PORTFOLIO COMMITTEE NO. 2 - HEALTH

Thursday, 3 March 2022

Examination of proposed expenditure for the portfolio area

WOMEN, REGIONAL HEALTH, MENTAL HEALTH

UNCORRECTED

The Committee met at 09:30

MEMBERS

The Hon. Greg Donnelly (Chair)

The Hon. Lou Amato
Ms Abigail Boyd
Ms Cate Faehrmann
The Hon. Wes Fang
The Hon. Emma Hurst
The Hon. Rose Jackson
The Hon. Shayne Mallard
The Hon. Walt Secord

PRESENT

The Hon. Bronnie Taylor, *Minister for Women, Minister for Regional Health, and Minister for Mental Health*

* Please note:
[inaudible] is used when audio words cannot be deciphered.
[audio malfunction] is used when words are lost due to a technical malfunction.
[disorder] is used when members or witnesses speak over one another.

CORRECTIONS TO TRANSCRIPT OF COMMITTEE PROCEEDINGS

Corrections should be marked on a photocopy of the proof and forwarded to:

Budget Estimates secretariat
Room 812
Parliament House
Macquarie Street
SYDNEY NSW 2000

The CHAIR: Thank you all for coming. Welcome to the additional public hearing for the inquiry into budget estimates 2021-22. Before I commence, I acknowledge the Gadigal people, who are the traditional custodians of this land, and I pay my respect to Elders, past, present and emerging of the Eora nation and extend that respect to other Aboriginals present or who may be joining us on the internet.

Before proceeding any further, I acknowledge the most difficult circumstances—indeed, in some cases fatal circumstances—that have befallen the people of New South Wales presently. The current rain and water event is extraordinary in its size, and its full impact is yet to be fully played out. We offer our thoughts and prayers for those who have lost their life and offer our condolences to the family and friends who now mourn the loss of their loved ones.

We thank all the brave emergency service workers, the police, the ADF and countless numbers of community groups and volunteers who have all come together to help people across the State to get through this natural disaster. I acknowledge and thank both the Minister for Health, Brad Hazzard, and our Minister for Regional Health, Bronnie Taylor, along with everybody from NSW Health, who are doing all they can to provide care and support at this time of great need. I strongly encourage everybody to closely follow all the emergency advice that has been provided regarding the rain and flood events. Do not take any risks. The consequences could be fatal to you and your family. Property and lost possessions can be attended to after the rain and flooding, but a lost life can never be replaced.

I welcome Minister Bronnie Taylor and all accompanying officials to this hearing today. Today the Committee is examining the proposed expenditure for the portfolios of Women, Regional Health and Mental Health. Before I commence I make some brief comments about today's proceedings. Today's proceedings are being broadcast live from the Parliament's website and the transcript will be placed on the Committee's website once it becomes available. In accordance with the broadcasting guidelines, media representatives are reminded that they must take responsibility for what they publish about the Committee's proceedings. All witnesses in budget estimates have a right to procedural fairness, according to the procedural fairness resolution of the House adopted in 2018.

There may be some questions that a witness can only answer if they had more time or with certain documents to hand. In these circumstances witnesses are advised that they can take a question on notice and provide an answer within 21 days. If witnesses wish to hand up documents, they should do so through the Committee staff. Minister, I remind you and officers accompanying you that you are free to pass notes and refer directly to your advisers seated at the table and behind you. Finally, could everyone please turn their mobile phones to silent for the duration of the hearing. All witnesses will be sworn prior to giving evidence. Minister, I remind you that you do not need to be sworn as you have already sworn an oath to your office as a member of Parliament. I also remind the following witnesses that they do not need to be sworn as they have been sworn at an earlier budget estimates hearing before the Committee: Ms Koff, Dr Wright, Dr Lyons, Mr Minns, Ms Smyth and Ms Lourey. For our other witnesses, I ask that each of you in turn state your full name, position, title and agency if you are associated with an agency specifically.

Ms ELIZABETH KOFF, Secretary, NSW Health, on former oath

Dr MURRAY WRIGHT, Chief Psychiatrist, NSW Health, on former oath

Dr NIGEL LYONS, Deputy Secretary, Health System Strategy and Planning, NSW Health, on former oath

Mr PHIL MINNS, Deputy Secretary, People, Culture and Governance, NSW Health, on former oath

Ms TANYA SMYTH, Director, Women NSW, Department of Communities and Justice, on former affirmation

Ms CATHERINE LOUREY, NSW Mental Health Commissioner, NSW Mental Health Commission, on former affirmation

Ms PIA VAN DE ZANDT, Acting Executive Director, Department of Communities and Justice, affirmed and examined

Ms MAUREEN LEWIS, Acting Executive Director, NSW Health, before the Committee via videoconference, sworn and examined

The CHAIR: Before we commence questioning, I will outline the program for today. Thank you to all the witnesses and the other support staff for joining us; it is much appreciated. We take breaks during the day. I think people are aware of what the breaks are so I will not go through those again. With respect to the Minister and Ms Koff, they will be with us until the lunch adjournment and then will be relieved. I understand the circumstances and appreciate the fact that they have some important work arising from the matter I commented on earlier in my opening statement. With respect to the other witnesses, you have the great pleasure of being with us over the course of today until 5:30 p.m. We look forward to the opportunity to ask you questions.

We will get things underway. We will proceed on the basis of Opposition and crossbench in 15 minute tranches. The Government has a reserved position of 15 minutes at the end of the day, if Government members wish to do so, to pick up matters that they think may require clarification or need to be revisited for a particular reason. We will simply move between the two groups. With respect to the Opposition, we have the Hon. Walt Secord and me. With respect to the crossbench, we have the Deputy Chair, the Hon. Emma Hurst, and Ms Cate Faehrmann. There will be other members joining us over the course of the day at the table, some of whose names are on the table and some of whose names will be placed on the table when they arrive.

I commence by providing the Minister with an opportunity to provide us with an update on matters like flooding and the water emergency and its impact on NSW Health, particularly with respect to the rural part that the Minister has responsibility for, to give us a snapshot of where things are and any insights you may be able to provide in regards to the immediate future in the next day or two.

The Hon. BRONNIE TAYLOR: Thank you very much, Chair. Obviously, what we are seeing across New South Wales is just devastating. As you would be aware we had to evacuate Ballina hospital yesterday. That was a Herculean effort on behalf of all of the staff and doing that and moving patients into Xavier Catholic College in Ballina. Obviously, we are very focused on saving lives and preserving lives and the way that that is going in terms of health care. We are ensuring as best as we can that health care is available to those who need it, where they need it and when they need it.

As you would appreciate, Chair, it is an evolving situation and it is a difficult situation. These are communities that have been affected by floods quite recently. They are communities that have been affected by the trauma of fire in terms of a mental health response as well. That is something that we are gathering and are ready to execute when needed. Dr Wright has reached out to all of the mental health directors in the flood-affected areas to offer our help and assistance. I am envisaging that will be similar to what we did in the fires, when we asked our colleagues and friends in Sydney to be able to provide assistance to that. But it is an evolving situation. If you would like the secretary to comment or if you would prefer to do that in your questioning—

The CHAIR: No, I thought I would just provide an opportunity for you to address it. We will move to formal questioning. Mr Secord?

The Hon. WALT SECORD: On that note, thank you, Minister, for your time and thank you to the health officials. We do understand it is a busy time. Can I get an indication of what is actually happening in Ballina and what is happening at Ballina and Lismore hospitals at the moment involving emergency situations if a young mum goes into labour and is giving birth? What happens to families at Ballina and Lismore in those situations as well as emergency cases involving heart attack, stroke or any major injuries that would occur? What is happening in those areas in the flood-affected hospitals?

The Hon. BRONNIE TAYLOR: Sure. I will start, Mr Secord, and then I will pass on to Dr Lyons or the secretary to discuss those operational issues that you mentioned. To answer the first part of your question, I was notified immediately when the decision had been made to evacuate Ballina hospital. That decision was made on advice that we had at the time, and we of course followed that advice. The majority of the patients that were inpatients at the time at Ballina were medical patients and rehab patients. They were moved to what was felt to be the safest place, to the Xavier Catholic College in Ballina.

They were supported by extra medical staff and by staff on the ground. Obviously, it is a difficult situation when you are not in a hospital setting and you are caring for patients that require hospital care. But those decisions had to be made, as you would appreciate, with the most paramount of safety at hand. We are continuing to run services out of Xavier Catholic College in Ballina. If there was a patient who needed to receive a higher acuity of care, which you would be very well aware of with your previous roles in the Opposition, they would be transferred out. If I may ask either Dr Lyons or the secretary to elaborate on that in terms of key operational issues that were indicated in your question.

NIGEL LYONS: Just to add to the comments the Minister made, the operations are maintained through the crisis response each of the local health districts have in place. They have well-arranged processes when there is a crisis like this of the things that swing into place and how they manage. I was talking to the acting chief executive of northern New South Wales yesterday evening. They have set up a temporary emergency department in the school, where they have relocated some of the patients from the Ballina Hospital—those that were appropriate to be cared for in that environment. They are assessing patients on arrival there with the clinical staff and then making decisions about, if they need definitive care, how that can be arranged. They are transporting people to Lismore and other hospitals as required. Those are in place.

Lismore has been severely affected, as you know, and the hospital has maintained all critical operations. There were a few days there where electricity supply was an issue and the generators were on, but they have managed to get that back up and going. They have got impact on their electronic medical record system, which was impacted for a while with the issues around telecommunications. But basic functions are back up and operating. Everything is thrown at ensuring that we can maintain services and maintain that support, particularly the critical care to those communities that need it.

The Hon. WALT SECORD: With your indulgence, are there any other medical facilities that are affected on the North Coast? I know there are a number of smaller district hospitals and MPSs too. Are there others, other than Lismore and Ballina, affected?

NIGEL LYONS: My understanding is that many of the smaller facilities in that district have been impacted as well, but I do not have all of the details of every one and how they have been affected at this point in time.

The Hon. WALT SECORD: Do you think there will be a significant cost to the public health system to repair and restore the various hospitals affected by the floods, and has any work been undertaken in the area? I do know that it has only been a day or so.

NIGEL LYONS: I think it is too early, Mr Secord, to actually say what that is likely to be. We have not been able to assess the impact. Until the floodwaters recede, those assessments really cannot be made. It is really too early to say.

The Hon. WALT SECORD: Minister, with your indulgence, could I also ask Dr Murray Wright to update the members on what is happening involving support for mental health on the North Coast particularly?

The Hon. BRONNIE TAYLOR: Certainly, Mr Secord.

MURRAY WRIGHT: We have had a number of conversations between the ministry, the local district and the other directors of mental health. As the Minister said, it is a similar arrangement to what we did during the bushfires. Initially, it was about having a conversation with the director of mental health and trying to understand what the particular challenges were. Really, there are two absolute priorities. The number one priority is about maintaining the core acute services, both in the hospitals and in the community. As you know, in mental health we try and manage people in the least restrictive environment. That means we have got a lot of people who have relatively high needs managed in the community.

The difficulty with that is not just the impact on the hospital facilities themselves, but the staff. The staff have been dramatically affected throughout northern New South Wales. Many of the staff working in those areas live on acreages outside of the main town. Many of them, although they have not been inundated, are cut off from being able to access work. The staff that remain have been, in many cases, working double shifts and, in some cases, sleeping over in order to maintain the services. As of yesterday, the director of mental health had changed

one of their, I think, addiction services with a small number of beds into staff accommodation so that staff could remain. This is really important in the immediate term, but it is not a long-term arrangement. What we then have done is tried to reach out to the other districts and see if there are suitably trained and available staff who can be redeployed.

As of yesterday, we had a meeting with all of the directors of mental health and clinical directors across the State. We have identified two districts that may be able to send staff once the transport logistics have been managed. That is principally once Ballina airport is open. Those arrangements are being discussed and worked through today. We will then look at being able to see whether there is a need to supplement those staff. As Dr Lyons said, it is still early days in trying to understand what the size of the problem is. Backfilling the existing staff and supporting them, particularly those who cannot get to the facilities, is really crucial. And then, down the track, there is the second phase, which is about supporting the recovery process.

The Hon. WALT SECORD: On that point, Dr Wright, of the recovery process and the wider community, including people that are not in acute care at the moment, I understand that there would be various phases of reaction. The very first reaction would be "Thank God I'm alive." What would be the next step? As a mental health official, what are the next phases that people on the North Coast will be going through?

MURRAY WRIGHT: It is an important issue, Mr Secord. I think that the first phase is actually something like, yes, "Thank god I am alive and doing everything I can do protect myself, my possessions and my community." That is basically a crisis mode. It is dominated by a really strong adrenaline response. At that point, you are in survival mode. Not many people are reflecting on how they feel about it. They are just reflecting on getting through and staying safe. The priorities—and we have learned this over many decades of studying the responses to disasters—are food, shelter, warmth, being close to family and community, and reliable and regular information. Those are the priorities. We know that those priorities, if they are addressed sufficiently—and that is what is happening in our evacuation centres—will minimise the mental health impact that people will gradually come to grips with once the crisis passes. That is the recovery phase, which is some point after that. It is really when people fully appreciate what the losses are and what the damage is, and then it is about how do you support not just the individuals but the communities in recovery.

The Hon. WALT SECORD: Minister, you may want to direct us to the appropriate official. I know down the track we will be looking at public health responses. There will be large pools of stagnant water, which will attract and create the multiplication of mosquitoes. What will be the public health response from NSW Health in the regard to mosquito-borne diseases as well as water contamination and sewerage overflow? There will be gastro, there will be Ross River fever, things like that. What stages and what steps has NSW Health taken in regard to that? That will be the next stage.

The Hon. BRONNIE TAYLOR: Thank you very much for your question, Mr Secord. I will pass that on because, again, those will be plans that we have in place that are long-term plans. We have seen these situations before, and you are exactly right about the issues that come afterwards. As Dr Wright said as well, it is about dealing with what is immediate now but also being prepared for what is to come and those large pools of water and cleaning up and all of those issues that will be ahead of us. In terms of our public health response, Dr Lyons, do you—Elizabeth?

ELIZABETH KOFF: As much as I hate to say it, the benefit of precedent and having had floods before really makes the public health and environmental health units well-oiled machines in responding to these initiatives. As you identified, the major issues of waterborne vectors with mosquitoes, sewerage, freshwater supply, our environmental health unit is very well trained and as soon as physically possible we will be giving advice as basic as boiling water when we get back to the situation. They are well versed in how to respond to these things and we will be on the ground.

The Hon. WALT SECORD: I guess I was asking: Are we in fact flying up pallets and pallets of bottled water and things like that?

ELIZABETH KOFF: We have not to date but we have historically, when we have had water supply shortages, via HealthShare distributed water supplies to the local community, because it is far preferable they have a safe, reliable source of water for consumption rather than to risk contaminated water supplies.

The Hon. WALT SECORD: How do you respond to mosquito-borne diseases? How do you combat that from a public health perspective?

ELIZABETH KOFF: Look, it is an increasing problem across the whole of the country. Even now we have had more recently—and I am not a public health expert, but we have had Japanese encephalitis, which has been spreading in rural and regional areas, which is a mosquito-borne disease, and Ross River fever, as you

indicated, is something else that is quite prevalent up in that region. The advice will be specifically tailored to those communities on the best evidence of our public health and environmental physicians.

The Hon. BRONNIE TAYLOR: Mr Secord, if I may just add to that. That is why we have set up SEOC as well. That will be a whole-of-government response in terms of all of the things that you have mentioned that are right across a multitude of departments, and that is why we set up that in any disaster response.

The Hon. WALT SECORD: Ms Koff, you actually mentioned Japanese encephalitis. I understand that on Saturday 26 February NSW Health took the extraordinary step of issuing a public health warning. We thought that Australia was actually Japanese encephalitis-free. Where has the appearance of this disease occurred? I understand in southern New South Wales. Is NSW Health taking this seriously? We actually felt that Australia was Japanese encephalitis-free.

ELIZABETH KOFF: Of course we are taking it seriously, Mr Secord, the concerns. The update that I received—

The Hon. WALT SECORD: Can you update us, please? This is a very serious matter.

ELIZABETH KOFF: From public health on Monday morning, it started in the piggeries. It was identified first, and I think agriculture had some line of sight because it was identified in stillbirths in piggeries and mummified births. That is when I think it started the exploratory investigations because it had been unrecognised to date. The public health update that I received, it is most concerning actually in the under-five age group if it is transmitted through chains of transmission, as we understand. We have secured plentiful supplies of the vaccine, which does make a significant difference. There will be an active campaign for vaccination down there.

The Hon. WALT SECORD: I understand that it was southern and western New South Wales near the Victorian border.

ELIZABETH KOFF: Yes.

The Hon. WALT SECORD: Yes. It is quite extraordinary. The concern is that it is a mosquito-borne disease and it has appeared in pigs in southern New South Wales. But the concern is that you want to prevent it getting into the human population?

ELIZABETH KOFF: Yes, correct.

The Hon. WALT SECORD: Thank you very much. Minister, I would like to take you to your role as regional health Minister.

The Hon. BRONNIE TAYLOR: I am sure you do.

The Hon. WALT SECORD: In that position—it was announced in December—what is your role in relation to responsibilities, actual responsibilities? I have downloaded the NSW Ministry of Health responsibility chart, and it has not been updated since Minister Skinner. So what are your actual practical responsibilities?

The Hon. BRONNIE TAYLOR: Certainly, Mr Secord. Thank you very much for your question. I am the Minister for Regional Health, the first ever Minister for Regional Health in New South Wales. My responsibility will lie across regional health, so across all of the regional and rural health districts. Obviously NSW Health—sorry, the New South Wales Government sits in the process of government in clusters. In that cluster you have a cluster lead Minister, which is Minister Hazzard, and then now there is another Minister in that. So if you look at other clusters—say, in the Department of Communities and Justice—there are multiple Ministers. In the cluster of Health, there was previously one Minister; now there are two. I work very closely with Minister Hazzard. He is the senior Minister in the Health cluster, and my remit is to focus on rural and regional health.

The Hon. WALT SECORD: I will come back to that.

The Hon. BRONNIE TAYLOR: I am sure you will.

The Hon. EMMA HURST: Good morning, Minister. In regard to the evacuation at Ballina Hospital, were any of the patients evacuated suffering with COVID, if you are aware?

The Hon. BRONNIE TAYLOR: That is an operational issue in terms of—I have not been notified. Dr Lyons?

NIGEL LYONS: I do not have any information on that either. We would have to take that on notice because we have not got that detail in front of us.

The Hon. EMMA HURST: Thank you. I am also wondering how the regional health system is coping with people who are evacuating who have COVID-19 and are in isolation and how much stress that is putting on the regional health system, and if any measures have been or are being put into place for the stresses that that could potentially cause on the health system, with injuries from water, diseases coming from water and potential further spreading of COVID due to evacuations. What sort of measures are we looking at in this urgent stage?

The Hon. BRONNIE TAYLOR: Sure. There are two parts to your question. In terms of people who are COVID positive and your question asking, What about them? How are they supported and where will they go? There was a public health announcement as well on the radio that said, "If you have COVID, your isolation requirements are not valid. Please don't stay at home if your house is flooding. We need you to get out." The advice was, "If you could go and seek shelter with family or friends who are fully immunised, that would be the ideal situation. Whatever you need, you need to keep yourself safe."

In terms of going forward with COVID, there will be plans as part of all of our recovery plans and what to do with that. But, look, we have seen an incredible response in our data in terms of COVID and in terms of where we are sitting because of our high vaccination rates, which you would all know, but I think that we are definitely entering a new and different phase in that. The risk, of course, is to anyone who is part of those vulnerable populations that would be more at risk to COVID but then also subsequently more at risk of things that will follow after the floods in terms of a direct reference to that. All of these systems we have in place, all of these plans, all of these emergency plans, and COVID will absolutely be factored into all of those.

NIGEL LYONS: I can add some more to that. In terms of the COVID response, in New South Wales the fortunate position we are in now is that the dominant strain is Omicron, which of course, while it has spread much more readily, has actually been less severe clinically. The vast bulk of people who have been COVID positive have been able to be cared for in the community setting with primary care and support from our specialist teams in the local health districts. The conversion into hospital admission has been very low, and the conversion to somebody who needs intensive care even lower. At the moment our hospitals are coping very well and the numbers are reducing in both ICU and the wards. The vast bulk of people have been able to be cared for in the community.

In addition to the measures that have been talked about by the Minister, we are actually at the stage now where we are really working hard on plans with our colleagues who deliver care in the community, predominantly our general practitioner colleagues, about how we continue to support care. But we have now got the oral antivirals, so there is a treatment that is now starting to roll out that is available for people who are at high risk of deterioration if they are unvaccinated or if they have clinical conditions that make them more at risk. We are ensuring that we are making those treatments available. They will expand over the coming weeks and months as more oral antivirals become available more readily.

The Hon. EMMA HURST: Minister, are we sending additional healthcare workers to northern New South Wales generally to assist with this emergency?

The Hon. BRONNIE TAYLOR: If health workers are required, then they will be deployed. I am sorry if I bring this back to mental health, but one thing that we saw so successfully—and I saw it firsthand in southern New South Wales with the bushfire response—was the fact that we were able to mobilise our teams from the city, from the Sydney LHDs. Not only was that incredible for the health and support that it did—because our health staff are part of our communities, so they are really affected by this as well. They know so many of the people and they know so many of the issues that they need the support for as well. What we saw work so effectively after the fires was that I remember going down to Bega hospital and we had deployed a specialist mental health team from one of the Sydney LHDs. They were actually running the mental health ward at Bega, the acute unit, so that the staff could go out and do what they needed to do. It also provided incredible education opportunities. It also provided this amazing camaraderie which exists to this day, which I like to see as an ex-clinician because I think it is really important.

What we have done, to answer your question specifically, is that we have reached out to those Sydney LHDs to say that when and if we need to deploy, to help—and I do not think it is an "if", I think it is a "when"—just with the fatigue. The latest message that I had from one of our acting deputy secretaries that has been managing up in northern New South Wales is that staff are getting fatigued and they are tired. They will absolutely step up and do what is required but they will need to be relieved, and we will look at changing that deployment. I think one of the incredible things that happened in the fires—and I presume that it will happen again—is how many put up their hand to go and help their colleagues. There have been a lot of challenges and a lot of difficulties over the last two years, but one of the shining lights, I think, is people and community. In terms of NSW Health, everybody across this entire enormous system steps up to help each other. That is exactly what I presume I will see again here.

The Hon. EMMA HURST: Studies have shown—and this is carrying on from comments that were made earlier by Dr Wright—that people who experience flooding disasters are nine times more likely to experience long-term mental health concerns such as depression and PTSD. We are looking at those long-term mental health impacts for the community. Minister, I am wondering how the Government plans to address this and what is being put in place to deal with that very long-term mental health concern. It is similar to the fires, when a lot of the community, they did not forget about the fires, but suddenly we were hit with COVID and people's attention is turned. How do we deal with those long-term effects when it is no longer being reported in the media?

The Hon. BRONNIE TAYLOR: What we did as a policy outcome over the last two years is that we changed our recovery clinicians. They were either drought clinicians or they were bushfire or flood recovery officers. We have turned them into resilience recovery clinicians on the ground so that, exactly as you said, things are not forgotten, but, more so, that these people who are embedded in these communities know the strengths and the weaknesses and how to target things. What we also know, in terms of mental health issues, is that often those people—and we see this in suicide data—are not going to reach out for help. But if you are part of the local netball team in Cobargo, you are playing netball regularly and your teammates know you really well, they are going to know when you are just not quite right. They may not be able to explain it or talk about that clinical presentation but they are going to say, "I just don't think Jane is right today and I need to get that help to her." By embedding these recovery clinicians into our areas, this was our intent. What we also did was confirm the funding for them. It was not just this one- or two-year funding after a disaster but long-term recovery funding.

