



**SUBMISSION**

## **HCCA Response to ACT Budget 2022-23**

4 August 2022

### **Health Care Consumers' Association**

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## HCCA initial response to the ACT Budget 2022-23

The 2022-23 ACT Budget was released on Tuesday 2 August 2022 by Andrew Barr MLA, Chief Minister and Treasurer of the ACT. The Budget papers can be found here: <https://www.treasury.act.gov.au/budget/budget-2022-23>

[HCCA made a pre-budget submission to the Government, highlighting a range of potential investments in areas of need.](#) A number of these areas have been supported or provided with funding in the 2022-23 budget.

In our submission we set out our desire to see the 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.

Overall, the ACT Government has delivered a budget that seeks to meet increasing demand for many health and hospital services through continuing and new commitments to infrastructure and service development.

The ACT continues to experience significant pressure within our public hospital system. Drivers of this pressure include the need to provide services to a growing population, within the ACT as well as surrounding areas, and the impacts of the COVID-19 pandemic. The pandemic has created additional demands on our acute care services alongside workforce shortages due to illness and unplanned leave.

The ACT budget for the health sector (\$2.2 billion) accounts for about a third (31%) of the total budget.

Some of the commitments of note points of interest in the 2022-23 health budget include:

- \$52.4 million over four years for the implementation of the first phase of the Canberra Hospital Master Plan
- \$50.8 million over four years to support the implementation of the Digital Health Record
- \$16.4 million over four years to increase allied health staffing across the Canberra Hospital campus, delivering more Aboriginal Liaison Officers, and audiology, nutrition and dietetics, exercise physiology, occupational therapy, physiotherapy, psychology, social work and speech pathology workers
- increasing the number of Nurse Practitioners at our local Walk-in Centres
- begin planning for the redevelopment of Watson Health Precinct and a southside hydrotherapy pool
- continued funding (\$25m) to support the COVID response

We are very pleased to see a commitment to planning a 12-bed acute integrated palliative care ward at The Canberra Hospital. We have been advocating for the establishment of a palliative care ward at The Canberra Hospital for many years.

The Budget papers also allow us to examine the performance of the health system in light of the performance indicators outlined.

Emergency Departments in 2021-22 were busy places and consumers are facing long waiting times to access the care they need. Even though the Government increased funding last year to provide more elective surgery, the Budget papers show that consumers also face long waiting times for elective surgery. These delays continue to be a concern. It is not an easy fix. There is a critical link between what is happening in the rest of the hospital and waiting times in the ED. Higher inpatient bed occupancy makes it more challenging to find beds to admit new patients.

The redirection of staff to support the COVID-19 response has also impacted care. The temporary cessation of elective surgeries and redirection of staff and other resources to respond to COVID-19 resulted in delays in elective surgery. The Budget papers also show that radiotherapy treatment, particularly for palliative and radical treatment, fell behind the 2021-22 targets.

We look forward to hearing from members about your views on the 2022-23 budget.

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## HCCA Response to ACT Budget 2022-23

The 2022-23 ACT Budget was released on Tuesday 2 August 2022 by Andrew Barr MLA, Chief Minister and Treasurer of the ACT.

The ACT Budget does two things – it tells the community about the income and expenditure of Government, but it also includes a range of performance measures each year. A high performing health system is committed to transparency and the accountability indicators need to be set by the community – the users and funders of the services, not only those people working in the system. These performance measures are not always particularly meaningful to consumers but there are some of the current measures, referred to as accountability indicators, that are worthy of closer attention.

The Budget papers can be found here:

<https://www.treasury.act.gov.au/budget/budget-2022-23>. Details for the Health Directorate and Canberra Health Service are contained in [Budget Statements C](#).

HCCA provided a submission to Government on our priorities for investment in the 2022-23 Budget. [You can read our full submission on our website](#).

Below we set out our priorities and provide analysis of how the Budget has responded to these.

### HCCA Priorities for Health Services

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

There is no designated funding for this. We have been advocating for this service for many years. Recently we discussed this with Canberra Health Services and there may be potential to consider this in terms of a Frailty Unit. This will be progressed through discussions with our Health of Older People Consumer Reference Group. We have also been strongly advocating for this in the Model of Care for the new Emergency Department in the Critical Services Building

2. *Improve the delivery of palliative care services in the ACT by:*

- a. *Establishing a dedicated palliative care unit at the Canberra Hospital;*

This has been supported. HCCA is very pleased to see that \$780,000 has been allocated for 2022-23 for site selection and design for a new palliative care ward at the Canberra Hospital (Budget Outlook, p. 166).

