



SUBMISSION

ACT Government: **ACT Budget 2024-25**

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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 staff based on feedback from HCCA members and the HCCA Health Policy and Research Advisory Committee.

Executive Summary

HCCA wants to see the 2024-25 ACT Budget address priorities in three key domains 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 demand for services.

HCCA's current priorities for advocacy include seeking improvement in:

- palliative care,
- access to outpatients' services,
- maternity services,
- health of older people,
- access to primary care,
- digital health innovations, and
- addressing the impact of health services on climate change.

We have proposed actions to contribute to improved consumer experiences of health care in these priority areas (with the exception of primary care) in this submission.

Supporting information and detail of HCCA's proposed budget measures, listed here under the three domains, is included in Section 2.

Priorities for Health Services

1. Improve the experience of health care services for older people by:
 - a. Developing a specific Emergency Department care pathway for older patients (otherwise known as geriatric streaming); and
 - b. Expanding community-based services to help older people stay out of hospital, including the GRACE, RADAR and Hospital in the Home programs.
2. Improve the delivery of palliative care services in the ACT by:
 - a. Developing a dedicated palliative care service for children, including in the family home;
 - b. Investing in palliative care volunteers;
 - c. Funding development of an external courtyard for the established Palliative Care Unit at The Canberra Hospital;
 - d. Committing to establishing a dedicated palliative care service at the redeveloped North Canberra Hospital;
 - e. Introduction of a 24-hour, 7-day telephone support service for consumers and families accessing palliative care. We would support the resourcing of Palliative Care ACT to provide this service; and

- f. Implementing a Virtual Care model of care option for palliative patients.
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. Improving access to outpatient health services by:
 - a. Proactive waiting list management and analysis including communication with consumers on the waiting list;
 - b. Expanding Virtual Care options; and
 - c. Expanding the number of appointments available to new patients.
5. Increasing accessibility and timeliness of public dental services to the ACT community, particularly for those members of our community more at risk of poorer health outcomes.
6. Continue investment in the Long-COVID-19 Clinic as a dedicated service providing integrated care for those with post-viral sequelae.

Priorities for the Health System

1. Implement an Integrated Care Strategy across the ACT.
2. Implement the Disability Health Strategy in the ACT.
3. Provide adequate support for the optimisation of the Digital Health Record.
4. Improve communication with consumers and their families whose main language is other than English by:
 - a. Establishing a dedicated multicultural liaison unit in public health services to meet the cultural and practical needs of Culturally and Linguistically Diverse (CALD) consumers.
 - b. Funding a scoping study, in consultation with 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.
5. 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.
6. Develop a strategic approach to implementing a Climate and Health Strategy.
7. Fully fund and prioritise completion of the actions of the Maternity in Focus Action Plan 2022-2025, as well as funding the development of a Maternity in Focus Action Plan for post 2025.

Priorities for the Community Sector

1. Redress the chronic shortage of affordable community facilities for community and not-for-profit/for purpose organisations.
2. Investment in a stable and appropriately resourced community sector
3. Address homelessness and housing affordability issues in consultation with community sector housing advocacy organisations.

While some of these proposed actions 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 also support the delivery of a health system that is accessible, accountable and sustainable. 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 health and wellbeing of ACT residents also requires investment in services to address the social determinants of health¹. 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, integrated and as seamless as possible. This has already begun in relation to children and adolescents, but efforts need to expand to adult patients receiving care interstate and between public and private providers.

With this in mind, we seek the delivery of a 2024-2025 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 and improvement. 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 and do provide the relevant services. An example of this making a real and positive impact for consumers is the implementation of the Paediatric Liaison and Navigation Service, providing support for families accessing interstate health care for their children.