I think one thing that COVID has given us, particularly in the mental health space, is this ability where we were able to implement and try new models of care and trial new and different things. Some of those have been extremely successful. I think that we will have to continue with that in looking at those models of care, making sure that we are on alert and making sure that we have all of those systems in place so that people have somewhere to go. It is not just one thing. That is what is so important in mental health: it is not one size fits all. We have to have a myriad of services, models of care and different ways for people to contact and feel comfortable.

Ms CATE FAEHRMANN: Good morning, Minister. Happy birthday.

The Hon. BRONNIE TAYLOR: Thank you very much. If you could remember that for the next 2½ hours, that would be really generous.

Ms CATE FAEHRMANN: I will get those cakes in. Minister, I turn to the Regional Health portfolio. As you said, it is the first time that it has been split from Health. Whose idea was it to split it?

The Hon. BRONNIE TAYLOR: When you say "splitting" the portfolio, it is an addition to the Health portfolio. We have not split anything within the ministry, and we can elaborate on that further. We have had lots of discussions about that. To be very honest with you, Ms Faehrmann, I think you probably know the answer. With the rural and regional health inquiry and the issues that that brought to the fore and definitely there was a real push from the NSW Nationals to say that we need to have a real focus on rural and regional health issues. Although there are some really incredible stories to tell and there has been incredible investment, there are also areas where we need to do better. Really this was about making sure that we had that focus on rural and regional health, and that is exactly what we are going to get.

Ms CATE FAEHRMANN: How does it work? Do you have responsibility for all the regional LHDs, for example? Do they fall within your and their budget process? Could you explain for the Committee how that works with the differentiation between you and Minister Hazzard?

The Hon. BRONNIE TAYLOR: Sure. What we have done—and to be completely transparent about this, we have not finalised how that is going to work. Obviously the Regional Health portfolio was announced, I think, 11 weeks ago and we have been working through those internal mechanisms. But how we work in government, as I said before, is in clusters. Obviously the responsibility for rural local health districts—and there are nine of those—will come under my remit, but Minister Hazzard remains the senior cluster Minister in the Health cluster, and I am very respectful of that. He has been here a long time. He is very experienced. He has been a warrior for New South Wales health. We will continue to work together on these issues, like we have done in the past in terms of mental health.

In terms of budgets and splitting budgets, when you talk to regional health chief executives, one of the things that they said very strongly at the formation of this new portfolio is that they receive a huge benefit from working right across the local health district system. When you look at things like Telestroke and the fact that is run out of Randwick but we have lots of rural and regional sites, that continuity of the system working together is really important. I am very cognisant of that and I am not going to come in and say, "Right, we have to split this. This is one silo and that's another," because we know that is when we do not perform at our best. But it is about

capitalising on that. It is about having an extra focus on rural and regional health. That is what I am very determined to do.

Ms CATE FAEHRMANN: You have come in as a result, in some ways, of some of the crises that have been highlighted during the regional health inquiry, some of the failings, if you like, of the regional health system and the fact that a fair bit needs to be fixed. You have come in as a Ms Fix-it. Is that right?

The Hon. BRONNIE TAYLOR: I hope so, Ms Faehrmann. That will be for you to judge when I have had a bit more time in the job.

Ms CATE FAEHRMANN: Do see it as your challenge to fix the regional health system? That is what you have been brought in to do.

The Hon. BRONNIE TAYLOR: Anything in Health is a challenge. It is a big system. It is a $30 billion a year portfolio—it is massive.

Ms CATE FAEHRMANN: Is that Regional Health?

The Hon. BRONNIE TAYLOR: No, that is the entire health system.

Ms CATE FAEHRMANN: What is it for Regional Health, just out of curiosity?

The Hon. BRONNIE TAYLOR: For Regional Health in terms of splitting that, I could not tell you exactly. I would have to take that on notice.

Ms CATE FAEHRMANN: That would be good.

The Hon. BRONNIE TAYLOR: Again, when you are looking at procurement, when you are looking at all of those things, we do that on a very general level. If we did that on separate levels we would not be getting the best outcomes for people in New South Wales. But I will also say that, yes, my focus will be on all regional LHDs. I am going to have a real focus on workforce and on those issues that were raised, and also as a response to the inquiry. The inquiry deserves that response. Look, you have been on the inquiry, not me.

Ms CATE FAEHRMANN: Let us go into the issues, then. One of the issues that has come up time and time again has been the closure of maternity units at regional hospitals and the lack of midwives. It comes into your portfolios of Women and Regional Health. What is your plan to look at whether maternity units should have been closed in the first place, along with birthing services and midwifery services in regional areas for women? We have heard a lot of shocking stories.

The Hon. BRONNIE TAYLOR: You have heard a lot of stories that have been very confronting and I do not walk away from that. What I will say in response to your question specifically about maternity units is that obviously safety is paramount. Safety is the absolute first thing that has to be thought of. In saying that, our rural and regional maternity services are so important. I had one child in the city; I had one child in the country. I preferred my rural and regional maternity experience—no offence to the great specialists in Sydney. But when we look at things like this we have to ensure the safety of patients. What we have seen previously—and that does not stand currently—has been a decrease in population in rural and regional New South Wales towns. When you get that decrease in population, you get the decrease in births. It is really important that we are able to maintain the services that we have to maintain. By doing that, as in so many things, it is about the volume and the frequency of what you are able to perform—to perform the procedure.

Ms CATE FAEHRMANN: One example—

The Hon. BRONNIE TAYLOR: Can I just finish, Ms Faehrmann? Because you are asking me a very clinical operational question, I am going to give you a high-level answer to that about how I feel. Yes, I want to see maternity services stay open in rural and regional hospitals, but the caveat to that is absolutely that they must be safe.

Ms CATE FAEHRMANN: You did say that in terms of smaller areas and the need for those services, but in Bathurst, for example, with a population of 45,000, there are no neonatal services. That was evidence before the inquiry. Is that good enough?

The Hon. BRONNIE TAYLOR: Bathurst is a big regional centre that provides very excellent services through that hospital. Did you want to comment directly on Bathurst from an operational sense, Dr Lyons?

NIGEL LYONS: I am certainly happy to, Minister. When we say "neonatal services", we need to understand what neonatal services are. Our neonatal intensive care units look after the smallest and sickest and most vulnerable babies that are born and they rely on specialist teams around the clock to provide that care. So you need a certain level of activity and a number of cots available to sustain a service with that level of specialist

involvement. We have a statewide service for our neonatal intensive care units and they are consolidated in the sites where we are able to have enough of those babies in one site to continue the support with all of the specialist clinicians, nurses as well as doctors around the clock to provide that care with the all of the backup that is required as well. For a service the size of Bathurst, it would not be appropriate to have a neonatal intensive care service in a hospital the size of Bathurst. Those services are consolidated where we have the highest level of maternity care. We have arrangements in place to ensure that we retrieve babies that are critically ill and they are transferred to where the care can be provided. That statewide service has been in place now for many years.

The Hon. WALT SECORD: Dr Lyons, I would like to pick up on this. You would be familiar with the community-based campaign in Yass for maternity services down there. In fact, over the last eight to 10 years I have met with some of the mums. One of the mothers has on her child's birth certificate "Barton Highway". The baby was born on the highway because there are no maternity services down there. Has NSW Health done any work to restore maternity services to the community of Yass?

NIGEL LYONS: The work to look at the maternity services in Yass has been going on for many years, as you know, Mr Secord. There have been many attempts to look at how that service can be provided. All of the issues the Minister outlined around the challenges of providing maternity services in rural settings apply to that setting. The challenges for us, as we heard through the rural and regional health inquiry, are the changes in care over many years; the requirements of doctors and nurses to have skills that are maintained at an appropriate level; and the requirement now, as we have seen with maternity care, given the shift towards more caesarean sections being undertaken and the higher risk deliveries that are now designated as being appropriate, for a caesarean section to be available within 30 minutes for somebody who might be in the process of delivering. All of these things, as well as the fact that you need an anaesthetist, you need someone to resuscitate the baby if there is a problem with the baby as well as the person who is involved in providing the delivery and delivering the baby, have compounded over the last few years to mean that it is very difficult in some sites to maintain those services safely, particularly where the delivery numbers were decreasing.

It has meant that many clinicians have decided they are no longer able to maintain their skills and they have decided to come out of doing that sort of clinical care. Those factors have compounded in so many sites across rural environments. This is not just an issue for New South Wales; as we heard in the inquiry as well, it is an issue nationwide and internationally. This intersection between quality and safety, the most recent requirements for the maintenance of skills, the requirements for a certain level of care and to be available to provide that care safely and the consequences if the clinicians provide that care in a setting where those things are not available, means that there have been very big changes in the dynamics of service delivery.

The Hon. WALT SECORD: Given Dr Lyons' answer that Yass is one of the fastest growing communities because of its location near Canberra—it has become a bit of a dormitory community, but it is far enough away that there is concern about young mums giving birth—will you give a commitment today to look at maternity services at Yass as part of your new portfolio? I know you have been there for 11 weeks, but will you give a commitment today?

The Hon. BRONNIE TAYLOR: Mr Secord, I am not into giving commitments and guarantees in budget estimates. I understand what you are asking and I understand that you are asking that we re-look at that service. Mr Secord, I would hope that through the entire time that I am lucky enough to hold this portfolio that I constantly look at ways of evolving the service and making sure that we get services. I came into this Parliament absolutely fighting for local services in the community of Cooma. But what I will always encourage and always want to see happening is that we do as many services as we possibly can as close to people as they are allowed and that we do that safely and ensure the best health outcomes. Because the reality is, if we look at things and we want to deliver every type of service in every single centre in rural and regional New South Wales, then we are going to expose our communities to a very high and unacceptable level of risk.

Our clinicians, our doctors and everyone will also look at that. The really important thing here, when we look at areas like Yass—of course the community would prefer they could birth at that hospital. If there comes a time when that can be done safely and effectively and if it can be staffed appropriately, then we will be able to look at those things. But the really important thing here is the wraparound maternity services that exist in that area. If you do need to go away to have your baby, you are able to come back as soon as mum and bub are well. You can have all of those backup services in the community, all of that primary health care in the community and all of that support for you and your baby that allows you, your family and your community to thrive. We are very focused on that.

The Hon. WALT SECORD: I think the community would be disappointed by that answer, but I will return to the area of regional health, Minister. As Minister for Regional Health, do you have any responsibility for appointments to the nine local health districts?

The Hon. BRONNIE TAYLOR: I will, Mr Secord, yes.

The Hon. WALT SECORD: Will you also be reviewing previous appointments?

The Hon. BRONNIE TAYLOR: Mr Secord, nothing has been brought to my attention where I have had to review a previous appointment. People are appointed for a certain length of time. If the Minister has to intervene because there was a complaint—if you are alleging that there was some complaint or issue then I would like you to share that.

The Hon. WALT SECORD: I would like to take you to the outlandish, offensive comments made by Pru Goward on the Southern NSW Local Health District. There were calls for her removal as her comments in the *Australian Financial Review* were highly offensive.

The Hon. BRONNIE TAYLOR: And your question to me?

The Hon. WALT SECORD: Will you be looking at her appointment?

The Hon. BRONNIE TAYLOR: Mr Secord, I found those comments unacceptable on my own level; I did.

The Hon. WALT SECORD: Minister, I want to return to rural health. The Rural Health Plan: Towards 2021 has now expired. Is a review being undertaken, and what briefings have you had in relation to that?

The Hon. BRONNIE TAYLOR: I have had multiple briefings, Mr Secord. We are looking at the rural health plan and making sure that we land that and we do it appropriately. I have been working with both Dr Lyons and the secretary on that, and we look forward to having that finalised in the very near future. But I do want to look right through that and I do want to make sure that I am completely across and involved in that plan. I think it is nearing completion and it will be published on the website and it is the third and final review. I understand there are a lot of reviews and it has been a time in coming, but one thing also that I am looking at that I will—

The CHAIR: Sorry, Minister, it is the third review of what?

The Hon. BRONNIE TAYLOR: It is the third and final review of the plan that commenced, and the previous reviews were undertaken in 2015 and 2018 and those are both—

The CHAIR: When is it due?

The Hon. BRONNIE TAYLOR: It is due this year, 2021.

The Hon. WALT SECORD: It started in 2015?

The CHAIR: I understand that, but when is the third review due?

The Hon. BRONNIE TAYLOR: This year, Mr Chair, as I said.

The CHAIR: So 31 December perhaps?

The Hon. BRONNIE TAYLOR: It is due this year, Mr Chair. Are we looking at—

NIGEL LYONS: If I can clarify, we have got the current rural health plan that finished in 2021—

The CHAIR: I understand that, yes.

NIGEL LYONS: —and I think the Minister is talking about the reviews of that previous rural health plan and the Minister has also committed to a new rural health plan to replace the previous one. We will be undertaking the process of development of that rural health plan this calendar year, with an aim that it will be finalised in December of this year.

The CHAIR: I am talking about the review of the one that has expired. When will that be published and made available?

NIGEL LYONS: That review is the third review that I think the Minister was talking about and that is the one that is available I think on the website now. It has been completed, the review—

The CHAIR: The third review is available?

NIGEL LYONS: —of the progress in the 10 years of the rural health plan that we previously had. We have assessed the impact of that plan and what it has achieved and what things still need to be done.

The Hon. BRONNIE TAYLOR: Also, Mr Chair, I have been looking very—

The CHAIR: Sorry, to clarify, the plan expired in 2021. You are saying there is a third review and that that review now is available on the website.

NIGEL LYONS: That is my understanding. We will clarify for sure, but that is my understanding. The process has very clearly been thought through in the context of the rural and regional health inquiry that was underway and the need for us to ensure that whatever we put into the rural health plan is informed by any recommendations that might come out of that review process, in addition to the need to consult very extensively with our rural communities to make sure that there is a lot of input into the next phase of rural health investment, particularly given the sorts of things that we have been hearing through the inquiry.

The Hon. WALT SECORD: Minister, could you understand the frustration? It has been reviewed three times—2015. I actually looked on the web yesterday afternoon with my colleague Greg Donnelly and it was signed by Minister Jillian Skinner. That is a long time ago, so you could understand the frustration in the community. Can I take you back to your appointment? Are you familiar with a community-based campaign by Wagga Wagga MP Dr Joe McGirr?

The Hon. BRONNIE TAYLOR: I am.

The Hon. WALT SECORD: Yes. He and local clinicians, including Professor Gerard Carroll, who has had more than 30 years' experience in Wagga and he thinks that one of the first things that you should do as Minister is create a dedicated department of rural health, and Dr McGirr has begun a community-based campaign in the past 48 hours on this. What is your response to that? It is one of the first things he thinks that you should do as the new Minister.

The Hon. BRONNIE TAYLOR: I speak with Dr McGirr regularly. I have known him for a very long time; he was my medical director when I worked at Southern NSW Local Health District. I am aware of his views on that and we have had extensive discussions about it. One thing I will be doing is I will be re-implementing the Minister's advisory rural and regional task force because I think that is very important, and I look forward to being able to inform you about more of that when that process takes place—it is underway—and when that is finalised. In terms of splitting into a regional health portfolio, everything is on the table in terms of how we look at things, but at the moment we want to hit the ground running. We are looking at doing that. Within the ministry at the moment, we have a couple of options on the table that we are discussing with senior health executives and the senior health teams and taking on board all of the issues that they raise and what they were doing. In terms of splitting the portfolio, that would be extensive and very different way of doing things.

The Hon. WALT SECORD: You are saying no to his proposal?

The Hon. BRONNIE TAYLOR: No, I am not, Mr Secord, at all. I did not say that at all. I am saying that I am willing to look at everything that is on the table. We are working through those processes at the moment in terms of the response from a ministry level at that. But in terms of splitting that tomorrow or next week, no, that is not on the table at the moment.

The Hon. WALT SECORD: You mentioned in your answer a task force. Excuse my ignorance, what was the task force?

The Hon. BRONNIE TAYLOR: Previously, Mr Secord, there was a rural and regional advisory group to the Minister for Health that was comprised of clinicians, chief executives and people who were influential in rural and regional health. I am going to re-instigate that. That was when Minister Skinner was in, and I am going to be re-instigating that task force to be able to advise me. I am one of those people who likes to hear from people on the ground and I think it is really important, and I am going to be implementing that.

The Hon. WALT SECORD: You said "on the ground". Who did you mention would be on it?

The Hon. BRONNIE TAYLOR: I have not decided who is going to be on it yet, but I will be looking to introduce someone who is a clinician on the ground onto that task force, as well as, I presume, the Rural Doctors Association. I would like to probably see a rural CE on that. I have not finalised it but I am working through it.

The Hon. WALT SECORD: I want to take you back to your role as Minister for Regional Health. Do you have the power or the responsibility that the senior Minister has? I know that many Government, crossbench and non-government Labor people can make representations to the Minister on the allocation of resources. For example, if there is something in their community—they want an MRI, they want cancer services, they want palliative care—they can make direct representations to the Minister, and if the Minister feels that there is merit to it, he can ask the local health district or NSW Health to reallocate resources. Do you have the ability and responsibility to do that? For example, if Goulburn hospital requests something, Yass hospital requests something, Lismore hospital requests something, do you have the ability to direct them or ask them to do that?

The Hon. BRONNIE TAYLOR: Mr Secord, what I would say in answer to that is that when you are talking about, say, equipment—you mentioned a CT scanner, I believe—all of the local health districts will have a list of priorities for them that are on that list to say what are the most needs of priority in terms of whether that is equipment, whether that is a refurbishment, whether that is something that has to exist within that local health district. Those things are looked at in an appropriate fashion. They are not just decisions that are made. They are looked at on a needs basis and then advice is sought from that local health district, from the ministry and those decisions are made in the appropriate budget process.

The Hon. WALT SECORD: The answer is no. You are just a figurehead.

The Hon. BRONNIE TAYLOR: No, Mr Secord, I think you know me well enough to know that I would never just be a figurehead.

The Hon. WES FANG: Point of order: The Minister was clearly articulating her response. I think that making statements of that nature are probably unhelpful at this stage.

The CHAIR: I think the member will keep that in mind.

The Hon. BRONNIE TAYLOR: Mr Secord, I would also draw your attention, if I may, that I have been the Minister for Mental Health for close on three years now and that also sits within the cluster position of a cluster of Health with Minister Hazzard as the senior Minister. I think we have seen record funding invested into mental health. I am no figurehead, thank you, Mr Secord.

The Hon. SHAYNE MALLARD: I think he knows that.

The Hon. WALT SECORD: You were not able to clearly delineate or direct us to show what your responsibilities were. You said that you were very early in the procedure. You did confirm that you were involved in the appointment of LHDs. I understand that; those are symbolic appointments. It is fine that you would be involved in that. But I wanted to know if you could pick up the phone and say, "We need maternity services in Yass," and that would happen. It is quite clear from today's evidence that you do not have the power to do that.

The Hon. BRONNIE TAYLOR: Mr Secord, that is absolutely inaccurate and quite—actually, I will be very careful, Mr Chair. But I think what is always the best thing to do is to look at someone's track record, and I invite you to look at my track record in mental health.

The CHAIR: This is the glossy brochure produced by NSW Health with respect to the 2021 plan, the one on which we are looking for the third review. The first priority is listed at the top under "Strategies". It states, "STRATEGY ONE: Enhance the rural health workforce". It is interesting that that is the same priority that you are bringing forward as your priority. We have had an utter failure of a plan in terms of the rural workforce that has not delivered—and that has been manifested in a whole range of examples given in the health inquiry—and you are picking that up as the first priority. The proper question to ask is what has happened over the course of this plan if you are picking up a priority which was identified as the first one, which obviously has not been addressed?

The Hon. BRONNIE TAYLOR: Mr Donnelly, I will address your response in multiple parts. Of course, workforce is a priority for me. Workforce continues to be a priority, and so it should be. The fact that it has been a priority on that plan says that we have been working towards solutions. When you look at the fact that the workforce—

The CHAIR: Solutions that have not been delivered, Minister.

The Hon. BRONNIE TAYLOR: Mr Donnelly, may I finish? You have asked me the question; I would like the opportunity to answer it.

The CHAIR: I did not actually ask a question; I made a statement.

The Hon. SHAYNE MALLARD: Point of order: It is difficult to take a point of order on the Chair, but you should allow the Minister to answer the question.

The Hon. BRONNIE TAYLOR: When we look at the rural health workforce in the last 10 years, we have had an increase of 10,123 FTE. That is a 25.3 per cent increase. If we were not doing our job, we would not have seen that increase in the workforce. Are there still issues? Yes, there absolutely are.

The CHAIR: Multiple issues, Minister.

The Hon. WES FANG: Point of order: I will make the same point that Mr Mallard made. It is really difficult to take a point of order on somebody who is the Chair. It is incumbent upon all Committee members to allow the Minister to provide a full response when they are asked a question. In this instance it would be helpful

if the Minister was able to finish her answer before there were interjections from any committee member, but particularly the Chair.

The Hon. EMMA HURST: I have some questions in regard to women's health and women's mental health, so there is a bit of crossover between those two portfolios. Research has shown that one in three Australian women experience birth trauma and one in 10 women experience PTSD after childbirth, and these statistics are getting worse over time rather than better. Why do you think we have such a high number of women suffering particularly from PTSD after childbirth?

The Hon. BRONNIE TAYLOR: In terms of the reasons, I would have to ask Dr Wright. But I will answer your question. It is a very important question and it is a really important point. Then what happens as well is we see an increase in perinatal depression and anxiety, and that is extremely concerning. I have some really great news in that respect in that during our COVID response we looked at increasing funding to the Gidget Foundation, which deals directly with perinatal anxiety and depression. Before we started that, our waitlists in that area had blown out exponentially to numbers of months. I received notification last week that that waitlist is now down to two weeks. So I believe we have gone from five months to two weeks, which I think is a phenomenal response. It goes to show that that absolute focus on that area was something that we were really keen on doing and we have seen the results from that.

What we know is that if we can get the help to people in a timely fashion, we can decrease the situation becoming more serious and more long term. We will also have the first mother and baby unit at Royal Prince Alfred, which should hopefully be opening very soon. When I became the Minister for Mental Health I was absolutely determined to see that eventuate, because it is really important to have somewhere where a mother can be with her baby when she is suffering that acute level of mental ill health. In terms of why it is happening and if it is increasing, I will have to pass to Dr Wright.

MURRAY WRIGHT: Thank you, Minister. I am not sure that we can say that the incidence is increasing; it is actually more a case of better recognition. The issues of perinatal mental health particularly for issues around depression, anxiety and PTSD have probably been historically under-recognised. I think in some ways it is a product of societal changes that people are much more prepared to acknowledge vulnerability and seek help. Mental health is much more commonly part of a conversation at times of significant change in people's lives, and pregnancy and childbirth and parenting is a massive change. It is one that most of us look forward to but it still comes with its stresses.

The kinds of changes that are happening across the whole of community and across the whole of society might contribute to some of the apparent increases in mental vulnerability that we are seeing amongst young people. Again, new parenting is very dependent on cohesive families and cohesive communities—lots of supports. I think the kinds of changes that have occurred over the past 50 years in that area may have contributed. But my main comment would be that I think it is probably something that we have under-recognised over time. I think we are empowering people to understand that they are not necessarily meant to feel the way they might be feeling and that there is help available, and that is what we are trying to do with the sorts of initiatives that the Minister has just talked about.