- b. *Enabling access for more staff to train in the palliative approach;*

This has not been supported in the budget.

*c. Introduce a 24-hour, 7-day telephone support service for consumers and families accessing palliative care.*

This has not been supported in the budget.

### *Leo's place*

Funding of \$2.6 million over four years has been provided to Palliative Care ACT to continue operating Leo's Place. Leo's Place is a community-based non-clinical respite facility for people with life-limiting illness, their families, and carers (Budget Outlook p164). The continued funding of this facility is good news for consumers and carers.

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.*

We are pleased to see the investment in mental health. This is supported by a funding partnership with the Commonwealth Government. This investment in public health and community services recognises the stresses and mental health challenges that many consumers experience, especially in the last few years.

The \$37.5 million package of investment announced in the Budget includes:

- \$14.5 million over four years to strengthen community-based and Canberra Health Services responses for families and young children. These services include:
  - perinatal mental health screening, and enhancing perinatal, infant and child (0-12) mental health and social and emotional wellbeing,
  - expanding the Childhood Early Intervention Team into the Gungahlin Child and Family Centre, and
  - establishing a mother and infant dialectical behavioural therapy service.
- An extension of the second Police, Ambulance and Clinician Early Response (PACER) team for a further 12 months.
- An expansion of suicide prevention programs to include follow-up care following hospital discharge and greater post-intervention services to assist those who have recently experienced a suicide attempt or suicide crisis.
- An expansion of mental health support for young people experiencing, or who are at risk of, mental health concerns, suicide or self-harm.
- The establishment of a Territory-wide hospital avoidance strategy that will strengthen proactive community-based programs and reduce pressure on hospitals, which are seeing record numbers of mental health patients. This includes continued funding for:
  - the Home Assessment Acute Response Team (HAART),
  - extending operating hours of the Mental Health Consultation Liaison position at the Calvary Hospital Emergency Room,
  - implementing an Adult Dialectical Behaviour Therapy Program, and
  - establishing a permanent Homeless Outreach Team.

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

This has not been supported in the budget.

Serious illness does not recognise business hours. HCCA will continue to advocate for extending the availability of the Rapid Access Assessment Team and Cancer Services to include evenings and weekends to better meet the needs of consumers.

*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.*

We are pleased to see the Government report reduced waiting times for access to emergency Dental Health Services (Budget Papers C, p.38) We remain concerned however that the mean waiting time for people on the dental services waiting list continues to be 12 months. Public dental services are essential to the health and wellbeing of many people. An extended wait of 12 months is a long time to be living with dental issues that require restorative and denture services, and has an impact on health, wellbeing, and quality of life. It also includes people waiting for check-ups, x-rays, teeth cleaning, fillings and extractions.

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<sup>1</sup>. Poor oral health also has flow on effects in the broader areas of physical health, nutrition, employment, self-esteem and mental health<sup>2</sup>.

## **Priorities for the Health System**

*6. Develop and implement an Integrated Care Strategy across the ACT.*

This has not been supported in the budget.

There is work underway across the Territory and the Integrated Care Working Group is meeting monthly. We had hoped to see a commitment to develop a Strategy to support a collaborative, cross-agency approach that includes services delivered by non-government organisations as well as private providers, including General Practices. We continue to feel that an agreed strategy, developed in partnership, would provide the necessary Territory-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.

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

This has been funded for 2022-23. There is \$260,000 allocated. There is no funding in the out years. Future funding will be informed by the actions that are identified in

the Strategy. They have committed to co-design activities and in the development of Strategy (DHS) and Action Plan.

There is no funding in this budget for the ACT Disability Strategy because the strategy is still being finalised. We will see announcement in a future budget to fund activity for the strategy.

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

The Government has committed \$50.8 million over four years to support the implementation of the ACT's Digital Health Record.

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.

We had called on the Government to fund specific initiatives that were not supported. These are:

- 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).
- Expediting development of alternative language options to provide access for culturally and linguistically diverse (CALD) ACT residents.
- Funding services to support consumers and carers to use the DHR including 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.*

This has not been supported in the budget.

HCCA called on the Government to invest in initiatives to support effective communication with consumers, patients and their families whose main language is not English. Just over a quarter of households in the ACT speak a language other than English at home<sup>3</sup>. In the 2021 Census this was reported as 27.1%, an increase from 25% in the 2016 Census.

We had three specific elements we were looking to be addressed:

*a. Establishing a dedicated multicultural liaison unit in public health services to meet the cultural and practical needs of Culturally and Linguistically Diverse consumers.*

This has not been supported in the budget.

