



**SUBMISSION**

# ACT Government: **ACT Budget 2023-24**

**28 April 2023**

**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

HCCA wants to see the 2023-24 ACT Budget address priorities in three key areas of health:

- improving consumer access to specific support and **health services**,
- improving the integration of care within the **health system**.
- Support for the **community sector** to meet increasing demand for services.

Supporting information and detail of HCCA's proposed priorities is included in Section 2

## 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. Explore provision of palliative care for children, including in the family home;
  - c. Enabling access for more staff to train in the palliative approach; and
  - d. 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.
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 support for the ongoing successful implementation and optimisation of the Digital Health Record.
9. Improve communication with consumers and their families whose main language is not 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. Develop an Action Plan to guide the work of the new Healthcare Sustainability Unit within the Health Directorate.
- 12. Strengthening health care interventions in family violence, by reinstating dedicated funding to the Strengthening Health Response to Family Violence program and rolling it out Territory wide.
- 13. Ensure staffing is adequate to realise the benefits of the additional clinical spaces and hospital beds that have been added to ACT public health services through recent and ongoing capital works projects.

### **Priorities for the Community Sector**

- 14. Funding for Community Organisations to actively participate in the Commissioning process.
- 15. Address homelessness and housing affordability issues in consultation with community sector housing advocacy organisations.
- 16. Redress the chronic shortage of affordable community facilities for community, not-for-profit organisations.
- 17. Address the inadequacy of Indexation to cover increases in overhead and service delivery costs for community organisations.
- 18. Support community organisations to actively participate in the Commissioning process to ensure the outcome meets community needs.

While some of these priorities have been previously considered and have received some investment in scoping and planning for interventions, we have included them here to reinforce HCCA's belief that these should remain priorities for the ACT government into the future – to see through projects currently being scoped or underway and to provide ongoing investment in programs over the long term.

Please do not hesitate to contact HCCA if you wish to discuss any of the issues or proposals raised in our submission further.

## Introduction

HCCA supports the ACT Government's provision of safe, high quality, and timely health care. We encourage the ACT Government's continuing investment in improving and supporting services like telehealth, virtual healthcare, hospital in the home, and Walk-In Centres. Supporting the good health of ACT residents also requires investment in services to address the social determinants of health<sup>1</sup>. Effectively addressing the social drivers of poor health in turn reduces demand for acute health services, freeing system capacity for those who need it.

Given the reliance of our health system on specialty services in Sydney and elsewhere, there is also a need to ensure that there are pathways established to ensure that the two services work together with consumers and carers to ensure care is coordinated and as seamless as possible. This has already begun in relation to children and adolescent patients, but efforts need to expand in relation to adult patients.

With this in mind, we seek the delivery of a 2023-2024 ACT budget that meets significant and increasing demand for many health, hospital, and community services. It is important to continue and expand extant commitments to infrastructure as well as concomitant service development. However, we firmly believe the budget should also drive and encourage innovation in models of care to meet the evolving needs of the ACT community in a fiscally responsible way.

We know that there is significant pressure on our public hospital system. We consider that appropriate and strategic investment can improve the efficiency of the ACT health system and the effectiveness of the care it provides to achieve positive health benefits for the people of the ACT.

With the ACT's growing population and the increasing rates of complex and chronic disease, our hospitals are likely to remain under pressure. We are committed to exploring other ways to deliver care that meet consumers needs and optimise resource use across our health system. For example, we support the addition of urgent care services into walk in centres. We also suggest that where establishing specific services in Canberra is not economically feasible or safe due to small numbers of patients, the health system needs to formally establish proper care coordination protocols with other jurisdictions that can provide services.

HCCA's priorities, as detailed in this submission, have been informed by our work with a wide range of health care consumers across the ACT and in particular by HCCA's members. This submission also draws on the HCCA Priorities for Investment (2020) which can be found here:

<https://www.hcca.org.au/publication/hcca-priorities-for-investment-2020/>

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<sup>1</sup> Australian Institute of Health and Welfare, 2022, Social Determinants of Health, viewed 27 March 2023, <https://www.aihw.gov.au/reports/australias-health/social-determinants-of-health>

## Details for each key area of investment

### A. Health Services

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

Supports delivery of outcomes under Wellbeing Indicator [Overall Health](#), [Mental Health](#), [Access to Health Services](#), [Personal Wellbeing](#)

For many years HCCA has advocated for the introduction of specialised care for older people in the Emergency Department of the Canberra Hospital. This is referred to as geriatric streaming.