The Hon. BRONNIE TAYLOR: We are going to have our first ever Women's Health Expo on Monday as part of Women's Week. We are offering that virtually as well because it is a weekday. It is the first time we have ever done it. It is actually a very important thing to me personally, women's health. It is something I intend on taking forward with my Regional Health portfolio as well, because I think it is so important. You talk about PTSD post-childbirth and things, which means that those prenatal classes are so important to prepare women and families. We are very excited about the Women's Health Expo; it has had a great response. If anyone would like to give that a shout-out on their platforms, we would really appreciate it.

The Hon. EMMA HURST: I have been approached by maternity advocacy groups that are concerned about obstetric violence and that OV might be associated with the increases that we are potentially seeing in PTSD and birth trauma. Are you aware of obstetric violence and whether there is an association with those rises in PTSD and birth trauma?

The Hon. BRONNIE TAYLOR: No-one has raised obstetric violence with me. I am aware of cases where clinicians have been investigated and the execution of consequences to that. In terms of obstetric violence, no, I have not come across that being raised with me.

The Hon. EMMA HURST: Some countries around the world have specifically criminalised obstetric violence. Is that something you would consider looking into or is it something you would be open to being briefed on further on the issue by the maternity groups that are working in that space?

The Hon. BRONNIE TAYLOR: I am always open to be briefed, Ms Hurst, on anything like that.

The Hon. EMMA HURST: I appreciate the answer you gave before about early intervention funding and support services in those early stages. What these groups are looking at is avoiding the trauma long before it happens rather than in the early stages of the illness. One solution they are proposing is better empowerment and support for women through the prenatal and postnatal periods, and through that the continuity of midwife care so that women have a midwife who they know throughout the birth process to advocate for them. At the moment only about 10 per cent of women can access a known midwife at birth, while in other countries such as New Zealand it is over 90 per cent. Is that something that is being looked into for those early stages to avoid birth trauma and PTSD?

The Hon. BRONNIE TAYLOR: Ms Hurst, are you referring to private midwives and home birthing or are you referring to hospital birthing?

The Hon. EMMA HURST: Broadly across the entire spectrum. I am talking about continuity of care of being able to access a known midwife. Only 10 per cent of women can access the same midwife so that they are working with one midwife across their pregnancy.

The Hon. BRONNIE TAYLOR: I am happy to look at that. At the moment what happens is that you go and you birth and you have a midwife who is on that birth suite, that is there on that shift on that day. Then you are followed up by community health teams that consist of community midwives who specialise in those different things. Midwifery is an incredible profession and it is highly specified. The part of actually birthing, and then looking after people after they have had their baby and those issues that they might find, are sometimes different. My absolute understanding of the system—and it was certainly my experience, although many years ago—is that those things are followed through and that you are supported by those teams and those people. Whether it is at your GP or whether it is through your primary healthcare initiative or whether it is about going back to your hospital, I think we have incredible maternity systems in place. If there are specific issues at specific sites, I would welcome hearing about that.

Ms CATE FAEHRMANN: I turn to the issue of mental health peer workers, particularly their pay and conditions. Do you know the average wage of a mental health peer worker?

The Hon. BRONNIE TAYLOR: No, I do not. I am not aware of that.

Ms CATE FAEHRMANN: I am told that the minimum rate is $27.97 and quite a lot of mental health peer workers are employed part time. Firstly, do any of your officials know the turnover rate of mental health peer workers or the average hourly rate of mental health peer workers? Does anybody have that information?

The Hon. BRONNIE TAYLOR: It would be according to an award, Ms Faehrmann. I will say too that mental health uses peer support workers quite extensively and, I think, extremely effectively. It is something that the Mental Health Commissioner and I have discussed on many occasions. We have looked at making sure that we care for our peer workforce. I might ask the commissioner to speak on this, if that is okay. One of the things that has happened as well, just to be completely honest and transparent, I think with the success of the peer support workforce in mental health is it has actually grown a lot faster and a lot quicker than we probably anticipated, because it has been so successful. Absolutely it has been on my remit to make sure that we are looking after that peer workforce, that they are cared for. May I ask the Mental Health Commissioner to elaborate?

Ms CATE FAEHRMANN: I am specifically after the pay and conditions; I am aware of the program.

CATHERINE LOUREY: No, I do not have the pay and conditions information at hand. You are absolutely right, a lot of the positions are part time. We have seen an increase in the numbers and in the training through the development, the provision of scholarships. We are also increasing our workforce, especially at this time. Peer workers can work in so many different settings where the community has been impacted in its wellbeing.

Ms CATE FAEHRMANN: I have had somebody contact me who was employed as a mental health peer worker at Mudgee Hospital who unfortunately is no longer in that position due to what they have termed as the abysmal pay. They were earning only $26,000 a year working, I understand, around 24 hours a week. That position has been empty for over a year because no-one is interested in the role because of the terrible pay. They have also told me about the fact that salary progression requires a three-year degree, such as nursing or social work, but the whole point of peer workers is their lived experience with mental health. Minister, are you aware of any of these issues with the program?

The Hon. BRONNIE TAYLOR: Ms Faehrmann, did you make representations to my office about this particular person and the issues?

Ms CATE FAEHRMANN: No, I have not, no.

The Hon. BRONNIE TAYLOR: Because I have not heard about that and I do not know and you have not made those representations, I cannot comment on that particular case. I would welcome at any time when you have an issue with anything, as you have done in the past, that you can bring it to us and we can absolutely look at that.

Ms CATE FAEHRMANN: Thank you, Minister. I am bringing it to you now. It is budget estimates and I am talking about the mental health peer worker program broadly. I have just said that the minimum wage is $27.97 an hour, which is below the poverty line. Most mental health peer workers are paid that amount. Most are paid part time, as I understand. I would like to know the turnover as a result of that, how many mental health peer workers are employed and how many vacancies there are. Because it is a great program, but surely they should be paid more for the great work that they do.

The Hon. BRONNIE TAYLOR: Ms Faehrmann, I have met with a lot of peer workers since I have been the Minister for Mental Health and I am absolutely in awe of them and the work that they do. I look at the new Safe Haven model and I see how that is built on peer workers and the incredible success that is coming out of those programs. Every time I have spoken with peer support workers—and I speak with people a lot—I have not had this issue raised with me. In terms of someone working part time or full time, that is often a personal choice. If you would like to raise those issues, give that particular detail to me, I am happy to look into it.

Ms CATE FAEHRMANN: I will do that, thank you. I will turn to COVID vaccinations and check how the booster rollout is going in regional New South Wales compared to Greater Sydney. Is that Ms Koff?

ELIZABETH KOFF: It will take me some time to get that, but we were very strong in the rural and regional areas.

The CHAIR: I think Mr Minns might have some response.

NIGEL LYONS: Chair, while we are waiting, I can clarify the question about the COVID patients in Ballina. There were no COVID patients in Ballina Hospital at the time the transfer occurred. We have had that clarified, so we can take that one off notice. The other one I have just had clarified is that the third progress report on the rural health plan is not yet on the website. It is going through the final approval processes and will be on the website shortly. I just wanted to clarify that.

The CHAIR: Thank you very much.

PHIL MINNS: Chair, I can clarify that issue. The first point I have to make is that our system-wide data with respect to dose three we know is not complete, in the sense that if staff choose to be vaccinated with a third dose privately, not through one of our NSW Health clinics, there is then a subsequent process where they have to go through some steps to upload their vax record so that it hits our staff link employee system. We know that there is a lag in that. We have been asking the chief executives in all the districts to encourage their staff to go through that extra step. These numbers very likely underestimate the current status of dose three. Overall in NSW Health in a report to Monday 21 February we were at 41 per cent dose. Metro was 43 per cent. Regional and rural was 40 per cent.

Ms CATE FAEHRMANN: When you are saying that people are needing to upload it, there is a different process if they get their booster outside NSW Health. I am assuming you are saying via a pharmacy or what have you.

PHIL MINNS: Yes, pharmacy or GP.

Ms CATE FAEHRMANN: Do you know the average time, for example, it is taking to update that, what the lag is? Is there a lag, for example? Do you expect that to be a little bit more? Do you expect it to be 5 per cent more? What is the lag generally, Mr Minns?

PHIL MINNS: It is very hard to estimate with any confidence. We do believe our workforce who have received the first two doses are very likely to have received the third, because of all the messaging that we have done to them about the roles they play and the risks that they are exposed to. I think, particularly when you look at the context of the Omicron wave through December and January, we probably have had a sentiment from staff of "Please don't ask me to do something else right at the moment." We are hopeful as the situation is recovering, as Dr Lyons pointed out earlier, that we will be able to go back to staff and ask them to complete that. It is an administrative process really. You would surmise that our workforce who are with us now, who got their first two doses, are very likely believers in the importance of vaccinations. I think the numbers, if I had to punt, are a pretty significant underestimation of current status. But we will not know until we clean up that administrative process.

Ms CATE FAEHRMANN: Thank you, Mr Minns.

The CHAIR: The remaining time will be split between the two **groups. The Hon. Walt Secord.**

The Hon. WALT SECORD: As Minister for Mental Health, I would like to turn your attention to the tragic case that has been reported for the last several days by *The Daily Telegraph* and I wish to congratulate *The Daily Telegraph* on the campaign to highlight the impact of cyberbullying, particularly on the mental health of young people. It is tragic, heart-wrenching and every parent's nightmare, and our thoughts and prayers go out to her family grieving in Bathurst. You would be aware of this coverage in the last few days, so what is your response to the tragic case involving Ms Matilda "Tilly" Rosewarne? What steps and what advice could you give in the area of cyberbullying and its impact on mental health of young people?

The Hon. BRONNIE TAYLOR: Mr Secord, I actually find myself echoing your original sentiments when you spoke just then. It is an absolute tragedy for that family, for the community, for everybody—just a terrible and horrific situation. Any life lost by suicide is an absolute and utter tragedy on the family and on the community. In the case of this particular case, I cannot comment, as you would know, on personal considerations within the case because I presume that that will be with the Coroner. What I will say is that I have ever really been very determined to make sure that we improve the mental health for our young people in New South Wales. We have done that by a number of measures that we have introduced over the last three years.

I point to things like our safeguards teams that are specifically child and adolescent mental health teams that are focused on child and adolescent mental health. For the first time ever as a State Government we are going into headspace to look at reducing that wait list that we see in terms of putting masters students into headspace to try and reduce those wait lists. I truly and sincerely hope that we have the same success that we have had with Gidget in doing that so that we make sure that we have more services that are accessible.

The Hon. WALT SECORD: Minister, with your indulgence, could I ask the Chief Psychiatrist of New South Wales: What should young people do when confronted with cyberbullying? How does a young person who is 15 years old respond to that? As the Chief Psychiatrist, what advice—what do you say to people, what else would you say to parents who find their children in situations like this?

MURRAY WRIGHT: Thanks, Mr Secord. Again, I have not got any different sentiments to those that you have already expressed. It is tragic. It is really distressing, even just to read about it, so I can only imagine what it is like for those people in the immediate family and community. I think the Minister's comments about making sure from our end that we have got visible, well-skilled and well-promoted accessible mental health services, that is crucial, because the message to families, to schools and to young people is that this is completely unacceptable. When it happens, both in schools and in families, we all need to strive to create an environment where someone will speak up about these things because they are not always spoken about.

Make it a place of safety for individual kids. Sometimes it is not the person who is being bullied; it is the people around them. Sometimes other family members can identify that this is something that might be going on. We need to provide the services to support those people. We need to work closely with our education colleagues, which we do, and to support them to create an environment where there is a capability to respond to the actual cause, and the causes are complex, and provide support for everyone who is involved. Because it is not just the person being bullied; it is the person around them, and sometimes it is the bullies themselves.

The Hon. WALT SECORD: On the subject of bullies, if you are a parent and you discover that your child is a cyberbully, what advice do you provide to that parent?

MURRAY WRIGHT: It would be quite similar, Mr Secord. Obviously, as a parent, you would want to have the opportunity to understand what your child's perception is of what they are doing and why and how it is affecting them. There are always antecedents to these things. There is always a context. Then it is about engaging with the school environment and trying to understand from their perspective. Almost invariably it is about getting assistance for the perpetrator. They are very often just as fragile and just as damaged as the people that they are attacking. There are no winners in that sort of environment.

That is why the school environment and the family environment and the local community are all part of, I guess, the jigsaw of what contributes to this sort of thing. The response to it is not about an individual piece of support or therapy; it is about trying to address a problem on a community scale, whether it is the community of the school or whether it is the local community within which they live. It is complex. It is absolutely a high priority for anybody who is interested and working towards improving child and adolescent mental health because it is just so, so damaging.

The Hon. WALT SECORD: Thank you.

The Hon. BRONNIE TAYLOR: I think that is why, too, Mr Secord—if I could just add to that—we have been really focused on creating collaboratives across New South Wales. It is not an easy thing to explain, but it means it is about making sure that we have all the services at the table when we are talking about young people. Headspace actually spearheads that for us but it is about bringing community, it is about bringing

education, and it is about bringing Health all around the table so that we can discuss these issues as they are presenting and look at that whole-of-community response to these issues around things like, as you said, bullying which is just unacceptable. We provide support to any child that should be experiencing that.

The Hon. EMMA HURST: I just want to say very quickly that the continuing care model that I was discussing in our last session was actually brought to me by midwives that work in this space, but maybe that is something we can take outside of budget estimates and talk further about. It is certainly not a criticism at all in any way of the work that midwives do.

But I want to just quickly talk to you about women's workforce participation. I am not sure if you are aware of research that was done recently by Endometriosis Australia that found that nearly two-thirds of women had to take unpaid time off work to manage their endometriosis symptoms and that one in three women in Australia with endometriosis report being passed over for promotion because they are trying to manage their symptoms. Clearly, this is a major issue both for women's health and also women's workplace participation and equal opportunity. Is the New South Wales Government doing anything to support women with these conditions? Is it something that you would be willing to investigate further? I know that the Women's Strategy action plan looked at miscarriage and IVF or women's workplace participation, but I wondered if the Government would be willing to investigate the impact of endometriosis on the workplace as well going forward?

The Hon. BRONNIE TAYLOR: Absolutely, and it is Endometriosis Awareness Month as well this month. Also we funded Endometriosis Australia in our Investing in Women program and that was actually for their employment program. So we actually have done that recently and, yes, will I continue to look at that? Absolutely. Please bring it forward. But, as I said, they were one of the successful people in one of our Investing in Women grants. The endometriosis friendly workplace programs—may I elaborate on that for you, Ms Hurst, now?

The Hon. EMMA HURST: Sure.

The Hon. BRONNIE TAYLOR: As you said, 260,000 women and those that identify are affected by endometriosis and it places a significant burden. Endometriosis Australia will design an endometriosis-friendly employer program to facilitate employers to be able to provide flexible opportunities for those with endometriosis. So I am really proud to say that we have done that.

The Hon. EMMA HURST: Just one last quick question in regards to your role within Regional Health. Your National Party colleague and former Minister, Adam Marshall, has called out the current state of rural and regional health care. He said, "My constituents keep asking me what is the point of shiny new facilities when there is no-one to work in them? It is time NSW Health stops the bandaid fixes and finds a cure for this medical staff shortages." What is your response to your colleague? Do you agree with this criticisms? What is your plan as the new Minister for Regional Health to address the shortage?

The Hon. BRONNIE TAYLOR: Just before I start on that, Endometriosis Australia will also be at the Women's Health Expo, so it was great to have that again. Yes, I am very well aware of Adam Marshall's comments. Adam is a very, very strong advocate for his community. That is probably why he has one of the seats with the safest margins in New South Wales. He is a very strong advocate and he certainly says what he thinks that are reflective of the views of his community. The workforce issues that are facing regional New South Wales are issues that we are facing not only Australia-wide but also internationally and particularly in countries that share our geography. Canada is the same. The recent SACS report highlighted a lot of that as NSW Health was part of our response to the rural and regional health inquiry.

I think that, as I said, there have been many programs that have been initiated already. We have seen an increase in the rural and regional health workforce, but we definitely need to do more. I am speaking regularly with the Federal Minister for rural and regional health, Minister Gillespie. We actually had another conversation yesterday about some programs that we can do better to better align with getting the outcomes that we need. Obviously, your nursing workforce to your allied workforce to your GP workforce all have different challenges and different issues. I think what we have to do is look at them all uniquely and look at it all really differently. That is something that I am absolutely prepared and committed to do. I wish that I had, you know, if we had a simple solution to this issue, then we would have solved it by now. It is complex and it is complicated, but that does not mean that it is not able to be fixed and addressed. I intend to work extremely hard in doing that and bringing all players to the table.

Ms CATE FAEHRMANN: Minister, I just wanted to turn to the latest Intergovernmental Panel on Climate Change report that was released this week. There is a reason I am asking you, as mental health Minister, about this. It is the sixth report, but for the first time it details the impacts of climate change on mental health. That report, I am sure you are aware, is peer reviewed by thousands of scientists around the globe. It has an

extensive chapter this time on health, particularly also mental health. Are you aware of that report and the fact that is in there this year?

The Hon. BRONNIE TAYLOR: Ms Faehrmann, to be completely honest with you, I have been quite diverted in the last two weeks with issues that have been going on. I have not read the intergovernmental report on climate change.

Ms CATE FAEHRMANN: Can I check whether Dr Wright is aware that it includes mental health for the first time?

The Hon. BRONNIE TAYLOR: Sure. Of course.

MURRAY WRIGHT: I have not read the report but I am quite aware of the research, which tells us that there is an association between climate change and increasing challenges for mental health across the community.

Ms CATE FAEHRMANN: It comes out every six years and the research is very much in now that the trauma of increasing natural disasters, which you have talked about today as well, Minister, leads to PTSD, anxiety, depression in the short term and potentially suicide in the long term. I suppose the question is, firstly—

The Hon. BRONNIE TAYLOR: You have to very cautious, Ms Faehrmann, about linking suicide and specific issues. I just need to say that.

Ms CATE FAEHRMANN: The report that is peer reviewed by thousands of scientists around the world states that. So that is what I am—

The Hon. BRONNIE TAYLOR: It directly states that?

Ms CATE FAEHRMANN: Yes.

The Hon. BRONNIE TAYLOR: Right.

Ms CATE FAEHRMANN: So the question is whether your mental health department is now looking at providing increased training and awareness around the impacts of increased natural disasters as a result of climate change, which is one of the recommendations from this IPCC report?

The Hon. BRONNIE TAYLOR: We have a complete suicide prevention strategy in New South Wales that we have been running now. We are one of the first States to ever do that. All of those services and all of those models and all of those new programs are available to everybody. They are not specifically on to one particular strain. I have heard from general practitioners as well that young people in particular will come to them and talk about the distress that climate change is causing to their mental health and the detrimental effect that it has on that. But in terms of how we treat that, we actually treat the diagnosed illness by doing that and having all of those services in place to do that.

Ms CATE FAEHRMANN: We will come back to this. Thank you.

The CHAIR: Thank you. We will now have a 15-minute break.

(Short adjournment)

The CHAIR: Welcome back. Mr Secord?

The Hon. WALT SECORD: Minister, I would like to ask you as the Minister for Women a quick question. What is your response to comments this morning from the Buy From The Bush founder, Grace Brennan, in *The Australian*? From my recollection, I think you publicly congratulated her in March 2021, when she won Regional Woman of the Year, for her business activity and putting women at the forefront of supporting their families. This morning she said that 97 per cent of the 250 businesses on her platform were run by women but they were inhibited because "Australia needs better internet, lower postage charges in the bush and increased rural child care if it is serious about increasing the contribution of regional and rural businesses to the national economy". What steps are you taking to improve the business atmosphere for women in rural and regional areas, particularly the problems highlighted today by Grace Brennan?

The Hon. BRONNIE TAYLOR: I know Grace really well. She is an outstanding rural woman and she has done an outstanding job. She just has the most incredible story. What she has done with Buy From The Bush is just amazing. I agree; I think the more that we can have better internet capacity, the more opportunities that brings for women running those businesses. Grace and I have both discussed childcare issues and that hard cut-off at 3:00 p.m. She talks about it when she comes off her property at Warren. She works in a co-working space with other people in Warren off her property and then, you know, she has to get to school by 3:00 p.m. or be able to

meet the bus. She talks about how difficult that is sometimes to run a business. But I do not think that is unique to rural and regional women.

What is probably more challenging for rural and regional women is that there are not as many services and the distances that we face are a lot greater. I personally experienced that myself. My children walked down from Cooma North Public School and I had other nurses and older children look after them until I finished and knocked off. That was something that you had to do. We have got the women's economic review that is going on that will be looking at those issues. I really look forward to those coming forward. In terms of what I am doing as the Minister for Women, we have done quite a bit in terms of looking at women's economic opportunity. We know that if we can increase that, then we increase a lot of benefits for women. We will be looking at child care in that review.

As you would know—and I am not shirking the responsibility—it does sit with the Federal Government. We have great examples of co-working spaces in the country, including The Exchange in Dubbo and the huge success that that has had. I have had multiple discussions about that. We are discussing that at the moment with my Council for Women's Economic Opportunity, and I will hopefully have some very good news to announce very soon on that.

The Hon. ROSE JACKSON: Hello, Minister. I am just here to ask a couple of questions in your capacity as the Minister for Women.

The Hon. BRONNIE TAYLOR: You have just come in, haven't you?

The Hon. ROSE JACKSON: My colleagues are doing such a good job in the other portfolios, but I am here. I want to start with women's housing and homelessness because I am sure that you would be across the sobering statistics around the fact that women over 55 are the fastest growing group experiencing homelessness and that there has been a 30 per cent increase in the number of women over 55 experiencing homelessness in the last two years alone, which is quite serious. So I guess I wanted to ask how involved you are in any work that the Government is doing to try to address this and, to the extent that you are involved, what initiatives the Government is promoting.

The Hon. BRONNIE TAYLOR: Sure. I completely acknowledge your question, and I completely acknowledge the facts that you have ascertained in that question in terms of women over 55 and the issues that that present. I am not shirking this but, as you know, housing sits with another Minister; it does not sit with me as my portfolio for Minister for Women. What does sit with me is ensuring that women have the economic opportunity. We know that one of the biggest causes of women becoming homeless after age 55 is lack of financial security. With my Council for Women's Economic Opportunity, we have been looking very, very closely at that and we have put a number of strategies in place—and we have had a lot of success in terms of the Women's Financial Toolkit, which just goes from strength to strength to strength—so that we can make sure that we can set women up and that they are not in this precarious position as well.

One of the really big successes of the last two years has been the back-to-work program that we ran. That was a $10 million program. We have had some incredible results from that. We have had 2,227 women who have booked appointments with their return-to-work coordinators, but six months after receiving the grant—and this is really new data that only came up about 48 hours ago. Six months after receiving the grant, of the 990 women who completed the follow-up 65 per cent had secured employment—those women that were not employed before, that is 65 per cent; 73 per cent had applied and/or started education and training, which is a pretty phenomenal result; 95 per cent of those women that had access to these grants said that they had made progress with their return-to-work plan; 81 per cent reported increased confidence regarding returning to work; and 98.5 per cent found the return to work application process helpful.

What that tells me with this grant program is that what we were able to do with this, as it was part of our COVID response, was we were able to make it quite flexible in terms of meeting the needs of the person rather than the opposite: having just a set of criteria that you have to tick off to be able to be eligible. One woman was telling us how one of the really big inhibitors for her getting back to work after she had been in a domestic violence situation and then had subsequently become homeless, and all of those things that you would be much more across, was that her scooter tyres were bald and she could not afford to get new tyres to get herself to a place of employment. She was able to do that with this grant. So one thing that I think has been very obvious in this—and now we have the demonstrated evidence of that—is that when we can allow that flexibility to actually tailor the needs of the woman, we can get some really great results.