We maintain that 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.

*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.*

This has not been supported in the budget.

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

*c. Funding to increase capacity for the translation of health information into community languages.*

This has not been supported in the budget.

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<sup>4</sup>.

The Government will draft and consult on the new ACT Multicultural Recognition Act. HCCA will continue to advocate for this through the development of the Act.

*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.*

This has not been supported in the budget.

Non-government services that currently provide individual health advocacy in the ACT operate over their capacity. At the moment these services are limiting eligibility criteria to manage consumer demand and need.

*11. Establishment of Healthcare Sustainability Unit within the Health Directorate.*

This has not been supported in the budget.

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<sup>5</sup>. In Australia emissions are estimated at over seven percent of Australia's total CO<sub>2</sub> emissions. This includes waste products and natural resource consumption<sup>6</sup>. This threatens our present and future health. The environmental costs of health care need to be addressed. We need health care to be delivered in ways that are both financially and environmentally sustainable



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)<sup>7</sup>. 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<sup>8</sup>; reducing single use plastics in surgery<sup>9</sup>; and reducing waste, particularly in operating rooms<sup>10</sup>. The establishment of a unit in the Health Directorate could progress this critical work for now and the future.

## **Priorities for the Community Sector**

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

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.

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.

*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.*

This has not been supported in the budget.

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

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

We welcome the 4.43% indexation for community organisations like HCCA (Budget Outlook, p133).

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. Mostly these organisations are not-for-profit and rely heavily on funding from various levels of government to deliver services. Advocacy organisations, including 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.

## **Strategic Objectives and Indicators**

### Strategic Objective 1 – A Healthy Community

Strategic Indicator 1.1 - Improving the Mental Wellbeing of Canberrans – below target

Strategic Indicator 1.2 - Improving the Health Status of Canberrans – below target

### Strategic Objective 2 – A safe, responsive, sustainable public health system

*Strategic Indicator 2.1 - Performing more Elective Surgery – below target (~5%)*

*Strategic Indicator 2.2 - Reducing the Waiting List for Elective Surgery*

A significant increase in the number of patients waiting longer than clinically recommended timeframes for elective surgery. This is a concern. The target was 430 but the outcome for 2021-22 was 1,364. This is an increase from 773 at the end of 2020-21. The Government has attribute this blow out largely to the impacts of COVID-19 on the health system, particularly the workforce, bed availability and the temporary suspension of some Category 2 and Category 3 elective surgeries in January and February 2022. There was an addition of 17,000 elective surgeries to the wait list over the 2021-22.

*Strategic Indicator 2.3 - Improving Timeliness of Emergency Department Treatment*

The Percentage of Emergency Department presentations whose length of stay in the Emergency Department is four hours or less was well below the target. The target was 90% whereas the reality was 52%. The performance is worse that 2020-21, which was 57%.

The Government has attributed this outcome to the impact on workforce due to the COVID-19 outbreaks in 2021-22. They cite reduced medical and nursing workforce as the main reason for the increase in the time taken to treat people in the Eds. They have also reported that high bed occupancy in the hospitals, especially in April – June 2022, reduced the timeliness of admissions from emergency departments to the wards.

*Strategic Indicator 2.4 – Surgical complications requiring unplanned return to theatre*

The number of surgical complications requiring unplanned return to theatre per 10,000 hospital admissions is well below the target. The target was less than 20 and the outcome was 9 surgical complications requiring a return to the operating theatre. We are interested to find out more about how this was achieved. We are interested to see the target has reduced to less than 15 for this financial year.

*Strategic Indicator 2.5 – Avoidable Readmissions to Hospital*

The number of avoidable readmissions for selected conditions per 10,000 hospital admissions is well above target for 2021-22. The target was less than 50 but the

outcome was 114. The Government has attributed this increase to a change in the methodology used to calculate inclusions and exclusions.

## **Canberra Health Services (CHS) – Strategic Objectives and Indicators**

### Strategic Objective 1: Maximising the Quality of Hospital Services

#### *Strategic Indicator 1.1: Quality of care provided to patients*

This indicator highlights the effectiveness and quality of care provided within Canberra Health Services from a patient's perspective, based on the Patient Experience Survey's proportion of respondents who rate their overall care as good or very good. With the target set at greater than 85%, the estimated outcome was 85% for 2021-22.