We know that older people staying longer than 12 hours in the Emergency Department are at high risk of experiencing delirium. This then has a negative impact on their health and extends the length of their admission. As a result, delirium has an impact on patient flow.

The experience in Queensland, through the Geriatric Emergency Department Intervention<sup>2</sup> and in hospitals overseas that have introduced geriatric streaming has been better health outcomes and increased patient satisfaction.<sup>3</sup> 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 and the flow on reduction in health service demand demonstrate a more efficient use of resources<sup>4</sup>. 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 within the Critical Services Building.

<sup>2</sup> Clinical Excellence Queensland, 2020, Geriatric Emergency Department Intervention, Queensland Health, <https://clinicalexcellence.qld.gov.au/resources/gedi-toolkit/overview>, viewed 28 April 2023

<sup>3</sup> 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.

<sup>4</sup> 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.

Older people have specific needs and risks when presenting to hospital. The risks can be reduced and their health outcomes improved by providing health care that is tailored to the needs of older people. This is not currently provided in a systematic way in Emergency Departments in the ACT. HCCA strongly supports a greater focus within hospitals on the needs of this growing population cohort. We seek a commitment in the 2022-23 budget to fund geriatric streaming, including a dedicated model of care for older people, in the Emergency Department at the Canberra Hospital from the opening of the Critical Services Building in 2024.

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. HCCA has advocated for this to be included during the design phase of the building, as well as in the model of care. While we feel the design process has taken on board consumer comments in many areas we have been disappointed with the engagement on this particular issue.

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

Supports delivery of outcomes under Wellbeing Indicator [Overall Health](#), [Mental Health](#), [Access to Health Services](#), [Personal Wellbeing](#),

HCCA has long advocated for the improvement and expansion of palliative care services in the ACT. The ACT government took the first steps towards this in 2022-23.

We view investment in palliative care as a crucial component of service design and model of care development for implementation of any potential Voluntary Assisted Dying legislation.

Accessible and timely palliative care is critical to providing ACT residents genuine end-of-life choice. This includes a thankfully small number of children.

Our priorities for palliative care include:

- The completion and appropriate staffing of the dedicated palliative care unit currently being developed at The Canberra Hospital;
- Exploration of the best way to provide palliative care for children in their family home where appropriate;
- provision for more staff throughout ACT health services to train in the palliative approach to care; and
- Implementation of a Territory-wide telehealth support and information line for patients and carers, available 24 hours, 7 days per week.

HCCA understands that 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 capacity<sup>5</sup>.

We recommend that all staff across ACT health services be supported to access training in the palliative approach, for example through the Program of Experience in Palliative Approach (PEPA)<sup>6</sup>. This ensures that regardless of where a person in palliation accesses the health system, they are provided care appropriate to their circumstances.

HCCA also advocates for the establishment of a twenty-four hour, seven days a week, Territory-wide palliative care telehealth, phone support and information line for patients and carers. Similar services operate in other states in Australia<sup>7</sup>. These phone support services are a way to provide accessible and timely specialist advice for health professionals as well as consumers, their carers, and families. Still, there remains limitations on in-person out-of-hours services other than the ED.

End-of-life and palliative care support must be available twenty-four hours a day, seven days a week, to ensure consumers, carers, and health professionals who require access to information and support outside of standard business hours, receive timely advice. 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 end-of-life quality of life for Canberrans.

It is possible that the introduction of Voluntary Assisted Dying Legislation may increase demand for end-of-life services, and palliative care service should be planned around modelling of projected usage.

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<sup>5</sup> 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>

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

<sup>7</sup> 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.



### 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

Supports delivery of outcomes under Wellbeing Indicator [Overall Health](#), [Mental Health](#), [Access to Health Services](#), [Personal Wellbeing](#),

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.<sup>8</sup> HCCA seeks to ensure ongoing commitment to investment in enhanced access to a broader range of mental health services to meet growing community 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 supports the work to date and wants to see this supported to achieve the objectives. This includes:

- 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 café 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 care pathways for all ACT consumers, particularly sub-acute and preventive models of care.