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

¹ Australian Institute of Health and Welfare, 2022, Social Determinants of Health, <https://www.aihw.gov.au/reports/australias-health/social-determinants-of-health>, viewed 27 February 2024,

HCCA's members. This submission also draws on the HCCA Priorities for Investment (2020) and HCCA's Strategic Plan 2020-2024 which can be found here:

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

<https://www.hcca.org.au/publication/strategic-plan-2021-2024/>

Details for each key area of investment

Priorities for Health Services

1. Improve experiences of health care for older people.

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 have been pleased by recent commitments to proceed with development of an intervention to support older people in the Emergency Department.

It is important that any intervention implemented is developed at a systemic level and provides a specific and tailored care pathway for elderly people accessing care via an ACT Emergency Department.

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 Intervention² and in hospitals overseas that have introduced geriatric streaming has seen better health outcomes and increased patient satisfaction.³ Geriatric streaming achieved higher rates of post-discharge independence and fewer re-presentations, as well as lower admission and readmission rates. These improved health outcomes and the flow on reduction in health service demand demonstrate a more efficient use of resources⁴. The expected reduction in admissions, re-admissions and even re-presentations offer an opportunity to reallocate funding and capacity to alternative areas of need.

HCCA is concerned that any measures implemented not be person-based (eg. An Emergency Department Champion for older patients) but rather a

² Clinical Excellence Queensland, 2020, Geriatric Emergency Department Intervention, Queensland Health, <https://clinicalexcellence.qld.gov.au/resources/gedi-toolkit/overview>, viewed 28 February 2024

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

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

unique care pathway designed to help elderly patients reduce their risk of adverse outcomes including, but not limited to, delirium.

Older people have specific needs and risks when presenting to hospital. These 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 2024-25 budget to fund geriatric streaming, including a dedicated model of care for older people accessing care via the Emergency Department at the Canberra Hospital from the opening of the Critical Services Building in 2024 and in the new Northside Hospital when it is commissioned.

This new emergency department model of care should be complemented by the expansion of valued programs already in place supporting older people to stay out of, or discharge safely from, hospital including Geriatric Rapid Acute Care Evaluation Service (GRACE), Rapid Assessment of the Deteriorating Aged at Risk program (RADAR), and Hospital in the Home.

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](#),

The ACT Government has already taken active steps towards the provision of a dedicated, high quality palliative care service. HCCA applauds the progress made on this issue.

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

Our priorities for improvements to palliative care delivery include:

- Providing best-practice palliative care for children, including services in hospital and in their family home, where appropriate;
- Providing a dedicated outdoor space for people accessing in-patient palliative care services at end-of-life at The Canberra Hospital;
- Investing in palliative care volunteers and the integration of those volunteers into palliative models of care; and
- Implementing a Territory-wide telehealth support and information line for patients and carers, available 24 hours, 7 days per week.
- Implementing a Virtual Care model of care option for palliative patients.

HCCA understands that demand and need for specialist palliative care services across all care settings (home, residential facilities, hospital and hospice) is significant⁵.

In our view some of this demand may be mitigated with the establishment of a model of care to provide Territory-wide palliative care telehealth and a Virtual Care that includes after hours. This could include phone support via an information line for patients and carers. Similar services operate in other states in Australia⁶. These phone support services are a way to provide accessible and timely specialist advice for health professionals as well as consumers, carers, and families. We view Palliative Care ACT as well placed to provide some components of this service reducing demand on Canberra Health Service while ensuring expert advice is readily available.

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.

We view proper investment in palliative care as a crucial component of service design and model of care development for implementation the ACT's Voluntary Assisted Dying legislation.

It is possible that the introduction of Voluntary Assisted Dying Legislation may change demand for a range of end-of-life services, and palliative care services should be planned around modelling of projected usage of both Voluntary Assisted Dying and palliation given the role the service is likely to play in delivering care under the provisions of Voluntary Assisted Dying Bill currently under consultation.

⁵ Palliative Care Australia Roadmap 2022-2027 - Palliative Care Australia, <https://palliativecare.org.au/publication/palliative-care-australia-roadmap-2022-2027/>, viewed 20 February 2024

⁶ 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.⁷ 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, a variety of models of care are needed to address the breadth of consumers' mental health needs. Consumers must be able to access the services that are appropriate to their needs.