#### *Strategic Indicator 1.2: The number of people admitted to hospitals per 10,000 occupied bed days who acquire a Staphylococcus Aureus Bacteraemia infection (SAB infection) during their stay*

An indicator of the overall safety of hospital-based services, the target rate for this indicator was less than 2 SAB infections acquired per 10,000 bed days. The estimated outcome in 2021-22 was less than 1.2 SAB infections acquired per 10,000 bed days, which is a good result. The Australian Commission on Safety and Quality in Health Care sets the targets for this national indicator, and due to a recent review of methodology and a change in the target, the new target for 2022-23 will be less than 1 SAB infection acquired per 10,000 bed days.

#### *Strategic Indicator 1.3: The estimated hand hygiene rate*

Another indicator for safety, the estimated hand hygiene rate for a hospital is a measure of how often (as a percentage) hand hygiene is correctly performed. The target of 80% for 2021-22 was exceeded with an estimated outcome of 84%.

### Strategic Objective 2: Proportion of women in the target age group (50-74 years) screened through BreastScreen Australia in a 24-month period

The participation rate or proportion of women aged 50-74 who had a breast screen in the 24 months to 2021-22 was 53%, below the target rate of 60%. It is likely that the impacts of COVID-19 have impacted on participation rates.

### Strategic Objective 3: Timely access to inpatient beds for mental health consumers

This indicator measures timely access to inpatient beds for mental health consumers. The proportion of mental health patients whose emergency department length of stay is greater than 24 hours had a target of 0%, with an estimated outcome of 2% in 2021-22.

## Strategic Objective 5 – Improving quality of care for inpatients at CHS for patient 80 yrs or older

The 2021-22 target for the proportion of patients 80yrs or older at admission for an inpatient episode of care at CHS with “Goals of Care” registered during admission was 100%, but the estimated outcome was only 13%. It was noted that the commissioning of the DHR will streamline processes and procedures that will assist access to patient records, improving documentation and capacity to report against this indicator.

### *Output 1.2: Mental Health, Justice Health and Alcohol and Drug Services*

The rate of mental health clients who are subjected to a seclusion event while being an admitted patient in an ACT public mental health inpatient unit is very low. This is good to see. The target was less than 7 per 1,000 bed days and the outcome was 1.

### *Output 1.3: Cancer Services*

The Governments’ key priorities for cancer care services are early detection and timely access to diagnostic and treatment services

While the outcomes for assessments for screened patients within 28 days was exceeded, radiotherapy treatment, particularly for palliative and radical treatment (see Table 17 above), fell behind the 2021-22 targets. It was noted that the redirection of resources to respond to the COVID-19 resulted in extended wait times for treatment.

HCCA’s budget submission for 2022-23 proposed extending and expanding consumer access to the Rapid Access Assessment Team and cancer services by including evenings and weekends. This was not supported in the budget. When current health workforce challenges have improved, we hope that this proposal can be reconsidered.

### *Output 1.4: Subacute and Community Services*

The mean waiting time for clients on the dental services waiting list was 12 months, meeting the target for 2021-22 of 12 months.

Median wait time to be seen, in minutes (all Walk-in Centre’s combined), had an estimated outcome of 15min, meeting the target of less than 30 minutes wait. This is a good outcome for consumers using Walk-in Centres.

## Budget Statements C – Canberra Health Services, ACT Health Directorate and ACT Local Health Network.

The Directorate will continue to focus and invest in key infrastructure projects which include:

- implementation of the Canberra Hospital Master Plan 2021-2041 by undertaking design works and planning for three new buildings and upgrade public realm and wayfinding on Canberra Hospital campus;
- detailed design and planning for the construction of three new health facilities at Watson including capacity development within the Aboriginal and Torres Strait Islander Alcohol and other drug workforce; and
- design and construction of a southside hydrotherapy pool, to improve access to hydrotherapy services for residents on Canberra's southside.

The Directorate will deliver a range of new health service initiatives, including:

- investment to ensure that people in the ACT can access suicide prevention support across the suicide prevention continuum including new suicide prevention and aftercare support referral pathways;
- investment in priority early intervention and prevention initiatives to improve mental health and wellbeing outcomes for young people in the early stages of the lifespan from perinatal through to childhood;
- continue programs through the Delivering Better Care initiative, supporting vulnerable Canberrans through primary care services;
- investing in Alcohol and Other Drug (AOD) treatment system capacity and service capability;
- meet the health needs of Aboriginal and Torres Strait Islander people at the Alexander Maconochie Centre (AMC), through the Winnunga Model of Care;
- service expansion to the Ngunnawal Bush Healing Farm to residential service delivery under Aboriginal and Torres Strait Islander community control;
- continue support for Leo's Place, Palliative Care ACT's community-based non-clinical respite facility for people with life-limiting illness, their families, and carers;
- improve abortion affordability and access for both medical and surgical abortions;
- deliver maternity reform in line with the Maternity in Focus: ACT Public Maternity System Plan 2022-2032 (MIF) and Maternity in Focus: First Action Plan 2022-2025;
- invest in ACT Government Analytical Laboratory (ACTGAL) modernisation to be able to maintain and refresh equipment, infrastructure, and services critical to the wellbeing, health, and safety of the Canberra community;
- co-design activities and development of the Disability Health Strategy (DHS) and First Action Plan across multiple mediums leading to better health outcomes for people with disability, their families, and carers;
- establish foundational clinical system governance processes and engagement of partners in strategic decisions to improve system performance,