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<sup>8</sup> 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>.

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

Supports delivery of outcomes under Wellbeing Indicator [Overall Health](#), [Mental Health](#), [Access to Health Services](#), [Personal Wellbeing](#),

HCCA advocates for extending the available hours of the Rapid Access Assessment Team and Cancer Services to include evenings and weekends. This would have the effect of significantly improving the experience of consumers, their carers and families accessing unanticipated, urgent support for cancer or cancer care related health issues.

Currently CHS tells consumers that the telephone triage line staffed twenty-four hours a day, seven days a week. The experience of consumers is that access to the team is limited and they start to take their last patients around 2.30pm as staffing reduces at 4pm. As one consumer mentioned to us: “you know you have to have a spike [in temperature] before noon to get into the rapid access clinic”.

We view improvements in this area as a priority because there is potential to improve timely access to care and also reduce demand for hospital Emergency Department services. Emergency Department demand is at an all-time high (with particular needs in mental health, aged care and paediatrics).<sup>9</sup> Although intended improvements in staffing and patient flow will help manage the increase in presentations, Cancer is one of the leading causes of disease burden in the ACT,<sup>10</sup> The redirection of Cancer patients to services other than the Emergency Department will free capacity to manage other urgent presentations in a more timely way.

Consumers who have accessed the Rapid Access Assessment Team model have been very positive in their feedback to HCCA and we would like to see this approach expanded to other health priority areas for the ACT. This is part of a move to direct admission for those consumers who are already under the care of CHS staff. Establishing Rapid Access Assessment Team models across a range of high-demand services has the potential to better meet consumer needs in a variety of health priority areas and reduce the pressures on acute services including the Emergency Department, while centring the specific needs of consumers with chronic and life limiting illnesses.

<sup>9</sup> 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/>

<sup>10</sup> 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>

We are interested in the Rapid Access Clinics initiative in Queensland<sup>11</sup>. They are exploring “different access mechanisms for patients known to the health service and their General Practitioners, for urgent clinical needs which do not require a presentation to Emergency Department (ED) or readmission”. We will be following this work to see what we can learn and apply in the ACT.

## **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.**

Supports delivery of outcomes under Wellbeing Indicator [Overall Health](#), [Mental Health](#), [Access to Health Services](#), [Personal Wellbeing](#)

Public dental services are a neglected but essential contributor to the health and wellbeing of ACT residents. A primary determinant of oral health in Australia is socioeconomic status. Low-income households are significantly more likely to suffer from poor oral health than higher-income households.<sup>12</sup> This disparity disproportionately affects Aboriginal and Torres Strait Islander people and those Australians who are eligible for public dental care. These groups experience increased rates of missing, decayed or filled teeth. For example, people who qualify for public dental care are nine times more likely to suffer complete tooth loss and five times more likely to suffer inadequate dentition.<sup>13</sup>

Poor oral health has flow on effects in the broader areas of physical health, nutrition, employment, self-esteem and mental health<sup>14</sup>. Adequate provision of accessible, public preventive oral health care has the potential to achieve savings in not only urgent and emergency oral care but also in other acute health services, while also reducing demand for other social/emotional/economic support services.

Key aims for the 2022/23 budget included reducing wait times for emergency dental care and achieving lower than the Australian average in the Delayed, Missing or Filled Teeth index. The average wait times for public general dental care and denture care for the for public ACT patients continue to be longer than the recommended target time and has increased significantly compared

<sup>11</sup> [Rapid Access Clinics initiative | Improvement Exchange | Clinical Excellence Queensland | Queensland Health](#)

<sup>12</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-in-australia/contents/healthy-teeth>

<sup>13</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-in-australia/contents/healthy-mouths>

<sup>14</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/arcphd/downloads/publications/reports/miscellaneous/spencer-options-paper.pdf>

to wait times pre-covid in 2018-2019.<sup>15</sup> 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.<sup>16</sup> In demonstration of this, Potentially Preventable Hospitalisations for dental conditions have been steadily increasing since 2015/2016<sup>17</sup>.

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 firmly believe 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 regional areas of Australia.<sup>18</sup> Funding to address workforce issues and shortages should be a priority for the ACT Government to help alleviate the wait times for public dental services in the ACT and facilitate reasonable access (any access) to preventive (non-emergency) care. 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.

