

³³ Barratt, A.L., Bell, K.J., Charlesworth, K. and McGain, F., 2021. High value health care is low carbon health care. *Medical Journal of Australia*. <https://www.mja.com.au/journal/2021/high-value-health-care-low-carbon-health-care>

³⁴ Purohit, A., Smith, J. and Hibble, A., 2021. Does telemedicine reduce the carbon footprint of healthcare? A systematic review. *Future Healthcare Journal*, 8(1), p.e85.

³⁵ Albert, M.G. and Rothkopf, D.M., 2015. Operating room waste reduction in plastic and hand surgery. *Plastic Surgery*, 23(4), pp.235-238.

³⁶ Wyssusek, K.H., Keys, M.T. and van Zundert, A.A., 2019. Operating room greening initiatives—the old, the new, and the way forward: a narrative review. *Waste Management & Research*, 37(1), pp.3-19.

and Sustainable Development Directorate) but feel that there needs to be a unit focused exclusively on health care.

1.1 Community Sector

12. Address homelessness and housing affordability issues in consultation with community sector housing advocacy organisations

The ACT is currently experiencing a housing crisis, worsened by the COVID-19 pandemic. The latest Productivity Commission's Report on Government Services shows that ACT social housing stocks have declined in recent years, together with an increase in the proportion of lower income households facing housing stress, and that the ACT continues to have the highest rate of rental stress of any Australian jurisdiction. Many consumers who approach services for accommodation assistance could not have their needs met.³⁷

Safe and secure housing is associated with increased levels of employment and education, less contact with the criminal justice system, a reduction in substance abuse or misuse, increased food security, and increased safety and security for victims of domestic violence. Lack of housing can make it impossible for people to receive the health care they need, because their physiological needs cannot be met, such as ability to cook food, attend to personal hygiene, or sleep in safety. Safe and secure housing is a prerequisite for good health, and an enabler of self-management of health care, such as taking medications and seeing a General Practitioner for health issues.

Investing in housing could have significant impacts on health expenditure and demands on health and government services. For example, it has been shown that Emergency Departments are an avenue that people experiencing homelessness use to access services that could be addressed by alternate care pathways. Considering that the ACT Emergency Departments experience significant demand and pressure and fail to meet national targets in relation to emergency triage and wait times, addressing the housing crisis in the ACT may help to alleviate pressures on the ACT Emergency Departments that may result from people experiencing homelessness.

HCCA also has heard from our community sector colleagues that the inadequate support of social housing and affordable accommodation options in the ACT makes it difficult for social workers working in the ACT public hospital to facilitate the discharge of patients into homelessness. HCCA has also had

³⁷ Davison, J., Brackertz, N., and Alves, T. 2020, *Scoping the costs and benefits of affordable housing in the ACT: Stage 1 report*, Australian Housing and Urban Research Institute Limited, viewed 22 February 2022, https://www.ahuri.edu.au/sites/default/files/documents/2021-09/2020-05214-AHURI_ACT-Shelter-Stage-1-Report-FINAL.pdf

advice that emergency housing options through the ACT Government's central referral agency, OneLink, for a one-night stay in a hotel can require sustained persuasion and advocacy by community organisations to be facilitated.

As the peak consumer organisation advocating for health care in the ACT, HCCA joins our community sector colleagues advocating for improved housing support in our community. HCCA seeks ACT Government investment in significant measures to address housing affordability issues in the private rental market, as well as to undertake to increase housing stock for those living in public and social housing. We support our colleagues at ACT Council of Social Service (ACTCOSS) and ACT Shelter in welcoming the support of the recent motion by Shadow Minister for Housing, Mark Parton MLA, calling for an urgent review of the ACT Government's Housing Strategy and for more support to enable Community Housing Providers to deliver additional social housing. HCCA seeks from the ACT Budget a sustained increase in investment in housing infrastructure to help Canberrans experiencing housing insecurity and homelessness.

13. Redress the chronic shortage of affordable community facilities for community, not-for-profit organisations particularly in the central north but also across the ACT

HCCA is concerned about the lack of availability of accommodation for lease for community organisations in the not-for-profit sector, particularly in central north Canberra. Community organisations provide important support, advocacy and social services for ACT residents.

The sale of community premises, such as the proposed sale of Maitland House to Blue Gum Community School (Blue Gum) (Building 3 at the Hackett Community Centre, previously Sports House) is only exacerbating this issue.

Most community organisations have limited capacity to purchase property or lease other high-cost premises. The commercial rental prices in the ACT are out of reach for many of these organisations and if they are forced into the private rental market, they would have to reduce costs through cuts in other areas such as staffing levels and range of services they can provide, thereby reducing their long-term viability.

14. Address the inadequacy of Indexation to cover increases in costs for community organisations

There are increases in costs that community organisations are facing in 2022-23 that may not be covered by the indexation rate determined by the ACT Treasury. For example:

- In June 2021 the Fair Work Commission announced a 2.5 per cent increase in the minimum wage and related award minimum wages. This is good news for workers.
- The rental costs in ACT Government accommodation increases 3% each year. HCCA will pay \$34,507 in rent in 2022-23. This is an increase of \$1,005 from 2021-22. These numbers are raw numbers for a normal year for demonstration purposes and do not take into consideration the COVID-19 community tenants rent relief provided in 2021.
- The Superannuation Guarantee increases by a further 0.5% from 1 July 2022 and this will result in an increase of \$4,804 that HCCA will need to find in order to meet its obligations.
- There is also an increase in the amount employers are required to contribute to as a levy to the Long Service Leave Authority as the levy increased to 1.6% from 1.2% of the gross ordinary wages of employees in July 2021.

In isolation these amounts may not seem significant, but they have a cumulative impact on the financial position of community organisations.³⁸ Community organisations are focussed on improving outcomes for people at risk of poor health and vulnerability around their housing status, and living with disadvantage, these cost increases reduce their capacity to deliver on these services. For the most part these organisations are not-for-profit and rely heavily on funding from various levels of government to deliver services. Advocacy organisations, like HCCA, who provide a vital voice for consumers in the development of government policy, are almost entirely dependent on government funding. This funding needs to be adequate and reflect the true cost of delivering services.

³⁸ ACT Council of Social Service, 2021, *Counting the Costs: Sustainable funding for the ACT Community services sector*, viewed 22 February 2022, https://www.actcoss.org.au/sites/default/files/public/publications/2021-report-Counting-the-Costs_1.pdf