HCCA supports the work to date in this area 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 (MindMap⁸ does this well for young people);
- 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.

HCCA staff visited the Adelaide Urgent Mental Health Care Centre (UMHCC), following discussion with the Canberra Health Services and other colleagues

⁷ 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*, <https://www.health.act.gov.au/about-our-health-system/data-and-publications/healthstats/statistics-and-indicators/mental-health>, viewed 24 February 2024

⁸ <https://www.mindmap.act.gov.au/s/>, viewed 23 February 2024

who had visited this service including Carers ACT and Capital Health Network.

The UMHCC is open 365 days per year and offers high-engagement support for mental health in a “lounge room like” space. It offers an alternative to presenting at hospital Emergency Departments for a mental health crisis. Using a combination of peer-led recovery and clinical support, it provides evidence-based, caring, safe and inclusive urgent mental health support.

HCCA and our colleague organisations Carer’s ACT and the Mental Health Consumer Network have also recently visited the Peacock Centre in Hobart, Tasmania.

The model of service for this 12-bed voluntary residential Tasmanian facility is based on a model originating in Trieste, Italy. Evidence supports the effectiveness of this model in lowering rates of compulsory treatment orders, use of restraints, suicide and other significant markers of a healthier population⁹. Mental health treatment models based on the Trieste model are considered the gold standard of care and are implemented worldwide. The World Health Organisation references this model in its publication: Guidance on community mental health services: Promoting person-centred and rights-based approaches¹⁰.

We seek the establishment of a community based mental health centre in the ACT, designed as a home-like environment, which incorporates the successful features of the models we have seen:

- A service which supports both unwell people and their carers and families
- Voluntary urgent mental health care
- Inclusion of Safehaven model to provide real-time de-escalation and support for people in acute distress
- Access to a variety of community-based mental health supports including education, navigation help, and access to other human services, as well as residential care if appropriate, in one location.
- Inclusion of a navigation and support service to connect consumers, carers and families to wraparound supports including non-health human services
- Connection to education and skills development

⁹ [Creating mental health services without exclusion or restraint but with open doors Trieste, Italy | Cairn.info, https://www.cairn.info/revue-l-information-psychiatrique-2016-9-page-747.htm](https://www.cairn.info/revue-l-information-psychiatrique-2016-9-page-747.htm), viewed 26 February 2024

¹⁰ [Guidance on community mental health services: Promoting person-centred and rights-based approaches \(who.int\), https://www.who.int/publications/i/item/9789240025707](https://www.who.int/publications/i/item/9789240025707), viewed 26 February 2024

- Genuine partnerships with consumers, families and friends, including the employment of peer workers.

We seek dedicated funding for a new community-based mental health care centre for the ACT, based on these proven elements. Alternatively, as the ACT Government has previously committed to the provision of a further 4 new community health centres, another option for consideration is the designation of one of these as a mental health specific centre based on the model described.

4. Improve access to outpatient services

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

HCCA believe it is vital that access to outpatient services is improved to enable early intervention and prevent deterioration of patients as they wait for access to outpatient services.

Significant improvements could be achieved through:

- Proactive waiting list management;
- Expansion of telehealth and Virtual Care options to facilitate more efficient and economical access to care for more patients; and
- Making a greater number of appointments available to new patients.

The expansion of Virtual Care (and to a lesser extent telehealth) has the potential to streamline chronic condition management and reduce the time burden of patients who are engaged with outpatient services on a longer-term basis, freeing up clinician availability for new patients and those seeking care for acute illness.

We expect that a centralised, proactive and analytical approach to waiting list management will help to understand the issues preventing timely access to outpatient clinics as well as to elective surgeries. It will also facilitate investigation of supply and demand discrepancies and enable better forecasting of consumer demand for under-resourced clinics. This will have the benefit of enabling proactive responses to demand discrepancies, including putting in place agreed pathways with services interstate to address overflow. We view this capacity as requiring dedicated FTE for analysis and response.