## B. Health System

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

Supports delivery of outcomes under Wellbeing Indicator [Overall Health](#), [Mental Health](#), [Access to Health Services](#), [Personal Wellbeing](#), [Quality of Time](#), [Digital Access](#)

HCCA wants to see health services in the ACT delivering integrated care to people with chronic and complex health conditions. To do this, HCCA

<sup>15</sup> Australian Institute of Health and Welfare, 2022, *Oral health and dental care in Australia*, viewed 10 March 2023, <https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/contents/healthy-mouths>

<sup>16</sup> 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.

<sup>17</sup> Australian Institute of Health and Welfare, 2022, *Oral health and dental care in Australia*, viewed 10 March 2023, <https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/contents/healthy-mouths>

<sup>18</sup> 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.

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 people staying 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.

Because of the relatively small size of the ACT’s population, and the difficulties of establishing sub-specialty services here, there is also a need to explore and establish protocols for patients who require some of their care in larger centres outside the ACT. The Paediatric Liaison and Navigation Service, established this year for child and adolescent patients in this situation, is proving highly effective. Models to achieve this kind of integrated service for adult patients should also be explored.

In addition to sustaining and supporting these and other innovative models, HCCA encourages the ACT Government to pursue the implementation 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.

HCCA has a long standing interest in integrated care. 25 years of consumer experience has shown that unless the significant, structural barriers are addressed the desired change will not be achieved. There are strong financial interests which motivate maintenance of the status quo. We must focus, instead, on what the best thing for consumers is.

Integrated care will involve evolution in the delivery of care, giving up current ways of working and sharing the work and funding differently. The current system is siloed and inflexible<sup>19</sup>.

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

Supports delivery of outcomes under Wellbeing Indicator [Overall Health](#), [Mental Health](#), [Access to Health Services](#), [Personal Wellbeing](#), [Quality of Time](#), [Digital Access](#)

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. This is particularly relevant in what is the ACT's 20<sup>th</sup> year of being a Human Rights jurisdiction.

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.

In the 2023-2024 budget, HCCA urges the ACT Government to commit to fully funding the Disability Strategy inclusive of its first action plan.

To ensure ongoing, effective co-design and that actions under the Strategy meet the needs of ACT residents with disability, the ACT government should provide specific funding for people with disabilities to fully participate in the design, implementation and monitoring of actions under the Strategy. This may include funding for community organisations to train and support representatives (as HCCA does for consumer representatives in the health care system), Funding for the Committee must also provide for reasonable adjustment in meetings and other communications. This could include Easy English, captioning and support staff depending on the needs of committee members.

The ACT's DHS must address the complex social determinants of health that result in poor health outcomes for people with disability.<sup>20</sup> HCCA believes that the 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. A broad collaborative

<sup>19</sup> Department of Health, 2023, Independent Review of Medicare Integrity and Compliance, <https://www.health.gov.au/resources/publications/independent-review-of-medicare-integrity-and-compliance?language=en>, viewed 28 April 2023

<sup>20</sup> 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>

approach is essential to addressing the social determinants of health, reflecting the intersectional barriers impacting ACT residents.

This is increasingly important in the current economic climate as the growing cost-of-living pressures disproportionately affect people with disabilities and this in turn can lead to delays in accessing care and increased pressure on the hospital system.

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

Supports delivery of outcomes under Wellbeing Indicator [Overall Health](#), [Mental Health](#), [Access to Health Services](#), [Personal Wellbeing](#), [Quality of Time](#), [Digital Access](#)

The ACT's Digital Health Record and the MyDHR consumer access portal are now live and in use. While a range of valuable benefits have already been realised there remains untapped potential to achieve greater efficiencies and improvements in care and communication. A comprehensive and functional Digital Health Record is key to achieving integrated care for consumers across sites and services.

If consumers, clinicians and administrators are to realise the full benefit of the system there needs to be ongoing 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 connection, digital literacy, health literacy and language barriers.

This system interface is currently available in English only 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 the benefits of MyDHR.