- implementation of the Public Health (Health Care Facility) Code of Practice 2021 (No 1) and the development of a health workforce strategy; and
- commitment in building a safe workplace culture for Nurses and Midwives by addressing systemic workplace safety risks and issues, embedding cultural safety, by reducing occupational violence, bullying and/or harassment.

In 2022-23, funding will be provided to Canberra Health Services and Calvary Health Care ACT Limited for the following new initiatives:

- support for the increase in demands for a range of key hospital services including:
  - elective surgeries;
  - more beds and expanded outpatients at Calvary Public Hospital Bruce;
  - allied health integration into patient journey;
  - endoscopy procedures;
  - boosting health services for children and young people;
  - meet the demand for blood and blood products;
  - establishment of a psychosocial care unit; and
  - continued support for the Fitness to Drive Medical Clinic.
- strengthening assertive mental health community-based programs;
- more Nurse Practitioners at walk-in centres;
- new equipment for continued delivery of quality healthcare services at Canberra Hospital and Calvary Public Hospital Bruce; and
- improved rostering solution for patient demand



## Budget Statements I – Major Projects Canberra

### 2022-23 Priorities for Major Projects Canberra

- Achieving substantial progress in the ongoing construction of the Canberra Hospital Expansion project.
- Liaising closely with community, industry, union and other stakeholders to promote great local community and local industry participation, employment, sustainability and diversity outcomes.

Specific elements of Major Projects Canberra's strategic objective over the coming years include:

- delivering the major expansion of the Canberra Hospital with a new emergency, surgical and critical care facility to meet the acute care needs of Canberra and region residents;
- accelerated work on the Canberra Hospital Expansion project A

## ACT Budget 2022-23 - media releases and web links

Rachel Stephen Smith MLA

[https://www.cmtedd.act.gov.au/open\\_government/inform/act\\_government\\_media\\_releases/rachel-stephen-smith-mla-media-releases](https://www.cmtedd.act.gov.au/open_government/inform/act_government_media_releases/rachel-stephen-smith-mla-media-releases)

Chief Minister, Treasury and Economic Development Directorate

[https://www.cmtedd.act.gov.au/open\\_government/inform/act\\_government\\_media\\_releases/barr/2022/a-stronger-mental-health-system-for-canberrans](https://www.cmtedd.act.gov.au/open_government/inform/act_government_media_releases/barr/2022/a-stronger-mental-health-system-for-canberrans)

Chief Minister's Budget Speech

<https://www.treasury.act.gov.au/budget/budget-2022-23/budget-2022-23/budget-speech>

Emma Davidson MLA

[https://www.cmtedd.act.gov.au/open\\_government/inform/act\\_government\\_media\\_releases/davidson/2022/a-stronger-mental-health-system-for-canberrans](https://www.cmtedd.act.gov.au/open_government/inform/act_government_media_releases/davidson/2022/a-stronger-mental-health-system-for-canberrans)

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<sup>1</sup> 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-inaustralia/contents/healthy-mouths>

<sup>2</sup> 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/arc poh/downloads/publications/reports/miscellaneous/spencer-options-paper.pdf>

<sup>3</sup> Australian Bureau of Statistics, 2022. Australian Capital Territory Latest release 2021 Census: All persons QuickStats, viewed 3 August 2022, <https://abs.gov.au/census/find-census-data/quickstats/2021/8>

<sup>4</sup> 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.

<sup>5</sup> 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-Statement2016.compressed.pdf>

<sup>6</sup> 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

<sup>7</sup> 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-carbonhealth-care>

<sup>8</sup> 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.

<sup>9</sup> Albert, M.G. and Rothkopf, D.M., 2015. Operating room waste reduction in plastic and hand surgery. *Plastic Surgery*, 23(4), pp.235-238.

<sup>10</sup> 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.