This function will have the benefit of also improving transparency for consumers. Currently, consumers have no visibility of service capacity, the volume of patients seeking to access it or even estimates of waiting times.

This can prevent consumers from making the decisions that may improve their care and health outcomes, such as seeking care interstate.

We acknowledge that there is work currently underway across Canberra Health Services to address this. The ACT Health Directorate has also commenced work recently to improve access to outpatient clinics. While we view this work as a priority, we are concerned that without clear role delineation there will be duplication of effort and in a stretched health system coordination and integration of approaches is essential.

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 poorer oral health than higher-income households.¹¹ This disparity disproportionately affects Aboriginal and Torres Strait Islander people and those Australians who are eligible for public dental care. 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.¹²

Poor oral health has flow on effects in the broader areas of physical health, nutrition, employment, self-esteem and mental health¹³. 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.

¹¹ Australian Institute of Health and Welfare, 2021, *Oral health and dental care in Australia*, <https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/contents/healthy-teeth>, viewed 25 February 2024,

¹² Australian Institute of Health and Welfare, 2021, *Oral health and dental care in Australia*, <https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/contents/healthy-mouths>, viewed 25 February 2024

¹³ Spencer, A.J., 2001. *What options do we have for organising, providing and funding better public dental care?*, Australian Health Policy Institute, Sydney, NSW, <https://www.adelaide.edu.au/arcopoh/downloads/publications/reports/miscellaneous/spencer-options-paper.pdf>, viewed 25 February 2024,

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 to wait times pre-covid in 2018-2019.¹⁴ These lengthy waiting times for general dental health care can result in cases where preventive care is difficult to access, and minor dental issues escalate, requiring emergency care, preventable hospital admissions and more drastic treatments, such as tooth removal.¹⁵ As a demonstration of this issue, in 2021/22, there was 1,516 Potentially Preventable Hospitalisations (PPH) to ACT hospitals for dental conditions¹⁶. Reducing the rates of PPH due to dental conditions is one of the Key Performance Indicators of the National Oral Health Plan 2015–2024¹⁷. In the ACT the rate of PPHs has actually increased over the life of the National Oral Health Plan, from 793 in 2015.

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.

Public Dental care in the ACT can attract a co-payment of \$49.95 per session (with a maximum of \$515 per course of treatment. However this cap excludes root canal therapy, splints or denture work)¹⁸. Given the eligibility criteria for public dental care this could be financially onerous on the consumers who would use the service and may serve to delay consumers accessing treatment which would prevent further deterioration and the need for more intensive health services.

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.¹⁹ Funding to address workforce issues and

¹⁴ Australian Institute of Health and Welfare, 2022, *Oral health and dental care in Australia*, <https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/contents/healthy-mouths>, viewed 10 February 2024

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

¹⁶ Australian Institute of Health and Welfare, 2023, *Oral health and dental care in Australia*, <https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/contents/hospitalisations/potentially-preventable-hospitalisations>, viewed 19 February 2024

¹⁷ Department of Health and Aged Care, 2015, *Healthy Mouths Healthy Lives: Australia’s National Oral Health Plan 2015-2024*, accessed 19/02/2024, <https://www.health.gov.au/resources/publications/healthy-mouths-healthy-lives-australias-national-oral-health-plan-2015-2024?language=en>

¹⁸ <https://www.canberrahealthservices.act.gov.au/services-and-clinics/services/dental-adult>

¹⁹ 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;

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.

6. Invest in the Long-COVID-19 Clinic

HCCA hears from our members that the Long COVID-19 Clinic is a valued resource. Many consumers have told us about their very positive experiences with the Clinic, in particular the interdisciplinary, co-located team structure of the Clinic. Consumers appreciate and benefit from the ‘one-stop-shop’ (integrated) model of care for their complex chronic condition. With the ongoing rates of COVID-19 infection in the community²⁰ and the increase in risk of long COVID-19 with repeated infection, the demand for this service is likely to continue.