To ensure that the broadest range of ACT residents realise the benefits of the Digital Health Record, the 2023-24 budget needs to include provision for proactive education and support for consumers navigating the new digital system. Due to project constraints, ACT Health was unable to fulfil the planned level of consumer engagement prior to the system going live. We strongly encourage that consultation with a range of community organisations and consumers is continued in order to identify the unique needs of specific communities and to refine MyDHR to ensure it meets its potential and the needs of consumer users.

We seek a 2023-24 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.
- Expedite improvements to MyDHR to make the interface accessible for people with disabilities.
- Support ongoing 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**

Supports delivery of outcomes under Wellbeing Indicator [Overall Health](#), [Mental Health](#), [Access to Health Services](#), [Personal Wellbeing](#), [Support of Multiculturalism](#), [Sense of Belonging and Inclusion](#)

HCCA continues our commitment to a focussed campaign for effective communication with consumers, patients and their families whose main language is not English or who are unfamiliar with the culture of the health system. We were pleased to be asked to provide input into the current review of services and proposed improvements and have detailed a range of suggestions in our response.

HCCA views the improvement of communication with CALD consumers holistically. It is not only a consumer's cultural or language background that determines their need for support to effectively access and communicate within the health system, but their language proficiency and awareness of the health system. There are cultural understandings of health problems and health care that require a nuanced cultural understanding underpinning the planning and delivery of care.



As part of the 2023-24 budget, HCCA seeks funding for four specific strategies to help improve health communication with consumers, carers and families who do not speak English as a main language for immediate impact.

- 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.<sup>21</sup> 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. Many of these functions were once provided by the Migrant Health Centre, which was disbanded in 2011.
- b. An issue that impacts of the quality and safety of care for CALD consumers is difficulty accessing interpreters, at the right time, in the correct language.<sup>22</sup> 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
  - consumers' privacy concerns or lack of trust in available 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.
  - Consumers must be provided with choice and agree to who will 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

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<sup>21</sup> 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>

<sup>22</sup> 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>

Queensland, NSW and Victoria.<sup>23</sup> Additionally, NAATI has partnered with the Australian Red Cross' Humanitarian Settlement Program to launch a pilot program to support people recently resettled from Afghanistan to gain a NAATI credential as an interpreter or community language aid.<sup>24</sup> 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.<sup>25</sup> 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 incorrect for an Australian context.<sup>26</sup>
- d. HCCA would like to see funding to provide access to MyDHR in languages other than English to ensure equity of benefit from the Digital Health Record. As a first step, we would like to see the off-the-shelf language

<sup>23</sup> 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>

<sup>24</sup> 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/>

<sup>25</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>26</sup> 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.

options available from Epic, that are relevant to the ACT community, made available to ACT users of MyDHR.

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.

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

Supports delivery of outcomes under Wellbeing Indicator [Access to Health Services](#), [Personal Wellbeing](#), [Mental Health](#), [Feeling that Voice and Perspective Matter](#)

Non-government services that currently provide individual health and disability advocacy in the ACT operate well over their capacity and must strictly limit eligibility criteria to manage excessive demand. There is a real and growing need in the community for health advocacy services.

HCCA is frequently contacted by consumers with individual advocacy needs. The number of consumers asking HCCA for this kind of assistance is significant and increasing. Consumers are bringing a range of very complex cases to HCCA, seeking an experienced advocate to help them navigate distressing and difficult issues with their health, health services and the health system.

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.

An individual health advocacy service would support consumers to stay safe in the health system, access the services that will meet our needs, and fully participate in decisions about our own care and have our decisions and concerns acted on appropriately. This is a focus of the Australian Commission on Safety and Quality in Health Care's National Quality and Safety Health Service Standards,<sup>27</sup> and other health care standards including the Royal Australian College of General Practitioners' Standards for General Practice.<sup>28</sup>

<sup>27</sup> 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>

<sup>28</sup> 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>

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.<sup>29</sup>

HCCA proposes 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.<sup>30</sup>

HCCA currently provides adhoc individual advocacy in a very limited number of exceptional cases but is unable to meet the significant level of community need we see through approaches from consumers seeking our help.

Over time we have seen steady growth in the number of people seeking HCCA's assistance as well as increasing complexity in the cases they bring to us. Many of the people seeking our support need help to access the care they need in a timely way and to have their health care concerns responded to and their health care decisions appropriately enacted by a complex system.