The Hon. ROSE JACKSON: It is a good program, and it is good news for those women who have been able to participate in it. I am more interested in the women right now for whom accessing a grant like that seems like another world away because they are living in their car or a tent and have been on the social housing

waiting list for years and years and years. It is not that a part-time employment opportunity has dried up over COVID; it is that they have experienced a lifetime of being right at the edge of the labour market and have completely now dropped out of the housing market. Are there any programs that are being run to specifically offer housing and homelessness support to older women who are right now experiencing being at risk of homelessness?

The Hon. BRONNIE TAYLOR: I thank you for your comments about the return-to-work program because there was a lot of criticism from the Opposition when we were first bringing out those grants, so I am really grateful for that acknowledgement today. As I said, In terms of those homelessness programs, they do not sit with me as Minister for Women, but I am really happy for Pia—

PIA VAN DE ZANDT: Probably Tanya.

TANYA SMYTH: Yes.

The Hon. BRONNIE TAYLOR: Sorry, Tanya. If Tanya would like to follow up in terms of that more broadly and on more programs as well. But I will just reiterate that that sits with another Minister and with me, but I am happy for Tanya to have—

The Hon. ROSE JACKSON: I do accept that, although we do have this problem where we ask questions and then it is sort of—

The Hon. BRONNIE TAYLOR: I accept that we have the problem but it is budget estimates about the specific portfolio, but I am happy for Tanya to take that on.

TANYA SMYTH: Through the Social and Affordable Housing Fund, which is a $1.1 billion fund, the Government is delivering over 3,400 social and affordable houses, and 1,414 of these dwellings are targeted to older people that are 55 years and over, or 45 years and over for Aboriginal and Torres Strait Islander people. There is also the safe and affordable housing strategy 2041, which is the responsibility of Minister for Homes, Minister Roberts. That is a 20-year strategy, and they have biennial action plans. To date, some of their achievements—they are developing a housing evidence centre where all of the data available for New South Wales around housing and homelessness is available. The new Housing State Environmental Planning Policy was also released in November 2021, and that policy aims to more efficiently deliver affordable and diverse housing. Continuing forward with the future action plans, they are looking at longer-term reforms to create a diversity of housing and also more affordable housing.

The Hon. ROSE JACKSON: There is not one specialist homeless service in New South Wales that is dedicated to supporting older women. Is that something that you would be prepared to raise, perhaps, with Minister Maclaren-Jones in that instance? Is that of concern to you, that there is not one dedicated specialist homelessness service that supports older women?

The Hon. BRONNIE TAYLOR: In terms of talking about homelessness services, that is a question you will have to direct to the relevant Minister. Of course I am concerned as the Minister for Women, but my job and my portfolio is to increase economic opportunity for women so we do not get to that point. But of course I am open to discuss those, and I will have multiple discussions all of the time about how we can address that and how we can do better.

The Hon. ROSE JACKSON: How many staff are there in Women NSW? This is probably to Ms Smyth.

TANYA SMYTH: There are eight FTE in Women NSW.

The Hon. ROSE JACKSON: How does that compare to last year?

TANYA SMYTH: It is difficult to compare because—

The Hon. ROSE JACKSON: It is not a large number.

TANYA SMYTH: Women NSW was responsible for domestic and family violence, sexual violence and women's policy. There were some staff that transferred to another area of our strategy policy and commissioning division that look after domestic violence strategies. So they transferred rather than the women's policy team reducing.

The Hon. ROSE JACKSON: How many staff were in that category that you just described?

TANYA SMYTH: That are continuing to work on domestic and family violence?

The Hon. ROSE JACKSON: Yes, how many staff who were working in that portfolio area transferred out of Women NSW into some new unit?

The Hon. BRONNIE TAYLOR: It was because the portfolios were split.

TANYA SMYTH: Yes.

The Hon. BRONNIE TAYLOR: It is not that they have gone or changed. It is just that we are focusing on women's economic opportunity and there is a specific focus on domestic and family violence, and that happened when the portfolios were split after the last election.

TANYA SMYTH: I will have to take it on notice. It is a handful of positions.

The Hon. ROSE JACKSON: The number of women—the eight FTE, excuse me.

TANYA SMYTH: Correct.

The Hon. ROSE JACKSON: That has not changed?

TANYA SMYTH: No. There are six people that actually work on women's policy and that has not changed, and there are two that work on events and communications.

The Hon. ROSE JACKSON: Minister, how is progress tracking on the Premier's Priority to ensure 50 per cent of government sector senior leaders are women?

The Hon. BRONNIE TAYLOR: I think when we look at the Department of Communities and Justice, where Women NSW has sat, we have a really great story to tell in terms of the percentage of women in that department.

The Hon. ROSE JACKSON: That is good, except that is actually not the Premier's Priority, as I am sure you would be aware. That is a government-wide—

The Hon. WES FANG: Chair, I think in this instance it might be helpful if Ms Jackson allows the Minister to finish her answer before she seeks points of clarification.

The Hon. ROSE JACKSON: I just wanted to make sure that the Minister knew that I was referring—

The Hon. WES FANG: I think the Minister was very aware of the question.

The Hon. BRONNIE TAYLOR: It is 42.7 per cent.

The Hon. ROSE JACKSON: Thank you, Minister. How is that tracking? Say, what was it this time last year? Have you got that figure? We are aiming for 50, so are we going forwards or backwards?

The Hon. BRONNIE TAYLOR: Actually, it was the former Premier's Priority and 42.7 of senior leadership roles in the public sector are women, and that is at 2021. If you would like those 2020 figures, I can take that part on notice and get that back to you.

The Hon. ROSE JACKSON: That would be useful, thank you. You mentioned there it was the former Premier's Priority. Has there been any indication that it is no longer a priority with the new Premier?

The Hon. BRONNIE TAYLOR: No, I am working on—look, that is a priority for me to look at anyway. I have just been messaged by my people that at 2021 it was 41.1 per cent. We have had a 1.6 per cent increase.

The Hon. ROSE JACKSON: I thought you said it was 42 per cent before? I thought you said 42 per cent and then you took it on notice. Then you just said 41 per cent, which seems to me to be a decrease, not an increase.

The Hon. BRONNIE TAYLOR: As at 2021 it was 42.7 per cent and in 2020 it was 41.1 per cent, which makes it a 1.6 per cent increase.

The Hon. ROSE JACKSON: Yes, sorry. I was not clear on those dates.

The Hon. BRONNIE TAYLOR: No, I have to check with my maths because it is not one of my strengths.

The Hon. ROSE JACKSON: It is good that it has gone up, although that is slow progress. Have you had one conversation with the new Premier about any initiatives to actually try and get that moving to 50 per cent? Have you talked to him about that at all?

The Hon. BRONNIE TAYLOR: That is something that is entrenched within the public service. That is why we have flexible work practice; that is why we look at all of those things that women say are important to them that allow them that opportunity. We will continue to work towards that. To be fair, too, the public service

actually has a very good story to tell, often, in terms of within our bureaucracy and having women. We have got a female Secretary for Health. I think that we have a very positive story to tell.

The Hon. ROSE JACKSON: But have you had a conversation with the Premier?

The Hon. BRONNIE TAYLOR: I have conversations with the Premier all the time about women's issues.

The Hon. ROSE JACKSON: But about, "Hey, I have this Premier's Priority that aims for 50 per cent of government sector senior leaders being women. We're at 41 per cent, 42 per cent; it's pretty slow progress. What are we doing about that?"

The Hon. BRONNIE TAYLOR: We have things that we are looking at. We have many conversations. I really look forward to seeing the findings of the review as well.

Ms ABIGAIL BOYD: Good morning, Minister. I understand it is your birthday. Happy birthday.

The Hon. BRONNIE TAYLOR: Thank you.

Ms ABIGAIL BOYD: The Illawarra Women's Health Centre submitted the business case for its women's trauma recovery centre to Women NSW on 20 July 2021. The Ministry of Health funded the business case for that. When will the Government respond to the business case?

The Hon. BRONNIE TAYLOR: That particular one will sit with the domestic and family violence Minister in terms of that centre. I am aware of that centre and I have met with them myself. I think that they do an incredible job. I have not seen the business case myself. It is also something else as well that Dr Virgona, who is the chief psychiatrist in New South Wales, has made representations to me about. But in terms of where that is at, that would be part of a budget process and are budget matters.

Ms ABIGAIL BOYD: Even though it was submitted to Women NSW that still sits under Minister Ward now, does it, rather than yourself?

The Hon. BRONNIE TAYLOR: Ms Boyd, I will have to take that particular part on notice. I am aware of it. I have met with them and Dr Virgona has mentioned it to me as well, because he is very involved in that and sees the absolute benefit that this would provide. But I cannot pre-empt budget decisions. It has to be allowed to go through the budget process. That is just the honest truth.

Ms ABIGAIL BOYD: I understand it was submitted directly to the Director of Women NSW. Would it be okay with you if I ask her now what her information is?

The Hon. BRONNIE TAYLOR: I am very happy for Ms Smyth to answer anything, but I will say to you—I am very firm on this—that I will not be pre-empting budget decisions in budget estimates. But we will look at everything that we have to put forward. Obviously there will be many considerations for the budget this year.

Ms ABIGAIL BOYD: Maybe we will come back to that this afternoon, Ms Smyth. Thank you. She almost got to speak. The domestic and family violence reforms delivery board sits under you, though, does it not?

The Hon. BRONNIE TAYLOR: No, that would sit under the domestic and family violence Minister.

Ms ABIGAIL BOYD: Okay. I have seen an organisation chart that has you as the responsible Minister for that. You are saying that is not the case?

The Hon. BRONNIE TAYLOR: I could have perhaps oversight over that, but if it relates directly to domestic and family violence it will sit with Minister Ward. I would not have that responsibility because it is not in my portfolio.

Ms ABIGAIL BOYD: I will bring those questions up again this afternoon, I think. I turn to the Equal Pay for Equal Play campaign. First of all, are you familiar with it? I assume you are familiar with that campaign.

The Hon. BRONNIE TAYLOR: I am, yes.

Ms ABIGAIL BOYD: I will start by congratulating you on the number of sporting-related action points that were included in the *NSW Women's Strategy 2018-2022 Year Three Action Plan*.

The Hon. BRONNIE TAYLOR: We get very excited when people refer to the strategy, Ms Boyd, so thank you very much.

Ms ABIGAIL BOYD: Very good. I also note the contributions that Women NSW made to the Office of Sport's Her Sport Her Way strategy, which I understand came about largely because of the NSW Women's

Strategy. In terms of the New South Wales Equal Pay for Equal Play campaign, has any consideration been given to the ask of that campaign for the next action plan?

The Hon. BRONNIE TAYLOR: There would be considerations for that. We are in the process at the moment of consulting with the action plan and where we are at. Absolutely that will be considered.

Ms ABIGAIL BOYD: Okay, excellent. One of the key points in both Her Sport Her Way and the *NSW Women's Strategy 2018-2022 Year Three Action Plan* is the HSHW grants program. It states in the action plan that it supports projects that align with outcomes like including more women and girls playing sport et cetera. This directly echoes the asks of the Equal Pay for Equal Play campaign. Do you support, in principle, the idea of equal prize money for women athletes?

The Hon. BRONNIE TAYLOR: I am very aware of the campaign and proposing gender equity, including equal prize money, and that that be made a condition of the New South Wales Government's grant funding for sport organisations. Certainly it is an issue and it has deep roots in the broader culture of our sporting landscape. I want to see women participating in sport. I think it is so important not only for physical health but for mental health as well. In countries where they have looked at that parity it has made a really big difference, and I think it speak volumes about what needs to happen.

In terms of myself as the Minister for Women, I absolutely support that. But I think it has to be a broader discussion that needs to come from the sporting codes themselves. But in terms of how I feel, yes, absolutely I think it is important. I think what you are also seeing happening, Ms Boyd—and this is my interpretation, so I am very happy for you to disagree with it. But as sporting codes start to announce—there was another announcement just in the last 48 hours. I cannot remember. Was it football in England?

Ms ABIGAIL BOYD: Yes.

The Hon. BRONNIE TAYLOR: And they actually said that. That is actually the most powerful thing to do, and I fundamentally believe that. These are my core values and my core principles, that when you look to the other sectors—in this case, you look to the sporting organisations—that message has to come from them. I think when it does come from them it is extremely powerful. I think that what you will see is the ricochet of that starting to happen. Certainly I hope so.

Ms ABIGAIL BOYD: It can come from both, though, can it not? You can have it coming from the sporting organisations themselves and you can also have some gentle pressure from government?

The Hon. BRONNIE TAYLOR: You absolutely can. We probably might disagree on this, I imagine. But respectfully, I genuinely believe that that has been the really powerful thing. I think us speaking about it as leaders in our community is really important, and placing that. But I think the ball has started rolling, so to speak—pardon the pun—and I look forward to that happening. I think it is so important.

Ms ABIGAIL BOYD: I love the pun. Can you please table on notice the specific criteria that the HSHW grants are assessed against?

The Hon. BRONNIE TAYLOR: Sure, unless someone can answer that. Would that not be for Sport? We will take it on notice and have a look at that.

Ms ABIGAIL BOYD: That would be very much appreciated. What are the most recent figures on the public sector employee gender pay gap?

The Hon. BRONNIE TAYLOR: As at May 2021 the gender pay gap in New South Wales was 14.5 per cent. That reflects a pay difference gap of $272 per week. The gender pay gap in Australia is 14.2 per cent—so New South Wales 14.5 per cent; Australia 14.2 per cent.

Ms ABIGAIL BOYD: That is a 1.1 per cent increase on the previous year? It has got worse?

The Hon. BRONNIE TAYLOR: I would have to take—I do not think I have the—

Ms ABIGAIL BOYD: I believe at November 2020 the gender pay gap for New South Wales was 13.4 per cent, which was the same as the national pay gap at that time.

The Hon. BRONNIE TAYLOR: I will take that as read that you have said that. I do not have that right in front of me. I am very cautious when I talk about numbers.

Ms ABIGAIL BOYD: That is a very concerning number, isn't it, that we still have?

The Hon. BRONNIE TAYLOR: Yes, definitely.

Ms ABIGAIL BOYD: What are you doing to try and correct that? What policies are you putting in place?

The Hon. BRONNIE TAYLOR: Before you came, Ms Boyd, I was talking to Ms Jackson about all of the things that we are doing. As Minister for Women, my remit is to look at the economic opportunities for women because we know that that is—

Ms ABIGAIL BOYD: Sorry, can we target the pay gap in particular and the measures that are targeting the pay gap?

The Hon. BRONNIE TAYLOR: The more women we get into the workforce and the more women are allowed to have those careers and that potentiality for employment will in turn allow us to bring that down. In terms of those professions that women do, this has been a longstanding issue and something we are all working towards and something we all want to see improve.

Ms ABIGAIL BOYD: What does the public sector employee gender superannuation gap look like? Do you have that data?

The Hon. BRONNIE TAYLOR: Not in front of me in terms of the superannuation gap. We can take that on notice.

Ms ABIGAIL BOYD: Let me know if it is not data that you track, but it would be useful to know. Last year during estimates and in the context of Brittany Higgins coming forward you said:

> When I am asked about it I use my platform and my privilege as a member of Parliament to absolutely encourage women to come forward.

What have you been doing over the past year as Minister and as a member of Cabinet to directly respond to the many public disclosures of sexual assault, sexual harassment and gendered bullying in politics?

The Hon. BRONNIE TAYLOR: You would be aware as well internally that there has been a review and an inquiry, two of them, in Parliament. That is running at the moment. We await the finding of that. We have the Goward review—

Ms ABIGAIL BOYD: Sorry, with respect, I understand the Pru Goward review was something that the prior Premier—

The Hon. BRONNIE TAYLOR: And the Broderick review.

Ms ABIGAIL BOYD: The Broderick review was actually started by Parliament, rather than by the Government.

The Hon. BRONNIE TAYLOR: I completely retract that then, Ms Boyd. I was not trying to take credit for the Government over something. I was just naming the inquiries.

Ms ABIGAIL BOYD: That is fine. The question was: What have you been doing personally, individually, as Minister and as a member of Cabinet to directly respond to the issue?

The Hon. BRONNIE TAYLOR: Ms Boyd, those inquiries, as you said, are rightly taking place. I think it is really important that they take place and that we await those findings. In terms of my own personal responsibility, my door is always open and anyone that knows me in this place knows that I am a very big supporter of women. If there are any issues that are ever brought to me, I will continuously make sure that women are supported, that women are looked after and that appropriate behaviour occurs at all times. I am resolute on that. My experience and my track record speaks highly for that. I have encouraged all staff to participate in the Broderick report. I have ensured that my chief of staff has made sure that all of my staff have contributed to that. I have made sure across my ministerial colleagues and I have raised that in Cabinet that everybody needs to contribute to that report. People should be able to speak freely and speak openly. I think it is very powerful that that is an independent report. I think that Elizabeth Broderick, who I have met with personally as well, is very well respected in this space. And I think we should await the findings of that report.

The CHAIR: Mr Secord?

The Hon. WALT SECORD: Ms Tanya Smyth, in your answer to my colleague Rose Jackson you said that two of the eight staff in Women NSW are working on "events and communications". Is that correct?

TANYA SMYTH: Yes, correct.

The Hon. WALT SECORD: So 25 per cent of the people employed by Women NSW are working on events and communications. Minister, do you think that is an appropriate allocation of resources when there are so many pressing issues involving women, such as the gender pay gap, the superannuation gap and childcare?

The Hon. BRONNIE TAYLOR: Mr Secord, one of the events that we are starting—and you may not be aware but it is Women's Week next week.

The Hon. WALT SECORD: Yes, I am aware of that.

The Hon. BRONNIE TAYLOR: I beg your pardon. We are actually running a huge program of events for women and actually I can confirm that it will be the biggest women's awards that we have ever run in New South Wales before. That takes a lot of logistics and a lot of organising. Every single member of Parliament, regardless of their colour, nominates a woman for Woman of the Year awards and they bring them in and we discuss—

The Hon. WALT SECORD: "Regardless of their colour", what do you mean?

The Hon. BRONNIE TAYLOR: Different political parties.

The Hon. WALT SECORD: Sorry, I thought you were talking about something else.

The Hon. BRONNIE TAYLOR: Mr Secord, you know what I was saying. Regardless of your political party, you can nominate a woman for the Woman of the Year awards. Those are really important things to be able to do and I look forward to seeing you at the awards.

The Hon. WALT SECORD: Minister, can you guarantee that all hospitals, MPSs and emergency departments outside of Sydney, Wollongong and Newcastle have doctors on duty 24/7? This goes to evidence provided to the rural health inquiry where hospitals in New South Wales, emergency departments, did not have a doctor on duty. Can you guarantee that there were doctors on duty from 1 January 2020 to 2 March 2022?

The Hon. BRONNIE TAYLOR: On duty, Mr Secord? Could you clarify what you mean by "on duty"?

The Hon. WALT SECORD: When I say "on duty", I mean physically in a hospital. I do not mean on a telephone.

The Hon. BRONNIE TAYLOR: So, Mr Secord, as you would know, I think, because of your experience being in Opposition in Health for quite a number of years—

The Hon. SHAYNE MALLARD: And for a lot longer.

The Hon. BRONNIE TAYLOR: —that you would know that in some of our hospitals doctors are not on duty actually onsite; they are working in their general practice and they are on call and they are called in. So there is still access to a doctor when that happens.

The Hon. WALT SECORD: It is very straightforward. Can you take on notice if you are unable to answer—

The Hon. BRONNIE TAYLOR: No, Mr Secord, it is not that I am unable to answer. What I have said to you is that—I know exactly what you are trying to do here.

The Hon. WALT SECORD: Very clearly, I am trying to prove that there are hospitals without doctors.

The Hon. BRONNIE TAYLOR: No, you are trying to be tricky, and that is disingenuous. We know that there are doctors that are available who do not actually sit at the hospital, but they run their private practices and they are on call and available to the hospital.

The Hon. WALT SECORD: Minister, in your dual capacity as Minister for Regional Health and Minister for Mental Health, you would be aware of the Premier's Priority called "Towards zero suicides" which has set a target to reduce the rate of suicides in New South Wales by 20 per cent in 2023 as a first step on the journey towards zero suicides. In 2017 it was 10.9 per 100,000 people. Is the rate of suicide attempts or deaths involving young people increasing or decreasing in New South Wales?

The Hon. BRONNIE TAYLOR: In terms of young people, Mr Secord, as you may or may not be aware, we now have a suicide monitoring system in New South Wales, which gives us a very up-to-date data on a month-to-month basis. If I could pre-empt this, Mr Secord, by saying that any death by suicide is an absolute tragedy. We have seen numbers within that happen. Your specific question for me was if I had seen an increase in young people in suicide. We actually last year saw a decrease in young people who were suiciding, which is very good news indeed. We actually saw an 11 per cent decrease in young people suiciding.

The Hon. WALT SECORD: How are we tracking on the Premier's Priority to reduce suicide deaths by 20 per cent by 2023? How are we tracking towards that?

The Hon. BRONNIE TAYLOR: As I said, in young people we had a decrease this year and we had a decrease the year before. We are tracking in a very favourable position, Mr Secord, in terms of those numbers and

that data. But I will say that I have concerns in terms of going forward and in terms of a delayed response in terms of the mental health stress and stressors that have been faced by our communities. I will also say that when we were at the start of the COVID pandemic, so almost relatively about two years ago, we had specialist people come out and say that they felt, they talked about a shadow pandemic and catastrophic rates of suicide in New South Wales. We have actually not seen that. That is not because I am the Minister for Mental Health, and it is not because of the Government; it is because we have the most amazing people working on the ground in terms of prevention and in terms of the programs that we are running.

The Hon. WALT SECORD: Thank you, Minister.

The Hon. BRONNIE TAYLOR: Also, as you referred to directly in your question to me about Towards zero suicides, we have been able to take on a lot of new initiatives and new models of care, so things like the Safe Haven. The anecdotal evidence coming out of that, particularly with the Safe Haven in western Sydney, is quite phenomenal in terms of decreasing presentation to emergency departments and also in terms of people saying that the actual moment of stepping into that Safe Haven has saved their life.

The Hon. WALT SECORD: Minister, earlier you said that the number of suicides in New South Wales was decreasing. A report on the NSW Health website under mental health resources and publications called *NSW Suicide Monitoring System – Report 15 – Data to November 2021* says that from 1 January to 30 November 2021 there were 833 confirmed suicides in New South Wales. That is actually an increase from 812 for the same period in the previous year.

The Hon. BRONNIE TAYLOR: I have to correct you there, Mr Secord. Your direct question to me was about young people suicide. My direct answer to you was that youth suicide had decreased. You did not ask me about the general number of suicides. I answered your question as you asked it.

The Hon. WALT SECORD: Okay. I want to rephrase or re-ask the question. Suicides have tragically increased in New South Wales not decreased, based on your own data on your website.

The Hon. BRONNIE TAYLOR: I am very well aware of the numbers. When you look at this, you have to look at this over a period of time and you have to look at the trajectory—say, the last three years. If we look at 2019, 2020 and 2021 and where we have had our Towards Zero suicide strategy, yes, from 2020 to 2021 there was an increase, but if you look at that compared to 2019, those numbers are not as high as what they were in 2019. We have had this Towards Zero strategy in place with unprecedented challenges in terms of people's mental health and mental fitness.

The Hon. WALT SECORD: Are we on track to meet the Premier's target to reduce the rate by 20 per cent by the end of next year? Are we on target to do that?

The Hon. BRONNIE TAYLOR: I think that at the moment we are tracking well, but I am very cautious of trying to predict what is going to happen. We have put many programs in place, but we are struggling with unprecedented times in terms of the challenges. When I look at what is unfolding in northern New South Wales—to say that that did not concern me for people's mental health, would not be correct.