Retaining the Long COVID-19 Clinic as a stand-alone, specialist service reflects the complex needs of consumers experiencing Long COVID-19. Consumers tell us that they can struggle to get appropriate care elsewhere and that there is a lack of understanding within the community about Long COVID-19.

The retention of a specialised team, staffing a dedicated clinic also enables that team to conduct ongoing research to build a greater understanding of this complex condition as well as develop targeted treatments.

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.

²⁰ ACT COVID-19 Statistics, <https://www.covid19.act.gov.au/>, viewed 20 February 2024

Priorities for the Health System

1. 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 tangible progress towards health services in the ACT delivering integrated care.

HCCA acknowledges the work that has been done by ACT Health in progressing care integration. However, with the dissolution of ACT Health's Integrated Care Working Group, any progress made so far is at risk of being lost.

HCCA encourages the ACT Government to support a collaborative, cross-agency, approach that makes use of services delivered by non-government organisations as well as CHS, North Canberra Hospital 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 originally drew 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 inflexible²¹.

2. Fully fund and implement the ACT Disability Health Strategy First Action Plan 2024-2026

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

HCCA acknowledges the finalisation of the ACT Disability Health Strategy and commencement of work on delivering the ACT Disability Health Strategy First Action Plan 2024-2026 (“the DHS Action Plan”). The DHS Action Plan enables the ACT Government to meet its human rights obligations under Australia’s Disability Strategy 2021-2031.

We note that the mid-year budget review includes \$4.3m across four years for implementation of the Strategy, including a boost of \$430,000 in 2023/24. This includes funding for the establishment of a Disability Health Reference Group and HCCA strongly advocates for this to be in place by end of the 2024 in the 2023/24 financial year to ensure it is in place to guide the significant investment intended for 2024/25. The Disability Health Reference Group needs to be involved in the implementation, monitoring, evaluation and strategic oversight of the DHS Action Plan. HCCA recommends the Disability Health Reference Group be constituted as a Ministerial Advisory Committee and resourced accordingly.

HCCA urges the full funding of all the goals, focus areas and actions outlined in the DHS Action Plan. In particular, HCCA wants to see the development of a case management and referral pilot (Actions 2.3) and the development of a disability co-design framework and lived experience advisor (Action 2.6) prioritised for implementation.

²¹ 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

3. Adequate funding for optimisation 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 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 English proficiency 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 2024-25 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 2024-25 budget commitment to:

- a) 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;

- b) Expedite development of alternative language options to provide access for 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;
- c) Expedite improvements to MyDHR to make the interface accessible for people with disabilities; and
- d) Support ongoing promotion and education provided by health services. This could take the form of demonstration/instructional videos, 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.

4. 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, carers and their families whose main language is other than 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 wholistically. It is not only a consumer's language or cultural 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 2024-25 budget, HCCA seeks funding for four specific strategies to help improve health communication with consumers, carers and families whose main language is other than English:

- a. Public health services need an embedded, dedicated unit with responsibility for addressing the specific needs of 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.²² HCCA advocates for funding for units to be established in both the Canberra Hospital and North Canberra Hospital 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.²³ 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 Queensland, NSW and Victoria.²⁴ 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

²² 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>

²³ 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>

²⁴ 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>

a NAATI credential as an interpreter or community language aid.²⁵ 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.²⁶ 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.²⁷
- 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 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

²⁵ 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/>

²⁶ 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.

²⁷ 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.

barriers and contributes to increasing the quality and safety care for consumers who do not speak English as their primary language.