The current processes available across the health system prioritise feedback and complaints in the period after care is provided and do not account for the need for support to drive a change in care someone is receiving now, that have the potential to impact on health outcomes for someone currently accessing care. Nor do they account for the challenges consumers face in advocating for themselves and their needs in an unfamiliar system.

HCCA supports a 'no wrong door' approach to complaints, which the ACT Government has been discussing.

The timeliness of knowledgeable advocacy has the potential to improve health outcomes for someone who is encountering complex issues with their care and who does not have the advocacy skills and systemic knowledge needed to resolve those issues.

The proposed model of advocacy would also serve to support consumers to make complaints about health care workers under the new National Code of Conduct. The value of this new initiative is closely tied to the ability of consumers to make complaints and have them addressed under the new arrangements.

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<sup>29</sup> 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>

<sup>30</sup> 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](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

Supports delivery of outcomes under Wellbeing Indicator [Climate resilient environment and community](#) and [Healthy and resilient natural environment](#)

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>31</sup> There are substantial 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 Australia, health sector emissions are estimated at over seven percent of Australia's total CO2 emissions.<sup>32</sup> 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.<sup>33</sup> This is an achievement to be celebrated. We also note that the Directorate facilitated the ACT Government joining the Global Green and Healthy Hospitals Network.<sup>34</sup> 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).<sup>35</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>36</sup> reducing single use plastics in food preparation and delivery as well as surgery;<sup>37</sup> and reducing waste, particularly in operating rooms.<sup>38</sup>

The establishment of the Sustainability Unit in the Health Directorate will progress this critical work. We would like to see this team work closely with

<sup>31</sup> HCCA, 20123, *Climate Change and Health and Wellbeing*, viewed 28 April 2023, <https://www.hcca.org.au/publication/climate-change-and-health/>

<sup>32</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>33</sup> 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.cmtedd.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](https://www.cmtedd.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)

<sup>34</sup> 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](https://www.health.act.gov.au/sites/default/files/2021-12/ACTH%20Annual%20Report%202020-21_Accessible.pdf)

<sup>35</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-carbon-health-care>

<sup>36</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>37</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>38</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.

the Zero Emissions Government Team (from the Environment, Planning and Sustainable Development Directorate) to explore sustainable innovations to reduce the impact of health care. We want to see the unit adequately staffed long term and sufficiently funded to make real, innovative change in the way health services are delivered.

## 12. Strengthen the health sector response to family violence.

Supports delivery of outcomes under Wellbeing Indicator [Personal Wellbeing](#), [Domestic and Family Violence](#), [Best Start to Life](#)

CHS previously introduced high quality interventions across its services through the Strengthening the Health Response to Family Violence Program. The program uses a ‘Sensitive Practice’ model to enquire about family violence. At its core, the program is a whole of organisation commitment to sensitive practice around family violence, aiming to embed a culture for safe disclosure and raising awareness and capacity of health professionals to identify family violence and respond to disclosure<sup>39</sup>.

The program was involved in the development and implementation of policy, procedure and training across all areas of CHS.

This program has had a positive impact in both Victoria<sup>40</sup> (where it was pioneered by the Royal Womens’ Hospital) and at CHS. HCCA understands it is no longer specifically funded as a unique and active program by CHS and this is limiting its impact here long term.

HCCA would like to see an ongoing ACT Government commitment to this or a similar program, driven by ACT Health (rather than individual health services) and delivered territory wide with funding ongoing to provide expert support throughout ACT health services and to continue actively engaging with the principles of the program and achieving positive results for consumers impacted by family violence.

<sup>39</sup> Victorian Government, 2022, *Implement a whole of-hospital model for responding to family violence*, viewed 29 February 2023, <https://www.vic.gov.au/family-violence-recommendations/implement-whole-hospital-model-responding-family-violence>

<sup>40</sup> The Royal Womens’ Hospital, 2022, *Strengthening Hospital Responses to Family Violence Resources*, viewed 29 March 2023, <https://www.thewomens.org.au/health-professionals/clinical-resources/strengthening-hospitals-response-to-family-violence/shrfv-resource-centre>

### **13. Ensure staffing is adequate to realise the benefits of the additional clinical spaces and hospital beds that have been added to ACT public health services through recent and ongoing capital works projects.**

Supports delivery of outcomes under Wellbeing Indicator [Best Start to Life](#), [Access to Health Services](#)

The Labor Party previously committed to deliver an expansion to a range of services within the Centenary Hospital for Women and Children if elected. The capital works associated with many of these services are complete or soon to be complete, however the associated expansion of service may not occur due to human resourcing issues.