The Hon. WALT SECORD: What about the funding of Towards Zero? This is budget estimates so I would like to know will the funding for the Towards Zero initiative be renewed when it expires this year?

The Hon. BRONNIE TAYLOR: Mr Secord, that will be part of the budget process and I will be putting that, and I would advise to watch this space.

The Hon. WALT SECORD: Minister, I now want to take you to another area that involves mental health but has an overlap with the health system, and that is the area of seclusion and restraint. Is the KPI target for the average duration of seclusion in New South Wales less than four hours?

The Hon. BRONNIE TAYLOR: We would like to see no seclusion and restraint in an ideal world, but this is a situation that is used in terms of a clinical decision at the time. Obviously, the safety and wellbeing of patients and staff is absolutely paramount in this. Seclusion and restraint should only be used as a last resort. The latest BHI report shows that the vast majority of episodes of care in acute mental health units did not have a seclusion or restraint event in the October to December period. Those numbers do differ slightly with the BHI NSW Health because we have now incorporated Northern Beaches Hospital into that reporting as well. It will be included in that and they show a 96.6 per cent of acute mental health episodes of care occurring in specialised acute mental health inpatient units. From the quarter from October to December, NSW Health improved across all indicators for seclusion and restraint compared to the July to September 2021 quarter.

The Hon. WALT SECORD: Ms Koff, two years ago—two consecutive reports—you said that Concord hospital, which had the longest seclusion and restraint of any hospital in Sydney, was "an outlier". That was your direct quote. In fact, you said:

> I do not know why the Concord number was so high. I am happy to take that on notice to find out because I think we need to explore it because it does look an outlier …

Do you still hold that view? Why almost three years later are restraints up to 10 hours at that particular hospital?

ELIZABETH KOFF: I will ask Dr Murray Wright because when that was raised at previous budget estimates it obviously warranted significant investigation and understanding.

The Hon. WALT SECORD: You are pre-empting my second and third questions. Mr Wright, if you could fall into those questions I will ask. Was it just an outlier, which it obviously is not after the third report? What is being done about that? Is it acceptable? Why is it occurring at Concord hospital? Thank you, Dr Wright.

MURRAY WRIGHT: Thanks, Mr Secord. I think an outlier is a kind of technical definition. It is literally statistically an outlier in terms of its relationship to the other figures. I do not attach any other meaning than to the fact that when we look across the board, that performance at Concord is out of kilter with what is happening in other places. That is what it means to me. Are we concerned about it? Yes, we are. As the Minister said, we would like to see zero use of seclusion and, if it is used, we would like to see it used for as little time as possible. The indicators are there to try to drive improvement. When we see instances of any facility which is struggling to meet those indicators, the process that is used in all of our health services is that there is an explanation sought from the district as to its understanding of what is driving it because there are multiple—

The Hon. WALT SECORD: Okay. Dr Wright, what is driving it? What is happening at Concord? We have data here—24 hours and 21 minutes in Concord. What is happening to a person going through 24 hours in seclusion? Are they just shoved into a room? What is happening at Concord? This is the third consecutive report of this. It is not an outlier. What is happening at Concord hospital? I am sorry, sir. What is happening at that hospital?

MURRAY WRIGHT: I will complete my answer. We asked for an explanation as to the understanding from the local health district as to what is driving that performance. It is then also followed up in the performance review process, which is a regular meeting between the executive leadership of the local health district and NSW Health. There are efforts—

The Hon. WALT SECORD: Sir, what are the reasons?

The Hon. WES FANG: Chair—

The Hon. WALT SECORD: I want to know the reasons.

The Hon. WES FANG: I understand, but, Mr Secord, you must appreciate that this was a very complex question that you asked. Dr Wright is providing a very detailed and very thorough response to your question. I think he needs to be allowed to complete that answer first before you ask any subsequent questions.

The Hon. WALT SECORD: I acknowledge that, Mr Fang.

MURRAY WRIGHT: There are no simple answers to this, Mr Secord. When you look at what the factors that led to improvement in terms of seclusion and restraint are, they are multi-factorial. I think to seek a single explanation for what is happening in a particular place is an elusive thing to pursue. In terms of what we are trying to do, we are trying to understand. Concord is quite a complex mental health facility. It is a very large facility, managing a wide range of individuals with mental health problems, including having an adult mental health intensive care unit. That means that they are managing some of the most challenging and, at times, quite high-risk individuals. There is a utilisation of seclusion as a way to keep that person, other patients and staff safe. I have regular instances of knowing what those challenges are. I do not think we should underestimate what an invidious situation it is for both the staff and the consumers themselves in some of those situations.

All of the facilities in New South Wales that have mental health intensive care units are somewhat outlying in terms of the seclusion rates. That is a function of this very challenging, very difficult situation they drive. I would add though—and I am sorry to go on—that it is not just a case of trying to understand what is happening but trying to offer the strategies which help lead to improvements. We have funded the Mental Health Patient Safety Program through the Clinical Excellence Commission over the past couple of years. It specifically arose out of the seclusion review in 2017 as a way to address the importance of trying to help the staff and their managers to improve practice in the multiple ways that lead to a difference with seclusion and restraint. It is a long way from over. It is still a problem. Yes, it concerns me. Yes, we are still following up on it, and we will continue to do so until we see these figures improve.

The Hon. WALT SECORD: Dr Wright, for your benefit, I will return to questioning in this area after the break.

Ms CATE FAEHRMANN: Minister, I want to turn to the situation regarding community mental health services in Griffith and the Murrumbidgee. In an interview with ABC Riverina on 21 February, you said that there was no waitlist for community health services in Griffith and the Murrumbidgee. Is that correct?

The Hon. BRONNIE TAYLOR: What I said was that there were no waitlists at Griffith Community Health.

Ms CATE FAEHRMANN: Are you aware of the extraordinary waitlists for mental health services in the area?

The Hon. BRONNIE TAYLOR: I am aware of pressure for mental health services. But my comment, and it is still the case to this day, is that there is no waitlist at Griffith Community Health.

Ms CATE FAEHRMANN: Griffith Community Health has mental health services available for anybody who wants them. Is that correct?

The Hon. BRONNIE TAYLOR: At Griffith Community Health, that is correct; there is no waiting list.

Ms CATE FAEHRMANN: I have a case study from somebody who has agreed for their situation to be made public. Griffith resident Bree Hansen said that she was trying to find mental health support in Griffith. She was trying to find clinical psychologists and psychiatrists. She said that there is a lack of them in Griffith and, "If there is one, you are paying an arm and a leg", and she currently has to see a psychiatrist from Sydney via telehealth. So the Griffith community mental health service cannot provide Bree with what she is after in this instance?

The Hon. BRONNIE TAYLOR: That is a question that we would have to ask Bree. I would ask that you raise those issues with me and my office so that we can direct Bree and see if there are any other ways that we can help her access those services that she needs. In saying that, one of the things that we have seen with COVID as well is the that use of virtual and telehealth has been really effective in terms of mental health and being able to do that. I have helped many people who have contacted my office in terms of accessing services, and I am very happy to do that.

Ms CATE FAEHRMANN: Most of them are telehealth services, are they?

The Hon. BRONNIE TAYLOR: No. The thing with a mental health response is that what suits you may not suit me and it may not suit someone else. It is about finding that service and that pathway that is appropriate for that person to be able to access. That is what is really important.

Ms CATE FAEHRMANN: There are an extraordinary number of people who were transferred from Griffith hospital to Wagga for mental health care. The situation in that local health district is that there is a demand for mental health services that currently is not being met.

The Hon. BRONNIE TAYLOR: You have just talked about two different things there. You are talking about the demand for mental health services and then you are talking about mental health beds. When we look at beds and acuity, we absolutely need to have mental health beds. But what is really important is that we have those services on the ground that are helping people because most of the time, particularly in the case of young people—and Dr Wright can talk to this because he is the professional—what we are looking at is keeping people out of those acute admissions. Often an admission to an acute mental health unit for a young person can be detrimental to their health outcomes. It is a very big consideration.

We try to support people as much as we can in their communities to ensure that they get the best health outcomes. To just be talking about beds is not the answer when we are talking about mental health services. They are absolutely an important part of it, but the really important part is making sure that those services exist in the community. I would also say that there are almost 30 full-time equivalents who work out of Griffith community mental health.

Ms CATE FAEHRMANN: Minister, what are you doing to try and attract more psychologists and psychiatrists into regional areas like the Murrumbidgee Local Health District?

The Hon. BRONNIE TAYLOR: We have the Psychiatry Workforce Plan, which we continue to work through. We have talked about this before, there is a nationwide shortage in terms of psychiatrists and psychologists as well. I want to see more people able to train locally. We are seeing some really great results. I met someone the other day at the Griffith Country Universities Centre who is training to do his psychology degree. He wants to stay in Griffith. Grow Our Own is another really positive result out of the Country Universities

Centre that is happening. We have a workforce plan that Dr Wright and Mr Minns can talk to as well, if you would like that. Recently I opened the Safe Haven in Griffith, which is going to be a wonderful contribution to the services on the ground there. I have spoken extensively with service providers.

As I said before, and as I alluded to with the Safe Haven model, I am cautiously excited about the anecdotal results that we are getting already. I was talking to a gentleman in western Sydney who was an Iraqi refugee who found it very difficult to talk about his mental health challenges because of cultural issues. We opened that centre early during COVID. He spoke at the opening of that centre, and he said that walking through those doors and talking to the peer support workers saved his life. By looking at these different models of care that we are doing, things like Safe Haven and our Towards Zero Suicides prevention strategy, are all part of the mix that we are looking at to make sure that we are providing a myriad of services to the community. What I would say is that anyone who has the ability to do so and is approached by someone who is struggling, please make sure that they get the appropriate information that they need.

Ms CATE FAEHRMANN: I will continue asking questions on this later this afternoon rather than going to the officials now. I want turn to access to publicly funded cancer treatment in the regions. We heard a lot about this during the regional health inquiry. Again, a couple of people have contacted my office with concerns about the lack of support. One example is an Aboriginal man who has prostate cancer, living in Condobolin. There is a procedure for prostate cancer that is only available for private patients. He has been told that the prostate cancer operation that he will have to have in the public system will leave him incontinent and impotent for the rest of his life and he will have to wear a nappy. To get it through the private system means that he will not be incontinent and impotent, but that is going to cost about $36,000, which he does not have; he is not privately insured. Is it acceptable in regional New South Wales that we have a man who will have to accept an operation, if he wants to fight his cancer in the public system, that will leave him incontinent and impotent?

The Hon. BRONNIE TAYLOR: Ms Faehrmann, I would need to see the details of that particular case. As a cancer nurse in my previous life, I am very aware of the potential side effects and complications of a surgery that is often very severe. I have a very strong knowledge of prostate cancer and those consequences. My father had it. But I cannot address that issue raised today in budget estimates about a clinical pathway and a clinical decision. To suggest that someone is being offered substandard care is something that I would urge you very strongly to bring forward to me.

Ms CATE FAEHRMANN: I wrote to Minister Hazzard about this in January.

The Hon. BRONNIE TAYLOR: If you could get that to me today, I would appreciate it. I will ask Dr Lyons to comment on that particular case.

NIGEL LYONS: I am happy to make some general comments. I cannot comment on the specifics that you have raised because I am not aware of the clinical details. But to suggest that the services or procedures that are offered in the public sector for cancer care are second rate, I would reject completely.

The Hon. BRONNIE TAYLOR: Yes.

NIGEL LYONS: We have world-class cancer care. In fact, the outcomes for our cancer patients across the board have been improving and are comparable with international standards for outcomes. The issues around the treatment for prostate cancer are very challenging in that those complications you refer to can occur from any type of surgery on the prostate. To guarantee that they would not occur is somewhat of a mystery to me, as to why somebody would be told that they could be guaranteed that they will not have those outcomes and then be assured that they would have those outcomes if they were treated in the public sector. It seems very strange to be told those things as part of a clinical consultation.

Ms CATE FAEHRMANN: I will follow that up and come back to you this afternoon if I need to. Sticking with cancer services, are you aware, Minister, that cancer patients in the Murrumbidgee are left with $480 of out-of-pocket expenses for a course of radiation from the private provider, which is the Riverina Cancer Care Centre in Wagga?

The Hon. BRONNIE TAYLOR: I am aware of those issues, Ms Faehrmann. Actually, Dr McGirr raised them with me only last week—on the Thursday of the sitting week—and I endeavoured to tell him that I would investigate that. As my days of director of cancer services in southern New South Wales, I worked very closely with the director at Murrumbidgee and I do remember that there were issues around this and the private provider and what has been organised and dealt with there. I have given Dr Joe McGirr my word that I would investigate that. I am not sure if Dr Lyons wants to comment.

Ms CATE FAEHRMANN: Does that include the request by the Riverina Cancer Care Centre for the subsidy from the Government? I think they have sought a $650,000 subsidy to ensure that there is a new radiation cancer facility at Griffith and that it will be able to provide bulk bill treatment.

The Hon. BRONNIE TAYLOR: I am aware of that issue too. To be completely honest with you, I have not been able to investigate that as thoroughly. I would prefer not to comment on that. I will definitely be looking into that. The centre also is federally funded, so there will be issues. But it is on my list to follow up with the Federal Minister and I intend to do so. I have a real passion and commitment to cancer services. It is where I spent the bulk of my career and I am very much someone who lives by the public health system and that everyone should have access to that.

Ms CATE FAEHRMANN: In that vein, surely the Murrumbidgee Local Health District should be providing radiation cancer services in their public hospitals.

The Hon. BRONNIE TAYLOR: Yes, but that was an agreement that was started with the Riverina Cancer Care Centre that was well before my time that I will have to look into. The real issue here is that those services are there in that area. That is what we want to see.

Ms CATE FAEHRMANN: At $480 cost to people.

The Hon. BRONNIE TAYLOR: In terms of out-of- pocket expenses, that is something that I will have to look to and compare right across the State. I do not want to comment on that now to you because I do not have the accurate information myself and that would be wrong of me. I will be looking into that and investigating that.

Ms CATE FAEHRMANN: I understand that the Government has been considering this, that a decision was made in mid-January as whether it was going to provide that $650,000 subsidy.

The Hon. BRONNIE TAYLOR: My understanding is that NSW Health and the district are reviewing the proposal.

Ms CATE FAEHRMANN: Thank you. Let us stick with the Murrumbidgee until my time is up. If we go to Leeton hospital, at the New South Wales rural health inquiry it was revealed that the Government spent $3 million upgrading the 66-bed Leeton hospital's operating theatre. We also heard that the operating theatre has not been used for the past five years. Why is that?

The Hon. BRONNIE TAYLOR: In terms of the Leeton hospital in the last five years, Dr Lyons would you like to answer that?

NIGEL LYONS: I have not got the specifics around Leeton hospital's operating theatre in front of me, but if a theatre is not being used in a facility where one was built, it will be because there are not the clinicians who can provide those sorts of services available to deliver those services locally.

Ms CATE FAEHRMANN: In August the Murrumbidgee LHD announced it had called off the search for a chief medical officer in Leeton hospital. Do you know why the search has been called off?

NIGEL LYONS: I do not have any details about that, I am sorry.

Ms CATE FAEHRMANN: Could you get back to me maybe?

The Hon. BRONNIE TAYLOR: We can take that question on notice.

NIGEL LYONS: We will take it on notice, yes.

Ms CATE FAEHRMANN: I also understand that the phrase "Leeton District Hospital" has been deleted from the Murrumbidgee Local Health District website and is now called "Leeton Health Service". Is this a deliberate strategy to downgrade the Leeton public hospital to a health service?

NIGEL LYONS: Not at all. Where that terminology is used is because it is usually used to encompass that there are more than just the hospital services provided in those towns, that there are community services and other services available to the community. It is about the fact that it is a broader service than just a district hospital. It would not be a downgrade at all.

Ms CATE FAEHRMANN: Also happening at the same time as the search has been called off for a chief medical officer in Leeton hospital, do you think the community has—

The Hon. BRONNIE TAYLOR: Let us find the details of that and perhaps it has been extensively advertised. We do not know, so we will not comment and we will take on notice.

Ms CATE FAEHRMANN: Surely that is concerning to the Leeton community though, that the Government has given up on them in finding a chief medical officer?

The Hon. BRONNIE TAYLOR: That is just not correct, that is just trying to incite—

The Hon. WES FANG: Point of order: I note the respectful conduct of the inquiry into budget estimates to this point, but I think the phrasing of that question was possibly not helpful to the members that are here—

Ms CATE FAEHRMANN: I will rephrase.

The Hon. WES FANG: —but also to members of the Leeton community.

Ms CATE FAEHRMANN: I will rephrase. Will the Minister guarantee to the Leeton community that NSW Health will renew its push to find a chief medical officer for Leeton hospital?

The Hon. BRONNIE TAYLOR: What my guarantee to every single community in rural and regional New South Wales is that I want to see the best services provided locally as safely and to the best of our ability to ensure that we get really good health outcomes. As you know from sitting on the inquiry for an extensive period of time, there have been issues with the medical workforce going out to rural and regional New South Wales. It is my job—and I look forward to the suggestions from the inquiry—to make sure that we can encourage doctors and we can see that increase in rural and regional New South Wales. That is my absolute commitment to every single community in rural and regional New South Wales.

The Hon. WALT SECORD: Minister Taylor, since the election of Dr Michael Holland, community champion in Bega, have you been briefed on the plans for the Eurobodalla hospital?

The Hon. BRONNIE TAYLOR: I have not had extensive briefs but Minister Hazzard did announce that the Eurobodalla hospital would go ahead. In recent times I understand he was down there and he did that.

The Hon. WALT SECORD: You earlier today made a great point about being the Minister for Regional Health. Have you sought any briefings or updates on the status of Minister Hazzard's promise on Eurobodalla hospital?

The Hon. BRONNIE TAYLOR: I am in discussions all the time. We have a very big health infrastructure build going on in rural and regional New South Wales, as you would be aware, an unprecedented amount of building in terms of infrastructure in terms of those services—

The Hon. WALT SECORD: And where does Eurobodalla fit into that?

The Hon. BRONNIE TAYLOR: Sorry, can I just finish?

The Hon. WALT SECORD: And where does it fit into that? No, I am asking a very specific—

The Hon. BRONNIE TAYLOR: I would like to finish my answer, Mr Secord.

The Hon. WALT SECORD: No, but I would like an answer on this hospital. I do not want broad, sweeping statements. I want an answer on this hospital.

The Hon. WES FANG: Point of order—

The CHAIR: It is a specific question, but there is a point of order.

The Hon. WES FANG: For the benefit of Hansard, in particular, we need to have one speaker at a time. I think talking over the Minister when she is answering a question is unhelpful for Hansard, but also for those people that are viewing today. I just ask that while the Minister is speaking and she is addressing the question, she be permitted to finish before the Hon. Walt Secord asks for any clarification, which, of course, he is entitled to do.

The CHAIR: Sure, proceed Minister.

The Hon. BRONNIE TAYLOR: Thank you very much, Mr Chair. I appreciate that. As we have said, the Government will commence the construction of the new $260 million Eurobodalla health service during this term of government and the new Eurobodalla regional hospital is anticipated to be commissioned in 2025.

The Hon. WALT SECORD: Has the purchase of the new hospital site been finalised?

The Hon. BRONNIE TAYLOR: In terms of the new hospital site?

NIGEL LYONS: My understanding is it is working through the process at the moment, Mr Secord, so it has not been finalised at this point.

The Hon. WALT SECORD: It has not been finalised. Thank you for the clarity. Minister, can you give a commitment and if you are unable to do this, maybe the Health officials can, that when the hospital does open,

it will be opened fully at level 4; not some parts, but everything from day one will be level 4? That was a commitment from Minister Hazzard.

The Hon. BRONNIE TAYLOR: Would you like to comment on that, Mr Lyons?

NIGEL LYONS: If that was a commitment from Minister Hazzard, that is the commitment from Minister Hazzard. I do not think there is more for us to add to that.

The Hon. SHAYNE MALLARD: The commitment to level 4.

The Hon. WALT SECORD: So no weasel words, it will be—

The Hon. SHAYNE MALLARD: I was campaigning down there, I saw it.

The Hon. WALT SECORD: Would you like to answer the question, Minister Mallard?

The Hon. SHAYNE MALLARD: Well I could, thank you.

The Hon. WALT SECORD: I take you to Shoalhaven hospital. Shoalhaven hospital, Sub-Acute Mental Health Unit ward only reopened in February after it was closed for COVID repurposing. What happened to those individuals who needed to be treated in a sub-acute ward?

The Hon. BRONNIE TAYLOR: As you would be aware Mr Secord, it was a sub-acute ward that was shut to be repurposed for our response to COVID. Those patients would have been looked after, diverted, either locked after in the community or looked after in other facilities to ensure that their best health outcomes were reached. This is what happens when you need to repurpose and you need to respond to COVID. What an incredible job our Health staff have done when they did that. A few patients went to Shellharbour and it all was managed very well.

The Hon. WALT SECORD: Minister, why is Shoalhaven hospital the worst performing emergency department in the local health district, in fact, one of the most under-pressure emergency departments outside of Sydney, Wollongong and Newcastle? What is happening down there? Why is that the case?

NIGEL LYONS: Shoalhaven is a very busy hospital. We have got very busy hospitals across many of our regional communities, Mr Secord, so I am not sure where you are alluding to in terms of the pressure and where you are getting that advice from.

The Hon. WALT SECORD: From the Bureau of Health Information, the BHI. It says it is the worst performing emergency department in the Illawarra Shoalhaven LHD in terms of treatment starting on time, also the transferring of patients from paramedics to the emergency department. In fact, it takes up to 30 minutes in some cases to transfer a patient from the ambulance to the emergency department. What is going on at Shoalhaven hospital?

NIGEL LYONS: What will be happening at Shoalhaven, as with any hospital, is that it is struggling with its performance. It will be about the activity that is coming through the emergency department, the acuity of their—

The Hon. WALT SECORD: Oh, it is the patients' fault.

NIGEL LYONS: No, no. It is not at all.

The Hon. BRONNIE TAYLOR: That is not what he said.

NIGEL LYONS: It is the acuity of the patients and the ability of the hospital to ensure that they have the staff available to meet those needs around the clock and to have the ability to ensure that they can be provided definitive treatment, whether that is in the Shoalhaven hospital or whether they require transfer to another hospital. So we do from time to time have challenges with workforce, particularly for those hospitals that are on the periphery, and, geographically, Shoalhaven would fit into that category. I know that the chief executive of the Illawarra Shoalhaven Local Health District is working tirelessly to ensure that their workforce is available. Those issues are ultimately addressed. As you can see across the State, over time the emergency department performance in New South Wales has been one of the best performances in the country.

We have met many of the challenges that we have seen in terms of that ever-increasing workload of patients coming through. Just prior to COVID we were seeing increases in emergency department activity of 6 and 8 per cent and we have raised this issue with the Commonwealth because what we are seeing is these changes occurring right across all of our hospitals. What it indicates to us is that the people who are coming to our emergency departments are not able to access care anywhere else. So we are the safety net. We are the place that is always open. We are the place that provides care and we do everything we can to ensure that people who turn

up to our services are treated with the appropriate waiting times and access, depending on the clinical conditions, and they receive the optimal outcomes from that care.

The Hon. BRONNIE TAYLOR: And also, too, Mr Secord, the Government has committed to the $434 million redevelopment of the Shoalhaven District Memorial Hospital. In November 2020 we announced that the project would be fast-tracked, bringing the total funding of the redevelopment to $438 million—so, another thing where we are delivering.