5. 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 [Overall Health](#), [Mental Health](#), [Access to Health Services](#), [Personal Wellbeing](#), [Support of Multiculturalism](#), [Sense of Belonging and Inclusion](#)

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,²⁸ and other health care standards including the Royal Australian College of General Practitioners' Standards for General Practice.²⁹ Organisations and professionals that engage positively with an advocacy service of the kind proposed in this submission will be well-placed to

²⁸ 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>

²⁹ 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>

demonstrate their achievements against accreditation and professional standards.³⁰

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.³¹

HCCA currently provides *ad hoc* individual advocacy in a very limited number of exceptional cases but is unable to meet the significant level of community need we see through direct 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 is supportive of.

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 adequately addressed under the new arrangements.

³⁰ 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>

³¹ 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

6. Develop an ACT Climate and Health Strategy and funded implementation plan to meet the National Climate and Health Strategy goals and ACT government climate policy targets.

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.³² 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.³³ We need health care to be delivered in ways that are both financially and environmentally sustainable.

We are very pleased that The Canberra Hospital will be the first 100 per cent renewable energy-powered hospital in the country, using electric heat pumps and no gas.³⁴ 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.³⁵ 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).³⁶ 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;³⁷ reducing single use plastics in food preparation and delivery as well as surgery;³⁸ and reducing waste, particularly in operating rooms.³⁹

³² HCCA, 20123, *Climate Change and Health and Wellbeing*, viewed 28 April 2023,

<https://www.hcca.org.au/publication/climate-change-and-health/>

³³ 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.

³⁴ Rattenbury, S (Minister for Climate Change and Sustainability), 2020, *ACT Government announces first all-electric public hospital in Australia (if not the world)*, viewed 22 February 2022, https://www.cmteed.act.gov.au/open_government/inform/act_government_media_releases/rattenbury/2020/act-government-announces-first-all-electric-public-hospital-in-australia-if-not-the-world

³⁵ 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

³⁶ 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>

³⁷ 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.

³⁸ Albert, M.G. and Rothkopf, D.M., 2015. Operating room waste reduction in plastic and hand surgery. *Plastic Surgery*, 23(4), pp.235-238.

³⁹ 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.

We would like to see the Health Directorate work closely with the Zero Emissions Government Team (from the Environment, Planning and Sustainable Development Directorate) to explore practical, sustainable innovations to reduce the impact of health care delivered in the ACT. 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.

7. Fully fund implementation of the Maternity in Focus Action Plan 2022-2025, as well as funding development and implementation of Maternity in Focus action plans for post 2025

Supports delivery of outcomes under Wellbeing Indicator [Best Start to Life](#), [Overall Health](#), [Mental Health](#), [Access to Health Services](#), [Personal Wellbeing](#), [Support of Multiculturalism](#), [Sense of Belonging and Inclusion](#), [Valuing Aboriginal and Torres Strait Islander Cultures](#), [Feeling that Voice and Perspective Matter](#)

The ACT Government's focus on maternity services through the Maternity in Focus⁴⁰ program of work is a vital response to the increasingly concerning statistics around interventions and outcomes for mothers and babies in the ACT. The Australian Institute for Health and Welfare's Mothers and Babies Report⁴¹ proves sobering reading for ACT residents who want access to high quality and safe maternity care.

The Maternity in Focus 2022-2025 Action Plan sets out a strong start in meeting the goals of the Maternity in Focus ACT Maternity System Plan 2022-2032. We urge the ACT government to commit to delivery of the Maternity in Focus ACT Public Maternity System Plan in its entirety. This will begin to address the clear and long-standing issues in ACT maternity service delivery across the health system. Through this program, we can begin to deliver better quality care that meets the needs and preferences of all families having babies in the ACT.

⁴⁰ [Maternity in Focus](https://www.health.act.gov.au/about-our-health-system/maternity-focus), <https://www.health.act.gov.au/about-our-health-system/maternity-focus>, viewed 14 February 2024

⁴¹ [Mothers & babies Overview - Australian Institute of Health and Welfare](https://www.aihw.gov.au/reports-data/population-groups/mothers-babies/overview), <https://www.aihw.gov.au/reports-data/population-groups/mothers-babies/overview>, viewed 14 February 2024

Priorities for the Community Sector

1. Redress the chronic shortage of affordable community facilities for community, not-for-profit 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](#)

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.