HCCA would like to see every capital works renovation or expansion occur in concert with the implementation of a specific staffing plan to ensure that intended benefits of capital works investments are realised promptly even in challenging employment markets. We would like to see a specific budgetary commitment to attracting and retaining staff for these expanded services.

## **C. Community Sector**

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

Supports delivery of outcomes under Wellbeing Indicator [Homelessness](#), [Housing affordability and availability](#), [Housing suitability](#), and [Rental stress](#)

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.<sup>41</sup>

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 require, 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

<sup>41</sup> 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](https://www.ahuri.edu.au/sites/default/files/documents/2021-09/2020-05214-AHURI_ACT-Shelter-Stage-1-Report-FINAL.pdf)

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.

HCCA would like to see the ACT Government prioritise housing innovations including investment to address a critical need for affordable housing and housing support services in the ACT.<sup>42</sup> HCCA views investment in housing, especially for people and families living on low incomes, as an investment in the foundation of community health and wellbeing.

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 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.

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<sup>42</sup> 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>



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

Supports delivery of outcomes under Wellbeing Indicator [Trust in Other Institutions](#), [Connection to Canberra](#), [Sense of Belonging and Inclusion](#), [Levels of Volunteering](#), [Participation in Community Events and Activities](#), [Access to Services](#)

HCCA is concerned about the lack of availability of accommodation for lease for community organisations in the not-for-profit sector, particularly in central and north Canberra. Community organisations provide important support, advocacy and social services for ACT residents. It is important that these organisations are able to operate from accessible locations. They need to be proximate to regular and efficient public transport.

Location and transport pressures can result in services being provided online only furthering the digital divide for marginalised communities who most need access to these services.

Most community organisations have limited capacity to purchase property or lease other high-cost premises at commercial rates. Commercial rental prices in the ACT are out of reach for many of these organisations and if community organisations are forced into the private rental market, they would potentially be forced to reduce expenditure through cuts to staffing levels and the range of services they provide.

Many of the buildings currently occupied by community organisations (usually managed by ACT Property group) have reached their expected lifespan (65 years)<sup>43</sup> and have not received proactive maintenance or investment over a sustained period.

HCCA would like to see the ACT Government develop a comprehensive plan for ongoing provision of appropriate and affordable accommodation for community organisations.

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<sup>43</sup> Australian Bureau of Statistics, 2012, *Australian National Accounts: Concepts, Sources and Methods*, viewed 17 April 2023, <https://www.abs.gov.au/Ausstats/abs%40.nsf/66f306f503e529a5ca25697e0017661f/A0E01DFDEF87524ACA2569A50026C4A5>

## 16. Address the inadequacy of indexation to cover increases in costs for community organisations

Supports delivery of outcomes under Wellbeing Indicator [Trust in Other Institutions](#), [Connection to Canberra](#), [Sense of Belonging and Inclusion](#), [Levels of Volunteering](#), [Participation in Community Events and Activities](#), [Access to Services](#)

There are increases in costs that community organisations are facing in 2023-24 that may not be covered by the indexation rate determined by the ACT Treasury. For example:

- In June 2022 the Fair Work Commission announced a 5.2 per cent increase in the minimum wage and 4.6% for award minimum wages. This is good news for workers.
- The rental costs in ACT Government accommodation increases 3% each year.
- The Superannuation Guarantee increases by a further 0.5% from 1 July 2023 and this will result in an increase of \$5,570 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.<sup>44</sup> Particularly at a time where demand for services provided by community organisations is increasing substantially. Community organisations are focussed on improving outcomes for people living with disadvantage, who are at risk of poor health and heavily impacted by a range of social and environmental factors including vulnerability to cost of living pressures, insecure housing. Increases to the cost of providing support services reduce an organisations' capacity to deliver these services at a time when community need is growing. Not-for-profit, community organisations rely heavily on funding from 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.

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<sup>44</sup> 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](https://www.actcoss.org.au/sites/default/files/public/publications/2021-report-Counting-the-Costs_1.pdf)