The Hon. WALT SECORD: Dr Lyons, in your answer you said that Shoalhaven hospital was "on the periphery". On the periphery of what?

NIGEL LYONS: When you start to look at the geography of the metropolitan area as you go out increasingly away from the centre of Sydney, you start to get more difficulty recruiting staff into those environments. That is what we have seen right across the State, as you have heard in the rural and regional inquiry. The further you get away from a larger metropolitan setting or from the coast, you find it difficult. Shoalhaven is on the coast but it is at the southern end of the district and further away from the centres where the greater population is. So you find it harder to recruit certain types of staff into those environments.

It has been compounded by the fact, as we have heard from our chief executives, that many of those services rely on the fact that we recruit doctors from overseas as part of the training for emergency positions. Those positions have not been able to be filled because of the closure of international borders. The other issue has been the fact that locums, who often fill in for short-term periods in those hospitals, have been available a lesser amount of time as well because there have been less of those available because of State borders being shut and also the issue around New Zealand and the flow of people between the two countries.

The CHAIR: Minister, on notice, would you be able to provide to the Committee a list of exactly which local health districts you have responsibility for?

The Hon. BRONNIE TAYLOR: Certainly. That would be the nine rural and regional local health districts, Chair, but I am happy to write those out.

The CHAIR: On notice, I will get you to provide the full list of those. In regards to those nine, are there any that have a situation whereby they pick up what might be seen or starts, perhaps, as a metropolitan area and then moves into what we generally understand as a regional area?

The Hon. BRONNIE TAYLOR: Absolutely, and that is why we are working through all of that.

The CHAIR: Which ones would they be?

The Hon. BRONNIE TAYLOR: You would look at some which border the Blue Mountains as well as into the Southern Highlands.

The CHAIR: You will give me the full nine, but if we take those two as a subset of the nine, who is going to have responsibility for those local health districts in terms of oversight as a ministerial responsibility?

The Hon. BRONNIE TAYLOR: Chair, I am the Minister for Regional Health in New South Wales. As sits within this Government at the moment, there are clusters. In this cluster now, instead of one Minister, there sits two. As I have said—I think three times on record today—there are senior lead Ministers in that cluster.

The CHAIR: That is—

The Hon. BRONNIE TAYLOR: If I may finish, the lead Minister is Minister Hazzard. I have worked very closely with Minister Hazzard over the last three years in mental health—

The CHAIR: You have answered the question.

The Hon. BRONNIE TAYLOR: —and we have done that very effectively, and we will continue to do that.

The CHAIR: So Minister Hazzard has responsibility for those.

The Hon. BRONNIE TAYLOR: No, Chair. With respect, please do not put words into my mouth. I am answering in the clearest way possible. What I have said to you is that we have not finalised the distribution of that but that the way we sit in this Health cluster—and regardless of if we did, I would seek advice from Minister Hazzard on numerous occasions, as I always have and as I will continue to do because the best interests of patient care is where we are all going from not about who has responsibility and who wants to do what. This is about the people of New South Wales.

The CHAIR: Minister, the issues of who has responsibility and who says what are two significant issues that there is a lot of interest in in terms of this new appointment of yours as the Minister for Regional Health. So do not underestimate the significance of those two questions as we look forward to respective responsibilities between you and Minister Hazzard.

The Hon. BRONNIE TAYLOR: Exactly the same as it has been with mental health, for which I have sat before this budget estimates committee for the last three years.

The CHAIR: Am I to take from what you have said that in terms of looking at your responsibility in this area we are to use the analogy of the way in which you have dealt with mental health as the way in which you will deal with regional health? Is that what you are saying?

The Hon. BRONNIE TAYLOR: I do not know how much clearer I can make this, Chair, but I will say it again. We are working through—in terms of the processes—the internal thing with the ministry in terms of how that is going to look with the Regional Health pillar with that internal structure. But what I would say is that if you or any of your colleagues have issues to do with anything in regional and rural health that you come and you raise them with me and my office, and we will deal with those accordingly.

The CHAIR: That brings me to my next question. Very shortly we will have Minister Hazzard and his budget estimates coming up next week. Is it the case that on questions to do with matters in the nine LHDs you say you have responsibility for that in fact we ought not or should not direct questions to Minister Hazzard?

The Hon. BRONNIE TAYLOR: I would never presume to suggest which questions you could defer to Minister Hazzard and I am sure that he would take all of them and answer them in the appropriate manner. I think that is really a matter for you what you choose to do there.

The CHAIR: If I have a constituent issue in a regional area as raised with me, are you saying and from your evidence you have given that under the new arrangement I need to direct that question to you as opposed to Minister Hazzard?

The Hon. BRONNIE TAYLOR: What I would say to you, Mr Donnelly, is I would very much welcome any inquiry that you have about any constituent that sits within regional and rural New South Wales to my office. If in the fact or the event that issue was raised with Minister Hazzard's office, Minister Hazzard's office will share that with my office and we will make sure that we get an appropriate response to the person, not worrying about whose office or who is in charge. Our officers speak multiple times on multiple days. I speak to Minister Hazzard multiple times a day.

The CHAIR: I am sure. On the issue of the appointments to the boards of the local health districts, our understanding clearly is that with respect to the signing off on those appointments to those boards, including the nine that you have responsibility for, the signing off is done by Minister Hazzard and will be done by Minister Hazzard into the future, not yourself. Do you have a different understanding?

The Hon. BRONNIE TAYLOR: Actually, Minister Hazzard and I have discussed that and we will sign that off jointly.

The CHAIR: With respect to the nine LHDs that you have responsibility for, the appointments to the LHD boards will be joint appointments; in other words, you and Minister Hazzard will, if I can use the vernacular, sign the paperwork. Is that what you are saying?

The Hon. BRONNIE TAYLOR: What will happen and that we have discussed recently—and there was a case recently; as I said, I have had the portfolio for 11 weeks—is that often those things in any capacity are jointly signed off and jointly discussed, but those recommendations come up through the ministry and they will be signed off.

The CHAIR: How can they be jointly signed off if there is only one—

The Hon. BRONNIE TAYLOR: Because there are two spots for two signatures on the brief.

The CHAIR: No. If up until now there was just one Minister, Minister Hazzard—

The Hon. BRONNIE TAYLOR: That is right and now there are two.

The CHAIR: So are you saying potentially there is the option with respect to—just to be clear, with the nine LHDs, as we proceed forward from your appointment, there will be dual signatures on those appointments. Is that what you are saying?

The Hon. BRONNIE TAYLOR: Yes.

The CHAIR: Okay. Can I just go to the question of the development of the forthcoming State budget, specifically the Health budget? What input are you having over the development of the Health budget for 2022-23?

The Hon. BRONNIE TAYLOR: I am having a significant input.

The CHAIR: What is that?

The Hon. BRONNIE TAYLOR: I am not going to discuss budget bids here in budget estimates.

The CHAIR: No, I am not asking you to.

The Hon. BRONNIE TAYLOR: I will be putting proposals forward, as is the appropriate way for any Minister, through the appropriate budget processes and Cabinet processes.

The CHAIR: To Minister Hazzard?

The Hon. BRONNIE TAYLOR: I will be putting forward budget bids, as I have in mental health, as I did in regional youth, as I do in women and as I now will in regional health. Minister Hazzard and I will discuss those, I hope. I hope to seek his advice and his contribution, with his wealth of experience and his wealth of knowledge, to put that forward. But in terms of the process, if I can maybe just explain it to you to elaborate—

The CHAIR: No, you have answered the question.

The Hon. BRONNIE TAYLOR: —each Minister is responsible to put forward their budget bids.

The CHAIR: You will be submitting it to Minister Hazzard. I understand what you have said.

The Hon. BRONNIE TAYLOR: No, I do not think you understand, respectfully. What happens when you are a Minister in the Government, you are responsible for putting forward your budget bids according to your portfolio.

The CHAIR: Correct.

The Hon. BRONNIE TAYLOR: I am the Minister for Regional Health—

The CHAIR: You are the junior Minister.

The Hon. BRONNIE TAYLOR: —and I will be putting forward—

The Hon. WES FANG: Point of order—

The Hon. BRONNIE TAYLOR: If that is what you want to play—seriously, if you want to try and demean me and my role as the Minister for Regional Health in your capacity as the Chair of this Committee, I am going to let that go. But I would suggest that you think about what you are saying.

The CHAIR: I am trying to understand. Minister, you have provided very different information to this Committee this morning. You have had the whole morning to explain to the Committee what essentially is the role that you have as a regional health Minister. You have had multiple questions directed to you to help us understand what that role is, and you have come up with diddly squat. All we know is that you have been appointed as the regional health Minister and there are nine LHDs that you have some responsibility for but we do not know precisely what they are. The only thing that you have told us in regards to those LHDs with respect to future appointments to the board is that you will be a co-signatory. That is all we have found out from you this morning about what your role is going to be as the regional health Minister.

The Hon. BRONNIE TAYLOR: Mr Donnelly, I would dispute that. Perhaps it is the way that you choose to listen and interpret that. I would just point out to you that I am the fourth most senior Minister in this Government in New South Wales. I am the most senior woman in this Government in New South Wales—

The CHAIR: It has got nothing to do with gender.

The Hon. BRONNIE TAYLOR: —so to try and patronise me in that way is unacceptable.

The CHAIR: Minister, do not play the gender card. It has got nothing to do with gender.

The Hon. WES FANG: Chair—

The CHAIR: I have indicated to you that you have had the morning to explain what essentially your role is, and you have utterly failed. That is what I am saying.

The Hon. BRONNIE TAYLOR: I would ask you to withdraw that comment about me playing the gender card, Mr Chair. I ask you to withdraw it.

The CHAIR: You are the one that raised it.

The Hon. BRONNIE TAYLOR: Are you choosing not to withdraw that?

The CHAIR: Minister, you raised it.

The Hon. BRONNIE TAYLOR: No, you did. You said I was playing the gender card.

The CHAIR: Because you put it on the table, Minister. You said you are the most senior female. You put that on the table.

The Hon. BRONNIE TAYLOR: And you said I was playing the gender card.

The CHAIR: You were.

The Hon. BRONNIE TAYLOR: I was simply stating the facts.

The CHAIR: Minister, you put that on the table deliberately.

The Hon. WES FANG: Chair, I am going to have to raise a point of order about you. I think that is obviously difficult under the circumstances.

The CHAIR: Please proceed.

The Hon. WALT SECORD: Cate, did you want to ask a question?

Ms CATE FAEHRMANN: No, I was going take a point of order as well and support the Minister's request that the accusation of playing the gender card be withdrawn, Chair.

The Hon. BRONNIE TAYLOR: Yes or no?

The CHAIR: If it is the will of the Committee—

Ms CATE FAEHRMANN: Saying that she is the most senior woman in this Government is not playing the gender card, with respect, Chair.

The Hon. WALT SECORD: To the point of order: I sat here quietly, did not intervene, did not interject and listened carefully. I tend to agree with the Chair that she was doing exactly as the Chair suggested.

The Hon. BRONNIE TAYLOR: Unbelievable, from the blokes.

Ms CATE FAEHRMANN: Thanks for mansplaining that.

The Hon. WES FANG: I have called the point of order. I think some of the commentary that was made of late was unhelpful. On reflection, Chair, you may view this footage or read back *Hansard* and you may regret some of the commentary. The Minister is giving you an opportunity now to address that in this forum. It might be helpful to you to address it as the Minister has requested.

The CHAIR: If the Minister took offence, I withdraw it. But I simply say that the Minister put it on the table.

The Hon. BRONNIE TAYLOR: Wow.

The Hon. SHAYNE MALLARD: That is a conditional withdrawal.

The Hon. WES FANG: Chair—

The Hon. WALT SECORD: The Chair withdrew. Let us move on.

The Hon. SHAYNE MALLARD: Point of order: The Chair conditionally withdrew. Just withdraw it and let us move on.

The Hon. WALT SECORD: You are not the Deputy Chair.

The CHAIR: I am very clear in my response.

The Hon. WES FANG: I understand. I just thought I would raise it.

The CHAIR: That is fine. The Minister deliberately put it into her response and I responded to it. It has got nothing to do with gender.

The Hon. WES FANG: Chair, there was some other commentary that you may reflect on. It was commentary about the way that the Minister had addressed her role. I raise the point that it is not the Minister's job to explain her role. The questions come from you and the crossbench and she addresses the questions that you

put to her. I think if you look back at *Hansard* you will see that every single one of those questions has been addressed. If there is not clarity in the minds of the Opposition and the crossbench as to her role, it would be down to the questions that you asked, not the answers the Minister gave. To blame the Minister for those answers, I thought was incorrect. That was something that I was going to raise as well.

The CHAIR: Sure. The position is that with respect to this morning there have been multiple questions to you, Minister, about trying to understand your new and important role so that we have a clear understanding—

The Hon. BRONNIE TAYLOR: Thank you for saying that it is an important role.

The CHAIR: Unequivocally. There is no question about that. We are trying to understand the role, with some precision, so that we do not find ourselves in a situation whereby matters are being taken off to the health Minister when in fact they should be directed to you. That is what people have been asking me time and again in the lead up to this hearing today, "Can we get some absolute clarity about what the new role is?" That is not me saying that; that is many people asking the question.

We are trying to get some clarity around what the role is so that we do not actually have this inability to be able to direct people—stakeholders or community groups or whoever you might like to describe—to which Minister. All I am trying to say is that if your response is that there are nine LHDs that are essentially your bailiwick then that is what we will take back to people. We will say, "These are the nine LHDs that if you have got matters to do with health questions or health issues, they all go back to Minister Taylor," if that is what the position is.

The Hon. BRONNIE TAYLOR: Mr Chair, I have said numerous times during this inquiry—and *Hansard* will provide very clear evidence of that—that if you have an inquiry about rural and regional health matters, you bring them to the regional health Minister. I have said that numerous times today. How you choose to interpret that and then bring that back to this Committee is a matter for you. But that will all be reflected in *Hansard* today.

The CHAIR: It is not me at all; it is what people are asking.

The Hon. BRONNIE TAYLOR: I think all of the comments made today will be clearly reflected in *Hansard*, and I look very forward to reviewing those.

The CHAIR: That is very good. Next week when we have Minister Hazzard, we will be putting to him the very clear demarcation that you have established today—that is, there are nine LHDs that you have responsibility for and if we have matters to do with health with respect of those then they are matters that we do not direct to him, but we direct to you.

The Hon. BRONNIE TAYLOR: I said to you very clearly, Mr Chair, that even if you did direct those questions to him, our offices would communicate on that because that is what we do in government.

The CHAIR: Yes.

The Hon. BRONNIE TAYLOR: A lot of people will say to you as well, "Isn't it great that now we have two Ministers in that cluster instead of just one?" I look forward to continuing to work with Mr Hazzard and I invite you to ask Mr Hazzard any of those questions. I am sure he will provide you with appropriate answers. But going forward—

The CHAIR: It seems to me there is no point in directing questions—

The Hon. BRONNIE TAYLOR: —we work very closely together and any questions that you have on regional or rural health, you can direct to me.

The CHAIR: That is the point. We just want that clarity.

The Hon. BRONNIE TAYLOR: Well, I cannot say it any more times than what I have, Mr Chair.

The CHAIR: I will pass the questioning over because time has nearly expired. But you need to understand that this is a very critical question that is being asked by a lot of people to get clarity about.

The Hon. BRONNIE TAYLOR: And I have answered it, Mr Chair. I have answered it.

The CHAIR: So it is the nine LHDs. We understand.

The Hon. BRONNIE TAYLOR: I have answered your question numerous times.

The CHAIR: I understand—the nine LHDs. That is your position.

The Hon. BRONNIE TAYLOR: I do not think this is the headline you want.

Ms CATE FAEHRMANN: Thank you, Minister. I just had some questions about paramedics now, after all that.

The Hon. BRONNIE TAYLOR: Okay.

Ms CATE FAEHRMANN: I wanted to ask about patient transport services. I am hearing from the Australian Paramedics Association that a lot of their members in regional New South Wales are transferring patients because there are not enough patient transport services, if you like, or patient transport officers. They are filling in the gap. I understand patient transport services do not run for 24 hours. They typically operate from 6.00 a.m. to 10.00 p.m. or midnight. We know that there is a severe shortage of paramedics in regional areas. Firstly, have you got before you any kind of brief on the lack of funding for patient transport services? Are you aware of that?

The Hon. BRONNIE TAYLOR: So two different things there: patient transport and paramedics.

Ms CATE FAEHRMANN: They are two different things.

The Hon. BRONNIE TAYLOR: Can I go to paramedics first, or do you want me to go—

Ms CATE FAEHRMANN: It does not matter. You can see they are linked. You can see their link.

The Hon. BRONNIE TAYLOR: Yes, I can.

Ms CATE FAEHRMANN: Patient transport services first.

The Hon. BRONNIE TAYLOR: I think you are exactly right. I think that the difference with patient transport, obviously, is if people do not need that paramedic on board and that ambulance staff to be able to transport patients if they have a low acuity and it is safe to do so, we will use patient transports services instead of an ambulance. In terms of paramedics, I recently went to the graduation and where we were seeing—I cannot remember the exact numbers. We had all of those new graduates, many of which are going into rural and regional communities. I am really excited about that. It was terrific to speak to them, terrific to hear about how they wanted to do that. Actually, a lot of them had done their final component, which is their practical component at the end of their four-year paramedicine degree, in the regions, so that was really fantastic. But in terms of patient transport and paramedic ambulance transport, Dr Lyons, would that come to you?

NIGEL LYONS: In terms of paramedic numbers, I might defer to Mr Minns, and I can come back and talk about patient transport services.

PHIL MINNS: In a general sense, the Government announced three years ago that they were going to enhance the paramedic workforce with 700 additional paramedics and 50 control centre staff. So in 2018-19, 213 paramedics were onboarded, and 13 medical emergency call takers.

Ms CATE FAEHRMANN: Sorry, Mr Minns—is this for the whole State?

PHIL MINNS: It is for the whole State.

Ms CATE FAEHRMANN: Thank you.

PHIL MINNS: But in that first tranche, that first year, there were additions in regional settings: Belmont, Ettalong, Evans Head, Toronto, Wagga Wagga, Bulli, Dapto, Bay and Basin, and Berry. In 2019-20, 209 paramedics were brought on, and a further 12 call takers.

Ms CATE FAEHRMANN: Thank you. Maybe I will get you to provide the rest on notice, if that is okay, because that is very useful. One of the things I am getting at with this question is studies have found—I have a study in front of me into the Northern LHD that has found that investing more in patient transport services comes at less cost to NSW Health than into more paramedics. Are you are aware of that as well? If NSW Health or the Government invested more in patient transport services, instead of taking up paramedics' time, that would actually be at less cost to the budget than increasing—not saying not to increase paramedics, but patient transport services will also need to have more investment.

The Hon. BRONNIE TAYLOR: You are exactly right in terms of patient transport services, and that is why the investment is there and that is why the decision is there, because when you are taking ambulances—

Ms CATE FAEHRMANN: What is the decision that is there?

The Hon. BRONNIE TAYLOR: Years ago when we started patient transport services in terms of when we used to always transfer via ambulance, because you are taking those ambulances off the road, those trained paramedics, in situations where that person does not need that level of care in terms of transport. You are absolutely right. Does it make sense? Yes. Is it something we are very focused on? Absolutely.

NIGEL LYONS: It is. Just to expand a little bit on patient transport, it has been a significant investment in our system over many, many years and has increasingly been invested in. But there is a distinction between, as you know, the emergency response for paramedics and the need for them to be 24/7 and the work we do with our patient transport services, which is usually scheduled and organised and mostly focused around transporting patients between hospital services where they are already receiving care. That usually is an organised approach and is organised between the receiving hospital and the hospital that is sending the patient.

Those arrangements usually occur during working hours or extended hours. They are not things that usually would run 24/7 or necessarily overnight, where there would be less requirement for those sorts of patient movements. These things are monitored very closely. The investment that is made in patient transport services has continued to increase. That is because the activity of moving patients for definitive treatment to higher levels of care has increased over time. We are very conscious about monitoring that, and we do not want to use the ambulance service for things that it should not be used for. We want to make sure that the response from the ambulances is available for local communities and that they are not off doing a patient transport to a distant town.

The Hon. WES FANG: Chair, can I just raise a point, if that is okay. I note that the time is now 12.45 and the Government was to reserve 15 minutes at the end. I understand Ms Faehrmann is only part way through her time. I foreshadow that Government members will not ask for their time. Perhaps, given the debate that was happening earlier, Ms Faehrmann's time could be allowed to be finished before we actually call an end to the hearing, if that is okay.

The CHAIR: I think that would be appreciated. Thank you.

Ms CATE FAEHRMANN: Thank you. I appreciate that. To continue the questions around paramedics, I understand that for regional paramedics to train as extended care paramedics, which are very valuable paramedics in the regions, they have to be trained in Sydney. There is nowhere for paramedics to be trained as extended care paramedics outside of Sydney. Is that right?

NIGEL LYONS: I do not know the answer to that, sorry.

Ms CATE FAEHRMANN: I have information before me, which is that they are only trained at the Nepean Clinical School and Nepean Hospital. That is an unacceptable situation, surely. You can imagine how difficult it is for so many regional paramedics to then choose if they wanted to become extended care paramedics—again, we need more of them—if they need to somehow make their way to Sydney to do that training. That is a huge barrier, Minister.

The Hon. BRONNIE TAYLOR: I am not completely sure I take your word for it, that that training is not available. I appreciate and I do understand about the barrier about accessing that sort of education when you cannot access it locally. What I will say, however, is that when you need that expert training and if it is in one place and that is where the majority of that training is going to take place and the majority of the exposure and the ability to get that paramedic up to that level of, as you said, advanced life support and that, obviously I want to see that training done in the regions if I can. But if we are going to get the best outcomes to bringing people into a metropolitan area to train them, then what we have to make sure is that they are able do that, that their families are looked after, that we are able to fill those shifts and make sure that we make it as easy for them to be able to do that as possible.

I take your point on board. I think that—to be able to train as many people locally as we can. That is why it was wonderful to see when we saw those—it was 153 new graduate paramedics and, out of that, 63 were going to the regions. What they actually did was they allowed them to do that practical component in the regions, which was really wonderful and which is more of what I want to see. But I completely take your point on board. May I take that part of the question on notice in terms of that training?

Ms CATE FAEHRMANN: Yes, take it on notice or commit to having a look at whether it is just Nepean Hospital.

The Hon. BRONNIE TAYLOR: Absolutely, I will have a look at it. What I will commit to is getting back to you on that as well.

Ms CATE FAEHRMANN: Thank you, Minister. I probably just have one more question on paramedics. This is in relation to intensive care paramedics. I have heard again from the Australian Paramedics Association that NSW Health prefers to limit intensive care paramedics to one intensive care paramedic per station. Is that correct? Is that policy? I am not too sure who to direct that to. Mr Minns?

PHIL MINNS: I think it is a question that we would need to put to NSW Ambulance. They have a pattern or a methodology for how they work out where they think intensive care paramedics should be located. If you look at the current status at December 2021, there were 326 ICPs in regional New South Wales and 385 in

the metropolitan area of Sydney. In this year's budget and over the forward estimates, there is a funded objective to convert a further 246 paramedics to new intensive care paramedic positions. Two hundred and three of those, based on the methodology, are earmarked for regional areas.

Ms CATE FAEHRMANN: Thank you, that is very useful. I have got a bunch more questions on this but I can put some of those on notice and ask those this afternoon. I am happy to leave it there, Chair.

NIGEL LYONS: Chair, before we break, there is a bit of clarification around Leeton, which I can provide you now because I have got a response.

Ms CATE FAEHRMANN: Great.