The already limited supply of premises suitable for community organisations has been worsened by the fire in September 2023 at Maitland House in Hackett. Verbal advice from ACT Property Group has been that it is likely a decision will be taken to expand the leased footprint of a private school within the building once rectification works are complete.

We understand that the ACT Government is making a strategic decision to prioritise education access over community groups due to growing demand. However, we view it as concerning that community organisations are likely to lose operational space to a private school with no local alternatives being provided for the organisations. This is concerning given the limited access to community facilities in the Inner North.

Community organisations provide important support, advocacy and social services for ACT residents. It is vital that these organisations are able to operate from accessible locations. They need to be proximate to regular and efficient public transport and be accessible to people with disability.

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 other expenditure through cuts to staffing levels and/or 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)⁴² and have not received proactive maintenance or investment over a sustained period.

HCCA urges the ACT Government to develop a comprehensive plan for ongoing provision of well maintained, appropriate and affordable accommodation for community organisations.

2. Investment in a stable and appropriately resourced community sector

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](#)

Community organisations provide a wide range of vital support services not provided by the public sector in the ACT. Our community is dealing with increasing levels of disadvantage, service users have increasingly complex needs, and community organisations report they are unable to meet evolving demand.⁴³ At the same time, the economic environment means increased costs for staffing and business overheads, which are not met by current funding models⁴⁴.

These challenges are occurring at the same time community organisations have been expected to participate in substantial Government reform of the sector through commissioning⁴⁵.

The Australian Council of Social Service's latest Australian Community Sector Survey⁴⁶ along with their report, *At the Precipice: Australia's Community Sector through the cost of living crisis*⁴⁷ have shown that 67% of ACT based community organisations are finding it more difficult to attract and retain staff. More than 80% of local CEOs and Senior Managers believe they receive insufficient funding to employ enough staff and no organisations were funded for backfilling staff absences. A competitive labour market, limited funding, and high demand for skilled, experienced workers, along with the Fair Work Commission's changes to rules around fixed term contracts are having a significant impact on a sector where funding is limited.⁴⁸

These circumstances are combining to place additional stress on delivery of services and increased pressure on existing staff, leading to increased stress and burnout.

⁴² 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>

⁴³ <https://actcoss.org.au/publication/factsheet-act-community-sector-snapshot/>

⁴⁴ https://www.acoss.org.au/media_release/community-services-face-staffing-crisis-due-to-chronic-funding-shortages/

⁴⁵ <https://www.communityservices.act.gov.au/commissioning/home>

⁴⁶ Australian Community Sector Survey - ACOSS, <https://www.acoss.org.au/australian-community-sector-survey/>

⁴⁷ *At the precipice: Australia's community sector through the cost of living crisis* - ACOSS, <https://www.acoss.org.au/acss-april-2023/>

⁴⁸ *New rules for fixed term contracts* - Fair Work Ombudsman, <https://www.fairwork.gov.au/newsroom/news/new-rules-for-fixed-term-contracts>

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.

3. 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](#)

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 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. In the ACT, housing is in crisis and many do not have access to safe and secure home.

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.⁴⁹ 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 do not meet national targets in relation to emergency triage and wait times, addressing the housing crisis in the ACT may help to alleviate one source of pressure on ACT Emergency Departments.

HCCA also has heard from our community sector colleagues that inadequate social housing and affordable accommodation options in the ACT risks the

⁴⁹ 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>

discharge of patients into homelessness or having these patients occupy beds when they could otherwise be discharged. 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 social housing support in our community. HCCA seeks ACT Government investment in significant measures to address housing affordability issues along with a sustained increase in investment in housing infrastructure to help Canberrans experiencing housing insecurity and homelessness.