The CHAIR: That would be great.

NIGEL LYONS: The name change for Leeton Health Service occurred in 2016 so it is not a recent change. It has been known as Leeton Health Service since 2016. In relation to stopping the advertisement for the career medical officer, that advertisement has been withdrawn because it has been running for two years with no result. The decision has been made by the district to upgrade that position to a rural generalist position, which is actually a better position than a career medical officer. It is actually an enhancement and a commitment to a better service for the Leeton community.

In relation to Mr Secord's comments about the Eurobodalla site and its sale, it has not been finalised yet. To be clear about the process, there have been ongoing negotiations with the person who owns that land. They have not been able to reach agreement. There has now been notice provided to the owner that the resumption of the land will occur under the land acquisition—just terms legislation. If that is not resolved prior to about mid-April, then the land will be resumed under that legislation. It will be resolved shortly. Just to ensure that people are not thinking that that is delaying the project, it is not creating a delay to the project. Early works are envisaged on that site by later this calendar year. I just wanted to make sure those things were clarified.

The Hon. WALT SECORD: Thank you, Dr Lyons.

PHIL MINNS: I have one more clarification about the location of training. I have just been advised by the chief executive of NSW Ambulance that the four-year funding that I mentioned to convert 246 paramedics to ICPs will provide an opportunity to undertake some training in regional hospitals as well as metro.

The CHAIR: Minister, upon reflection, in terms of the exchange that I had with you one-on-one earlier, if there was any confusion about what I was doing, I was not reflecting on you personally. I do apologise if that is the way that it came across.

The Hon. BRONNIE TAYLOR: Thank you for your apology, Mr Chair. If I may add two final things, Mr Chair, with your indulgence?

The CHAIR: Yes.

The Hon. BRONNIE TAYLOR: In the interest of transparency, I want to thank the Committee. I raised with you yesterday to excuse the three Health members from the Committee this afternoon because of the unfolding situation that we have within New South Wales. Your response to me was that you wanted some of them to remain, so two out of the three will remain; Ms Koff will be leaving. But I ask the Committee to please take into consideration that this is not politics, this is not a game; this is actually a genuine request because of the pressure that they are under. Dr Lyons actually shredded two tyres on the roads on the way up here yesterday with the way it was.

The other thing I would like to quickly note—and I am sure that you will share my sentiments, Mr Chair—is the enormous gratitude that all of us as public servants of this State have to Elizabeth Koff for her incredible leadership as the Secretary of Health. This is her last budget estimates hearing; her final day will be tomorrow. She has been an absolute stand-out in terms of her leadership and her personal workings with me. My office and I have an enormous respect for her. I think the people of New South Wales, and the Government of New South Wales, owe her an incredibly great debt.

The Hon. WES FANG: Hear, hear!

Ms CATE FAEHRMANN: Hear, hear!

The Hon. SHAYNE MALLARD: Hear, hear!

The CHAIR: I will add to that. You have, in fact, done that in a very timely fashion because both of you will not be available this afternoon, which has been agreed to. Ms Koff, we really do appreciate the contribution you have made to the body politic here in New South Wales, not as an elected representative but

rather a key person at the most senior level within the government, in terms of a department that is very, very significant—effectively one-third of the State budget, one-third of what government does in New South Wales. I have found you to be a highly professional individual. I do not know how many budget estimates you have been—

ELIZABETH KOFF: A few.

The Hon. BRONNIE TAYLOR: Too many!

The CHAIR: Perhaps that will not be something that you regret, not having to appear before budget estimates. I have always found you to be a straight shooter, if I can put it that way, and highly professional. If there have been matters that need to be clarified, you have been very efficient in the way you have done that, either on the day or for the follow-up with respect to answers to supplementary questions or questions on notice. We all offer you—not just this Committee but, I am sure, all members of the House—our very best wishes for what I presume is a retirement, or at least a semi-retirement.

The Hon. WALT SECORD: What!

The Hon. WES FANG: No, no!

The CHAIR: Perhaps a busy person like you will not retire like that. I am sure you will have other roles. I do not imagine a person like you would just sit around. As I said, on behalf of everyone here I thank you very much for the contribution that you made to health at the highest level in this State. Thank you very much.

ELIZABETH KOFF: Thank you, Mr Donnelly. It is much appreciated.

The Hon. WES FANG: History will record the work you did to keep us safe. Thank you.

ELIZABETH KOFF: Thank you.

The CHAIR: Hear, hear! We will break for lunch and be back at 2.00 p.m.

(The Minister and Elizabeth Koff withdrew.)

(Luncheon adjournment)

The CHAIR: Good afternoon and thank you to the witnesses for coming back this afternoon. I appreciate that there is a lot on your plate, but there are a number of matters that we would like to traverse with you this afternoon. There are other members returning to the table on a rotational basis. Joining us this afternoon is the Hon. Lou Amato. We will get underway with the members who are present. We will commence with the Opposition. To clarify at the beginning, without reflections on the bearing of the people at the table and the different roles that you have, Dr Lyons, are you effectively the lead this afternoon, if I can use that phrase? Should we be directing questions to you in the first instance or should we direct them to the relevant person?

NIGEL LYONS: I am fine with that if the Committee is happy with that, Chair. I can help by assisting with whoever we refer those questions to.

The CHAIR: If it is obvious that a question is directed to a particular individual, it can go to that person, but if there is ambiguity perhaps you can take that role. Thank you very much. That will be facilitative.

The Hon. WALT SECORD: I want to take you back to this morning when we talked about the demarcation or allocation of responsibilities between the Minister for Health and the Minister for Regional Health. For an area of responsibility like the Centre for Aboriginal Health, would that remain under Minister Hazzard or would it transfer to Minister Taylor, Dr Lyons?

NIGEL LYONS: As Minister Taylor indicated this morning, the conversation between her office and Minister Hazzard's office is ongoing around the arrangements that are put in place to support her in her role as Minister for Regional Health and Mental Health. We have indicated right from the outset that all of the resources of the Ministry of Health are available to both Ministers in respect of the roles that they take in their portfolios so that if there are any aspects that relate to Aboriginal health, of course, the Centre for Aboriginal Health would be able to respond to any questions or support Minister Taylor in relation to the issues that she might have there as well. The way that the department is going to be structured to support the Ministers in their roles is yet to be determined. At the moment what we are saying is that we are there to support both Ministers and we will respond to any questions or provide support to either of them or their offices.

The Hon. WALT SECORD: I remember that during my time as chief of staff and director of communications over a 15-year period there would be the allocation of DLOs and PLOs—I am not sure what they are called anymore. I think they are department liaison officers. Would there be a doubling of advisers between Minister Taylor and Minister Hazzard? Would they both get DLOs to carry out Health work?

NIGEL LYONS: Minister Taylor has been the Minister for mental health previously. From the point of view of the support the ministry provides, I do not think that there has been any change to the support that the office is receiving from the Ministry. Would that be right, Phil?

PHIL MINNS: It might be best to take it on notice.

NIGEL LYONS: We might take it on notice to be absolutely clear. We have provided support previously to Minister Taylor's office because she was the Minister for mental health, so the arrangements continue.

The Hon. WALT SECORD: I accept that Mr Minns has taken the question on notice, but what happens currently? Is there a Health DLO in Minister Taylor's office as well as a Health DLO and one or two in each office currently? That is not something you would need to take on notice. You could probably tell me right now.

PHIL MINNS: They have ministerial office staff, but I am not completely familiar with how that responsibility is allocated within the office. It is a question that I would need to put to the Minister's chief of staff.

The Hon. WALT SECORD: When it comes to policies like getting overseas doctors and overseas-trained nurses, who would have responsibility for materials like that? They are in rural health but they involve inter-jurisdictional activity.

PHIL MINNS: From the ministry's perspective, we would be providing advice, when requested, to the Minister or Ministers and after that it is really a matter for the two Ministers.

The Hon. WALT SECORD: Do other States and Territories have Ministers for rural or regional health? Do you know, Dr Lyons?

NIGEL LYONS: I do not know off the top of my head, Mr Secord. We could ascertain that for you. I have not taken a close interest in the arrangements in other States or the ministerial portfolios.

The Hon. WALT SECORD: When it comes to setting up ministerial councils—I know that Australian, New Zealand and State and Territory health Ministers come together for various issues, and from recollection New Zealand is tossed into that occasionally when things happen. Would Minister Taylor accompany Minister Hazzard to those?

NIGEL LYONS: The Australian Health Ministers' Advisory Council no longer exists. I think that is the organisation or meeting that you are talking about. There were governance changes in the COAG arrangements some 12 or 18 months ago and those arrangements no longer exist. There is in its place a meeting of the health chief executives and also a meeting of the health Ministers. Usually at the health Ministers' meeting, as has previously been the case—because Minister Taylor has been the Minister for mental health—the Minister for Mental Health does not attend all of the meetings of the health Ministers. But she has attended a number of meetings where there were particular issues that were relevant to Mental Health. How that relates to the role of the Minister for Regional Health will need to be worked through with the Ministers and then I am sure the appropriate representation from New South Wales will occur.

The Hon. WALT SECORD: Mr Minns, just for clarity, do you still handle workforce issues?

PHIL MINNS: Yes, I do, Mr Secord.

The Hon. WALT SECORD: How many people work in the Department of Health in ministerial liaison or executive management that relates to the Minister?

PHIL MINNS: I need a bit more clarity on the question.

The Hon. WALT SECORD: I am not completely familiar with the structure because I have moved on to Police, but I have kept a passing interest in Health. There used to be an executive branch in various departments that was responsible for ministerial correspondence and supporting the Minister. What is the size of NSW Health's ministerial support unit, if it is called that? If it is not called that, can you tell me what it is called?

PHIL MINNS: We have a branch called Executive and Ministerial Services.

The Hon. WALT SECORD: Yes, that is what I mean.

PHIL MINNS: Someone will send me a text with the exact number of staff that are in it, but I think it is in the 40s.

The Hon. WALT SECORD: If you need to take it on notice, I understand, but can you give me the number one month before the appointment of Minister Taylor and how many people will be there on 3 March, as at close of business today?

PHIL MINNS: Yes, I can do that, Mr Secord, but I am not aware of any increase.

The Hon. WALT SECORD: But can you check just in case it has occurred?

PHIL MINNS: Yes.

The Hon. WALT SECORD: I would like to go to the Chief Psychiatrist and back to seclusion and restraint. Can you explain the definition of a restraint event?

MURRAY WRIGHT: A restraint is any kind of action that impedes the movement of the consumer.

The Hon. WALT SECORD: So it can be physical, mechanical and chemical. Is that correct?

MURRAY WRIGHT: Yes, it can.

The Hon. WALT SECORD: Physical can be staff holding down a person?

MURRAY WRIGHT: Yes.

The Hon. WALT SECORD: Mechanical can be handcuffs or physical restraints?

MURRAY WRIGHT: We do not use handcuffs.

The Hon. WALT SECORD: Straitjackets?

MURRAY WRIGHT: We do not use straitjackets. You can have—

The Hon. WALT SECORD: Straps?

MURRAY WRIGHT: Yes.

The Hon. WALT SECORD: The last one is chemical.

MURRAY WRIGHT: Just a clarification, in terms of what is classified as restraint, sedation is when medication is used to manage people who have severe behavioural disturbance. That is for a range of reasons not classified as restraint because the process which sedation involves is using medication which also has therapeutic purposes. It is actually impossible to differentiate the degree to which, in some instances, that action is a therapeutic action to treat the underlying condition versus a sedation to manage behaviour. We try to separate out that component of treatment so that we can have, if you like, a very clear focus on what is undeniably a form of restraint.

The Hon. WALT SECORD: When you begin the timing of duration of restraint, it says the average duration of physical restraint is five minutes.

MURRAY WRIGHT: Yes.

The Hon. WALT SECORD: How does that differ from what is occurring at Concord where it says:

> The average duration was longer than four hours in 11 hospitals: Concord (24h 21m), Cumberland (22h 44m), Hornsby (18h 54m), Nepean (18h 38m), Liverpool (17h 27m), Coffs Harbour (9h 35m)—

which is the country hospital—

> Prince of Wales (8h 6m), Royal Prince Alfred (7h 41m), Lismore (6h 55m)—

second country hospital—

> Blacktown (5h 5m) and Bankstown-Lidcombe (5h 3m).

Again, this morning I asked a number of questions but I did not feel that we actually got to the nub of it. Why would all of those hospitals range between 24 hours to five hours restraining someone? Does that mean that someone is in straps—your word—for up to 24 hours at Concord? What would be the situation? Would you not give someone an injection to relieve the anxiety or the aggression? Why would someone be strapped up for 24 hours? Would that not be inhumane and does that not sort of violate international benchmarks and that?

MURRAY WRIGHT: As a clarification, Mr Secord, I did not say they would be in straps for that period of time. A restraint can be as simple as placing a hand on someone's shoulder to manage their behaviour all the way through to the application in really severe cases of restraints, such as mechanical restraints. The rate of the utilisation of mechanical restraints as opposed to physical restraints—a physical restraint is the laying of hands in order to manage, and that is generally considered the least intrusive kind of restraint.

The Hon. WALT SECORD: Just so I have clarity, you are saying putting a hand on someone's shoulder constitutes restraint in New South Wales?

MURRAY WRIGHT: It can because you are basically—

The Hon. WALT SECORD: I do not think someone is holding someone's shoulder for 24 hours and 21 minutes.

MURRAY WRIGHT: I cannot tell you precisely what they were doing, Mr Secord, but I think the image of someone being strapped for a prolonged period of time is not one that I would necessarily agree with either. I think there is a range of things that happen which constitute restraints. I need to be clear that the use of restraints is something that I would like to see disappear, and I think in those prolonged instances, as I mentioned this morning, when we try and understand what is behind some of the high levels of seclusion, the same applies to restraints. We want to understand why a particular service seems to either be using it more often or have a more prolonged application of restraint. Until we have that conversation, anything that I would say about it would be speculative and likely to be missing the point.

Can I just say, though, that in my experience, both with seclusion and restraint, the staff are as distressed about having to resort to these things as the consumers. It is not something that anybody feels that they want to prolong for one minute longer than they have to, and there are some quite challenging and challenging over prolonged periods situations that our staff face in those environments. If someone is in any kind of restraint and has their physical movements impeded for a prolonged period, that is not something that I feel good about and we certainly want to reduce that as much as possible. We have people in hospital to try and help them to recover and those kind of instances set that recovery back. Sometimes it is for that person's own safety, but we need to be absolutely clear that all other possibilities have been exhausted and that the unit that they are being managed on has every opportunity to engage with strategies to reduce that kind of intervention.

The Hon. WALT SECORD: This is the third estimates that I have been aware of where the Opposition asked questions about seclusion and restraint. I know that a number of years ago my colleague Anthony D'Adam asked some questions and this is my second round of budget estimates to ask about seclusion. Something has clearly been happening at Concord hospital for the past three years to have numbers beyond 24 hours for people being physically or mechanically restrained. Have you done or instigated, or has the department done, any reviews into what is happening at Concord? I know that the outgoing Health secretary referred to it several years ago as an outlier and BHI provided independent data. That is what I am basing that on. Have you done any reviews or investigations into what is happening at Concord?

MURRAY WRIGHT: The short answer is yes. The longer answer is that, as I mentioned this morning, it is a part of the routine performance review process between the ministry and the district and it has been on the agenda for quite some time. There are some aspects which are longstanding and there are some aspects which are fairly unique to the current circumstances. One of those issues is around the impact of the pandemic.

The Hon. WALT SECORD: The pandemic did not occur three years ago, sir.

MURRAY WRIGHT: I am referring to the July to September quarter last year, which are the last figures that we have. You will of course be aware that at all of our acute inpatient units, all of the staff, are in PPE for the duration. PPE actually impedes the therapeutic engagement between clinical staff and patients, and it has been an observation around a number of the different district, not just Concord, that they have all experienced increasing levels of complexity and challenge. This is a real issue, Mr Secord; it is not a manufactured explanation.

The Hon. WALT SECORD: No, I understand. I guess I am trying to—

MURRAY WRIGHT: That is one part of it.

The Hon. WALT SECORD: I guess I am trying to get to the point, and you alluded to it: Did we unfortunately have a situation during COVID where people who were in extreme acute situations were physically, chemically and mechanically restrained for much longer periods of time under psychiatric care due to COVID? Did we have that happening? I think the answer that you alluded to was that, yes, we did.

MURRAY WRIGHT: No, I do not think that is correct, Mr Secord. That is not what I am saying. What I am saying is that there are a whole range of things which have occurred because of the pandemic and that a number of our units reported that they were confronted with a range of more challenging situations which did lead to an increase in the use of seclusion and restraint. The management at Concord have not sat idly in relation to this. They have been engaged with the Mental Health Patient Safety Program. There is a working group which is looking at a model of care, which has been introduced in some other interstate facilities, called a behaviour of concerns response. It is aiming to identify individuals early who might end up with either restraint or seclusion and trying to implement that in a couple of their units as a way of trying to bring down what they also would agree is an unacceptably high rate of seclusion and restraint.

The comments about the role of the pandemic and how it has affected the interaction between staff and patients is offered as an explanation of why it has been even more challenging over the last 12 months or so. It has not stopped them from trying to improve their performance. They have also taken on the Six Core Strategies, which is a program that is designed to reduce the use of seclusion and restraint in many facilities as well. So they are trying to address it, and we are trying in various ways to assist them to address that.

NIGEL LYONS: Mr Secord, can I reassure you that the BHR report for October to December 2021, which will be released shortly, highlights that both the numbers of seclusion and the numbers of restraint have gone down across the system, and that Concord Hospital is no longer an outlier on statistics.

The Hon. WALT SECORD: This is the next set of data?

NIGEL LYONS: That is right.

The Hon. WALT SECORD: I apologise.

NIGEL LYONS: Looking at this data in a three-monthly batch will draw attention to certain things and it may look a certain way, and then the performance needs to be reviewed over time as well.

Ms CATE FAEHRMANN: Dr Wright, I know we have talked about this in the past but I want to ask you about the use of psilocybin, as well as MDMA and other currently illicit drugs, in the treatment of various mental health issues, from anxiety to depression to PTSD and others. Are you aware of research being undertaken, or potentially going to be undertaken, in Australia and New South Wales and Sydney on this?

MURRAY WRIGHT: My understanding is certainly that there is a group in Victoria that embarked on some study. I think there has been a group associated with Macquarie University that might be doing it in New South Wales, but I do not know any details around that.

Ms CATE FAEHRMANN: It is getting more pick-up within the medical research space in this country.

MURRAY WRIGHT: Yes.

Ms CATE FAEHRMANN: Globally it has gone ahead in leaps and bounds. The Australian Government's Medical Research Future Fund has just given a total of almost $15 million to seven clinical trials which are testing the use of these breakthrough combination therapies. I understand from the information I have that it includes two trials in Sydney for psilocybin and MDMA. As the chief psychiatrist, have you been briefed on the potential of this treatment yet?

MURRAY WRIGHT: I am aware of the potential for the treatment. I am also very aware of the international interest and what I would consider are some very promising indications for their use, in particular for diagnoses. I think the issue which everyone is waiting for is around the safety. That is why there is a degree of caution about the potential positive effects of these drugs, particularly in psilocybin-guided psychotherapy for conditions like PTSD. There is some strong evidence from the US in relation to this, but are there any harms that we are not yet aware of that a properly constructed study might bring to our attention?

Ms CATE FAEHRMANN: Are you aware of any studies internationally on this psychedelic-assisted therapy that have indicated that there have been any risks or harms as a result of that?

MURRAY WRIGHT: No. As I said, it is promising.

Ms CATE FAEHRMANN: It is so effective, and research studies have shown how effective it is at treating really long-term clinical depression. Some people have been clinically depressed for a couple of decades. They try this treatment and it is astounding in that after two assisted treatments, they are kind of cured in some ways. I think I have given your Minister some of this information. In terms of the risks, isn't it true that it is replacing the huge risks in terms of opioid addiction and other prescription drug addiction that people with some of these issues are unfortunately in the grips of?

MURRAY WRIGHT: It is around some of the secondary morbidities that people experience because of the risk of self-medication through inappropriate use of things like benzodiazepines, opiates, alcohol and other drugs.

Ms CATE FAEHRMANN: As a result of their trauma?

MURRAY WRIGHT: As a result of the fact that they are still symptomatic and that the treatments that have been made available do not always help them. I am encouraged but I am also beholden to the scientific method, and that is that there does need to be a carefully considered and controlled trial which convinces everybody that not only is there benefit but that there are no significant risks. In medicine we have certainly had

enough experience of introduction of treatments which have clearly had benefit but over time have exposed very significant risks. We really do not want to go down that pathway again.

Ms CATE FAEHRMANN: When you say "go down that pathway again", can you explain what you mean by that? Which had significant risks?

MURRAY WRIGHT: Barbiturates are a pretty useful example. That was everyone's favourite medication in the 1950s and the early 1960s, and they are no longer in use because they are dangerous. Benzodiazepines, when they were first introduced, were thought to be without harms and now all of us know that they do have harms. And it has particularly addictive potential and tolerance. When the long-acting opiates were introduced in the late 1990s, the marketing of them was that because they are long acting there is a lower addictive potential—not true. That is why we ended up with the opiate crisis. It is quite easy to understand why particularly people who have chronic and disabling conditions are focused on the potential benefits of any treatment, and so am I, but we have to make sure that it does not have risk.

Ms CATE FAEHRMANN: One of the big differences to the two examples that you have just given is the fact that these are used in a therapeutic environment with professionals, people who are trained in providing that therapy. We are not talking about drugs that are prescribed via a chemist and people go home and they are on them every day of the week for however many months or years. We are talking about several treatments with a psychiatrist or somebody who is trained, and the research has shown the extraordinary benefits after a couple of treatments. That is the big difference, isn't it, between the barbiturates and the benzos that you have talked about in terms of addiction and risks?

MURRAY WRIGHT: They all have differences between them. But I need to be clear that I am not hostile to the idea of a role for these treatments in psychiatry. What I am very cautious about, particularly in this role, is a premature endorsement of something that has not been thoroughly tested and does not just have benefits but has potential risks. I am, just as much as anybody, looking forward to having better treatments available to those individuals who really do suffer from these chronic conditions.

Ms CATE FAEHRMANN: So you will be looking closely at the results of the recently funded MRFF trials?

MURRAY WRIGHT: Not only that, I am very tuned in to the international literature as well.

Ms CATE FAEHRMANN: Excellent.

MURRAY WRIGHT: I think it is an accumulation of evidence, which will then persuade us gradually that this is something which really has merit and low risk.

Ms CATE FAEHRMANN: That is very positive, Dr Wright, I have to say. Thank you for that exchange.

MURRAY WRIGHT: Thank you.

Ms CATE FAEHRMANN: I go to the issue of midwives again, now that we have a bit more time without the Minister here. What are the concrete steps that are being taken by the department to get more trained midwives into regional New South Wales, in terms of what that plan is?

MURRAY WRIGHT: Midwives can enter training two ways. There are graduate midwives doing a specialist midwife degree. We are not seeing the levels of people graduating at the level we would like. So it is about encouraging—

Ms CATE FAEHRMANN: What is the salary for midwives?

MURRAY WRIGHT: I would need to look up their starting salary. I will be able to do that.

Ms CATE FAEHRMANN: Thank you, yes.

MURRAY WRIGHT: The other way that we get them, and the way we used to traditionally get them, was through what we call a mid-start program. There are scholarships that we make available for a registered nurse already in our system to undertake the training to become a midwife. Those scholarships encourage and they are directed towards rural and regional and they have an effect. The point that we make to the districts is that they probably have to look at that conversion model as their long-term strategy for regrowing their midwifery workforce, rather than hope that the graduate program of the universities is going to meet their future needs. So, it is essentially those scholarships and if you give me a moment I can look up their value and how they operate.

Ms CATE FAEHRMANN: Does the Government have a target within a plan to increase the number of midwives in regional areas?

MURRAY WRIGHT: Broadly speaking, yes. In the commitment made by the Government in 2019 to an additional health workforce, I think it was 8,300, in that total there was a number that were nurses and there was a number that were midwives.

Ms CATE FAEHRMANN: If it could be taken on notice, the numbers of that plan in terms of the targets, if you like. I am assuming it is in the forward estimates in terms of how many and then maybe how many have been recruited during the last two years. That would be useful too.

MURRAY WRIGHT: Okay.

Ms CATE FAEHRMANN: On a similar vein as well, I know we have talked about this in the Rural Health Services Inquiry but this is in relation to rural generalists. So what the plan is, obviously that has come up. Massively you are very well aware of the situation there. What are the kinds of goals around getting more rural generalists into our regional areas?

MURRAY WRIGHT: Basically to increase them.

Ms CATE FAEHRMANN: Yes, I know.

MURRAY WRIGHT: And to make the idea of rural generalists across the different disciplines attractive.

Ms CATE FAEHRMANN: Increase them, do you have a target?

MURRAY WRIGHT: I would need to consult my notes if there is a precise target.

NIGEL LYONS: If I can talk about. We heard some of the evidence during the inquiry about some of the work the districts are doing to address the barrier to rural generalist training and the example was given around the Murrumbidgee, looking at that single employee model, which is a problem because at the moment the doctors come out of university. They get their first pre-vocational years as employees of NSW Health. If they are entering into general practice training, they have had to go out and then be employed in general practice while they undertake that training. So there are multiple shifts in employment models.

By having a single employer model, it is about that continuity, about access to benefits that exist from us being a big employer and us setting up a pathway that enables people to get the training whilst they are in the employment of NSW Health. Those models are being explored at the moment. We are very keen to expand them and look at how much they can benefit these pipelines of getting young doctors through training in rural environments and working in those rural environments as rural generalists. Then it comes to the models about what do we do with the Commonwealth around the employment arrangements of general practitioners. At the moment, they are predominantly in private practice and accessing the NBS. We have heard evidence that is not necessarily working in all rural environments, so do we need to come up with some different models of how we actually remunerate doctors in those environments and how we ensure that they are available to those smaller communities.

There is a lot of thinking, a lot of work. We have got to take it a lot further, as you heard. Those Sax papers that we commissioned and the final Sax paper which made the four recommendations, one of the key recommendations was around what we need to do to strengthen up primary care, have it community-based and overcome the issues between the State and Commonwealth at the moment around not only the vocational training of those doctors and nurses and others, but also their remuneration arrangements. Those are things we would be keen to explore further.

The CHAIR: Thank you, Dr Lyons. If I could just return not to the issue—sorry Mr Minns, I apologise.

PHIL MINNS: Just on the rural generalists program and measures that we are pursuing there, we fund the Rural Doctors Network annually for $1.6 million and it runs programs to attract doctors to rural areas. That includes the NSW Rural Resident Medical Officer Cadetship program. That provides up to 15 scholarships each year for medical students interested in a career in rural New South Wales. The Rural Doctors Network gets very involved with local communities and general practices to seek to find and attract GPs to positions in rural areas. Under the Rural Generalist Training Program, we provide 50 training positions each year, with the aim of producing doctors who are GPs with advanced skills able to deliver services to rural communities. In addition to that, in 2020, 145 interns were recruited as part of the Rural Preferential Recruitment Program and that supports junior doctors working their first two years in a rural location. That number was 75 back in 2012; o we have almost doubled that.

The CHAIR: Thank you. Just returning to the issue of the new structure arising from the creation of the new position of Regional Health Minister, I am looking at a document which is the NSW Health organisational chart—which I am sure you are familiar with. It has been updated to the extent that it is dated 7 December 2021.

At the very top it has got Ministers, so it obviously accommodates the fact that there are two Ministers. Going over the page, we have got the local health districts. As we were discussing earlier today when the Minister was present, there are nine that she has responsibility for, as I best understand her evidence. Two of those nine are the Nepean-Blue Mountains Local Health District and South Western Sydney Local Health District, which bleed into rural areas but there is metro component or consolidated population component.

In terms of members of Parliament from either House corresponding on issues over constituent matters, I wonder whether you can take this on notice—and I mean this as quite a serious question. At least until the new structure is shaken down so we can clearly understand it, that correspondence on issue be cc'd to the other Minister. In other words, that if it is a matter that clearly is from one of those regional areas and there is no question that it is for Minister Taylor, that nevertheless, we should cc Minister Hazzard in or vice versa. There could be some occasion where we need to cc Minister Taylor in. The only reason I raise that is because until things get set up and shaken down, some things will need to be dealt with and processed as we proceed into the future. I know the Minister said that there will be meetings between the two and the sharing of correspondence and what have you, but we all know how large the health system is in New South Wales. We know that sometimes, if something does get missed, it can have awful consequences, quite inadvertently, sometimes tragic.

To ensure that there is the communication and that we do not have it fall between the stool legs—if I can put it that way—could you take on notice if we could hear back from the Minister about whether or not there should be a cc-ing in—not reflecting on either Minister, but just to ensure that the questions and the issues have gotten through to where they need to be.

NIGEL LYONS: Yes, Chair. We will take that on notice.

The CHAIR: With respect to the local health districts and specifically what is under the list here—and it is not strictly a local health district but nevertheless it falls under the category of local health districts and specialty networks—the Justice Health and Forensic Mental Health Network: apropos the Minister's evidence earlier today, are we to take that if there is a jail that is outside—I withdraw that and I will put it another way. If there is a jail that is within one of the local health districts that she has responsibility for, we should be communicating to her over the matter—in other words, a justice health matter—or that that would be a matter to raise with the health Minister, or whether we should cc each other into it? I do not know whether you have anything to say.

NIGEL LYONS: I think we will take that on notice as well, thanks, Chair.

The CHAIR: Okay. With respect to the Sydney Children's Hospital network—and we understand that that network of hospitals falls within the greater Sydney metropolitan area—does it, though, have any outreach as a network formally into the regions which would pick up the responsibility now or part thereof that the regional health Minister has?

NIGEL LYONS: Just to make a specific comment about that, they do provide outreach into the rural districts.

The CHAIR: Yes.

NIGEL LYONS: But they are positions and services that outreach from the Randwick and Westmead campuses.

The CHAIR: I thought so, yes. So they would come back to—

NIGEL LYONS: There is a range of different services that are providing statewide services and my general comment would be that they should continue to operate as statewide services. They have been set up for that purpose. Things like the ambulance service is a statewide service; we have a pathology service which is a statewide service; we have the Justice and Forensic Mental Health Network, as you indicated, which has a statewide role; the Sydney Children's Hospital network has a statewide role. Those services which have a statewide remit will continue to have a statewide remit. So we will take on notice the arrangements that the Ministers' officers will come to around how they would like those matters dealt with.

The CHAIR: It is just facilitative.

The Hon. WALT SECORD: On that point, if you are an isolated patient, would you come under Minister Taylor or would you come under Minister Hazzard getting treatment in Sydney? In fact, I remember from personal experience—when my daughter had surgery almost 30 years ago—that there were people from the country, from Tamworth and places like that, who were in Sydney. They were clearly country patients but they were in Sydney receiving services.

NIGEL LYONS: These are the matters that I think the Minister indicated are being worked between the two offices. I think we will take it on notice until those decisions are completed and everyone is clear.

The CHAIR: Thank you for that. I appreciate that. I do understand that this is a complex area, but I wonder if you could take on notice a question which specifically seeks whether or not there is a reasonably clear timetable set down for which we will be able to have an understanding of what these new arrangements are? Can I move on just briefly to the question of the third review of the plan that ended in 2021? No doubt I am not asking you to comment on all of that, although I am sure you have some familiarity with the preparation. It is going to be as a review fully informed by all the evidence that has come forth from the inquiry into health services and health outcomes in regional and remote New South Wales.

NIGEL LYONS: Let me clarify: The third progress report is on progress of the plan that was the 10-year plan until 2021.

The CHAIR: Yes.

NIGEL LYONS: It has been taken with a view that the plan that was put in place in 2011 for the 10 years to 2021 has completed and this is the third progress report on what has been achieved during that period of time. So it reflects the previous plan and the achievements in that time frame. We are very conscious that during the course of that plan the inquiry commenced and we started to hear evidence about the inquiry. What we felt was most important is that in the new plan, which we are now about to develop for the next 10 years, that that plan incorporates all the evidence we heard and in particular any recommendations that might come out from the committee in relation to the evidence and recommendations the committee feels will be appropriate to respond to, and that we incorporate how Health will respond to the inquiry issues and recommendations in a way that then is brought into the plan to ensure that we are delivering on the things which the community has fed through the committee as being issues that they believe need to be addressed.

The CHAIR: I understand that, but the point is that all this evidence, which has been collected through submissions, oral evidence, supplementary questions and questions on notice, has been brought together and synthesised into a report that is yet to be produced, collected over a 12-month period. All that evidence fell during what was the existence of a plan that was completed in 2021. My question goes to, when I say "informing the review" that now that all that information is on the table about what we now have found out through all that evidence, that that is going to inform the thinking around the review.

NIGEL LYONS: Sorry, Chair. Maybe I was not clear but that is absolutely what we are proposing to do. It is not about the review of the progress to the previous plan; it is about saying those need to absolutely inform what we are going to do in the future to ensure that we are responding to the issues that were raised and that we have got actions in place to address any recommendations as well that might come out of the inquiry process. So that is the purpose of the establishment of the new plan. It will be brand new and it will involve all of that as inputs, as well as a lot of consultation we will do with our rural communities across the State because one of the other things that came out quite clearly—and you heard that as we did—is that a lot of communities do not feel like they have enough involvement or say in what happens in their local health services. So, how do we start to address some of those issues as well is going to be a really key component.

The CHAIR: Yes. Perhaps I am failing to be clear and that is my fault. I do apologise. But clearly, what sits on the table now as part of looking at the review of the plan that completed in 2021 is a whole lot of information that otherwise you did not have. What I am saying is that I appreciate that it is a review looking back on the 10-year plan, but I am asking whether or not what one is looking at in terms of the achievement of that 10-year plan is going to have eyes into and inform its consideration about the judgement of the plan that was completed in 2021.

NIGEL LYONS: Well, we have already completed the review of the progress so that is all ready to be published.

The CHAIR: Right.

NIGEL LYONS: It is just going through the final approval processes now. In the absence of having that documentation finalised, the timing is just not quite right, Chair.

The CHAIR: Okay. I have one minute so I probably will not get through this completely but I will return to it. On the question of nursing homes in New South Wales and specifically the interface between the New South Wales public health system and nursing homes—take it as read that we understand that nursing homes are essentially a Commonwealth remit in terms of funding and support et cetera. The interface between residents in nursing homes, if I may put it that way, and the New South Wales health system would essentially be this, would it not? It would be to the extent that a resident of a nursing home was required to be transferred by ambulance to

a hospital to have a matter attended to or addressed, that is where essentially that resident of the nursing home at that point enters into the emergency department. That is the interface. That is where it really takes place.

But prior to that, prior to the call that is made, the 000, and the arrival of the ambulance, effectively they are within the domain and the responsibility of the Commonwealth—that is, the nursing home and its operations and all that hangs off that. But if the ambulance was called and they were picked up by the ambulance, that is when effectively there is some discussion around the relationship between the residents of the nursing home and NSW Health. Is that a fair summary in general terms?

NIGEL LYONS: In general terms, it is. But I have to say increasingly NSW Health has been involved in a range of services that would inreach into nursing homes to provide care for residents in situ to ensure that they are able to access the care that they need without having to resort to a transfer to an emergency department, if that was at all possible. So we have had a number of models that have been in place in many places now for many years that have provided that inreach model into aged care, reflective of the fact that residents were not otherwise able to access it. These were issues that we raised in the royal commission into aged care. The concern that we had was that because residents were not able to access the care they needed from general practitioners or specialists in the community settings, that they were by default being transferred to hospital emergency departments to access that care and that that was not an acceptable arrangement.

We advocated very strongly that there needs to be a significant enhancement of the medical care that is available and accessible to residents in aged care, and we are very keen to continue to support that. During the course of the pandemic we have done a whole lot which is beyond that because of the public health responsibilities, including providing infection prevention and control advice to ensure that residents were able to be cared for in a way that minimised the chances of them contracting COVID and having that spread through those facilities. I think there are many things that we do to support residential aged care. We see those residents as our responsibility because they are members of the local health district community and they have a right to access care as any other member of our community does. We are very conscious of the need to support them.

The CHAIR: Thank you. I will return to that later. Cate Faehrmann?

Ms CATE FAEHRMANN: Thank you, Chair. I was asking previously about cancer treatments. In the Government's supplementary submission to the regional health inquiry, it mentions that the Cancer Institute is working on a pilot project around providing accommodation and travel assistance for people in remote and regional areas to participate in cancer clinical trials. That is a pilot, I understand. It is looking at reducing the financial burden for travel and accommodation. I suppose the first question is: Why is a pilot necessary?

NIGEL LYONS: Because up until now the IPTAAS—Isolated Patients Travel and Accommodation Assistance Scheme—has not covered patients who might be part of a clinical research trial because it was not considered to be a service that was necessarily being provided by the public sector. There were just limits around what was being provided in terms of the supports and subsidies under that program. That was a pilot that the Cancer Institute was instituting, and there has been strong advocacy for IPTAAS to be extended to cover cancer patients who are actually participating in clinical trials. That is being closely looked at at the moment. It is just around the boundaries of the program. I mean, I think IPTAAS has more than doubled over the last 10 years. There has been significant enhancement of that program to support travel and accommodation for people to access services from rural places. There always are limits to whatever the policy and the program covers at any point in time, but they are continually looked at and reviewed. I know there is a lot of advocacy around access for patients who are undergoing clinical trials for cancer.

Ms CATE FAEHRMANN: Yes. So that is clinical trials and also just the general huge cost for cancer patients to access radiotherapy services, of course, because there is a lack of radiotherapy services in particular parts of New South Wales.

NIGEL LYONS: They are covered under the IPTAAS arrangements now to access support for access to radiotherapy.

Ms CATE FAEHRMANN: When you say "now", when has that changed?

NIGEL LYONS: It has already been in place. To access support for access to radiotherapy services, I think if it is over 100 kilometres from where the person lives, they can access support under IPTAAS now.

Ms CATE FAEHRMANN: So this is despite groups like Can Assist, who are a fantastic organisation, spending a significant part of their fundraising to assist travel and accommodation costs for people.

NIGEL LYONS: The IPTAAS scheme is a subsidy scheme; it does not cover the full costs. I am aware that there are other groups that would say that they would look to fundraise to support the full costs, but it is a subsidy scheme.

The Hon. WALT SECORD: Dr Lyons and Mr Minns, maybe you would like to take this question on notice. In the Minister's inaugural interview talking as the first ever regional health Minister, she commits to addressing the rural hospital work shortfall. In the interview on 2 January 2022 she said that one of the things she wanted to address was "Pregnant women being given waterproof mats in case they gave birth while driving hundreds of kilometres to the nearest maternity wards." What work in that area has been advanced? How many waterproof mats have been provided to women in New South Wales who, in fact, may give birth on the highway on the way to a hospital? If you could please take that on notice. I would like to know for the calendar years 2019, 2020, 2021 and from 1 January to 3 March 2022. I would like to have that material on notice, if you could take that.

NIGEL LYONS: We will take that on notice but I just might indicate at this point in time, Mr Secord, that it may be that we do not have documentation around that.

The Hon. WALT SECORD: You are a pretty big organisation. I am pretty sure you will be able to locate that.

NIGEL LYONS: We will do our best, Mr Secord.

The Hon. WALT SECORD: I want to take you to COVID and mental health. The Minister during COVID, particularly the Omicron outbreak, said that there was enormous growth in terms of cases and admitted patients. Were any mental health beds given up to accommodate COVID patients in New South Wales? Dr Wright or Dr Lyons?

NIGEL LYONS: I will start. When we are responding to a crisis, there is a need for—

The Hon. WALT SECORD: I am asking for a figure too. Do your preamble and then I will come back to it.

NIGEL LYONS: When we are responding to a crisis, the system looks at what it needs to change in terms of service delivery to ensure it can respond to the crisis. There were a whole lot of changes that were made right across our system to make sure we could respond. We stopped providing some surgery for a period of time to make sure clinicians were available to do other things. We stopped providing outpatient services and started to change some of that to virtual care. We made service configurations within our wards to convert a lot of specialist wards—

The Hon. WALT SECORD: I think you used the phrase "repurposed".

NIGEL LYONS: I am just giving you an example. There were many specialist wards within acute hospitals—wards like those that look after respiratory patients, gastroenterology patients, cardiac patients, neurology patients and all of those types of specialties, which include mental health—that were reconfigured to be wards to accommodate COVID patients. That occurred across the board. There were some mental health services that were reconfigured as part of that. I think it needs to be viewed in that context.

The Hon. WALT SECORD: Shoalhaven Sub-Acute Mental Health Unit in the Illawarra-Shoalhaven area is one of the ones that were "repurposed for COVID beds", to quote the Minister. Is it now back to pre-COVID levels? What is happening at the Shoalhaven Sub-Acute Mental Health Unit? Is it back to business?

MURRAY WRIGHT: I think we would have to take on notice what the status of that unit is today.

The Hon. WALT SECORD: I would like to know what capacity is back in a percentage, and the number of beds that are back from sub-acute mental health. You would be aware that in prison there were a number of lockdowns and prisoners were kept in cells because of COVID outbreaks and transmission involving the prison system. What occurred involving mental health patients? Is there data on the number of patients in the New South Wales health system that contracted COVID? Dr Wright?

MURRAY WRIGHT: I may give you some background, Mr Secord, which might help. I cannot give you a number today, but the background is—

The Hon. WALT SECORD: Can you take it on notice then?

MURRAY WRIGHT: Yes. But I think it is important to understand that the configurations of our wards, even those wards which were continuously dedicated to mental health patients, were changing sometimes on a daily basis depending on the issues around staff availability—remember, we had a number of staff who were in isolation at times—and also around the determination to be able to manage patients who required an admission but were also either clearly COVID positive or potentially COVID positive. We categorised across the system people as either being red, amber or green, with green being definitely not COVID positive. Those changes were

happening on a daily basis, particularly in a couple of the districts with very high community prevalence. Community prevalence translates to the challenges both in terms of staff infections and also patient infections.

When a patient is identified as being COVID positive, there is also a kind of staged response because the decision needs to be made whether the mental health unit is the appropriate environment to continue to manage that person or whether their respiratory status is compromised to the degree that they then, in spite of the fact they need to continue with mental health treatment, get moved to a respiratory ward. So there is a lot of shifting parts to that process. I am not certain that we have a number across the State of patients in our mental health inpatient units who tested positive for COVID, but we can see what figures we can provide.

The Hon. WALT SECORD: If you can provide those figures and also provide the breakdown by local health district and by hospital, if you can do that.

MURRAY WRIGHT: Yes.

The Hon. WALT SECORD: Dr Wright, I would like to return to some earlier questions I asked about restraints. Does restraint occur involving children, minors?

MURRAY WRIGHT: Yes.

The Hon. WALT SECORD: It does. Would you be aware that Sydney Children's Hospital has an average rate of 20 minutes for restraint for children?

MURRAY WRIGHT: Yes.

The Hon. WALT SECORD: What would be a situation where you would need to restrain a child?

MURRAY WRIGHT: The issues around children and adolescents who require inpatient care, the vast majority of treatment for mental health conditions in children and young people takes place in the community. We far and away prefer to treat people not just in their community but in their family setting. So it is actually a very small number of people, children and young people, who end up in specialist child and adolescent inpatient units. In these settings, often a very significant number of those individuals are there not necessarily because of the mental health condition but sometimes a part of that there are very, very significant behavioural challenges. And sometimes different forms of restraint are more appropriate than introduction of medication.

The Hon. WALT SECORD: What kind of restraint would occur in the home? So this would be—

MURRAY WRIGHT: I am not talking about in the home; I am talking about in the hospital setting.

The Hon. WALT SECORD: I understand from the data before me here that there were 44 physical restraint events at Sydney Children's Hospital. Is there—

MURRAY WRIGHT: Sorry, it has just been brought to my attention. That would also include a physical treatment such as insertion of nasogastric tube for management of a physical health condition. You could understand that in some age groups you are not going to get the immediate cooperation of the person, and so that is actually technically restraint. You have a distressed young child.

The Hon. WALT SECORD: I do understand. So a child that would rip out—

MURRAY WRIGHT: Not so much rip it out but to cooperate—

The Hon. WALT SECORD: Refuse to be put in.

MURRAY WRIGHT: And there are other forms of treatments like, I would imagine—

The Hon. WALT SECORD: Like inserting a catheter.

MURRAY WRIGHT: Yes.

The Hon. WALT SECORD: I can understand that. So it occurred 44 times at Sydney Children's Hospital. Do you in fact keep data and evaluate—when you decide to restrain a child, are there restrictions? Maybe not restrictions but is there an accountability mechanism in place?

MURRAY WRIGHT: Mr Secord, the reason we collect the data and the reason we report the data is because that is part of the accountability process. So the answer I gave earlier today about that is tabled as part of, in this case, the specialty health network's performance review process. So that, again, we can get behind those figures and understand what are the situations that contribute to that, and is it something which is unique to a paediatric setting, which is explainable and appropriate, or is there a problem that it is revealing.

The Hon. WALT SECORD: I understand. Dr Lyons, what is the situation involving staffing at Goulburn Base Hospital involving the resourcing of the maternity ward? Are paramedics still assisting with maternity services at Goulburn Base Hospital?

NIGEL LYONS: I have not got the specific detail of the current staffing of the hospital, Mr Secord, so I will take that on notice.

The Hon. WALT SECORD: Would you be aware of the situation that was reported in the *Goulburn Post*? It was raised with the Government by nurses there, concerned that paramedics were helped them deliver babies.

NIGEL LYONS: I will take the question on notice, Mr Secord.

The Hon. WALT SECORD: Thank you. I also want to take you to Tumut Hospital. Several years ago, I think it was two years ago, the Coroner found that implicit bias was a factor in the death of a pregnant First Nation woman, and her mother says that race remains an issue at the hospital. This is obviously involving the tragic death of Naomi Williams, a Wiradjuri woman, who was 27. What systems and changes have been introduced in that hospital since?

NIGEL LYONS: I am aware of the circumstances of that tragic case. I would say that the district—and I know full well from having talked directly to the chief executive of the local health district about this matter about how seriously they have taken the matters that were raised during that inquest and the recommendations that were made in response to it. They are very committed to making the changes at Tumut Hospital to make sure that those issues that were raised during that coronial inquest and the actions that need to be taken by the district ensure that the chances of anything like that happening again are minimised, if not eliminated. That is the plan. I appreciate the challenges that there are, and I know that they are very committed to undertaking and continuing to introduce the changes that are required, and I know they are very committed to doing that.

The Hon. WALT SECORD: I know a number of recommendations were made to the LHD. Can you take on notice the number of recommendations and how many have been implemented? Does Tumut have one doctor on site 24/7? Is there an emergency doctor on site 24/7? Does the hospital have an anaesthetist? Can you take all of those questions on notice?

NIGEL LYONS: I will take those on notice.

The Hon. WALT SECORD: Thank you.

The CHAIR: Dr Lyons, I want to return to the matters of nursing homes and an important discussion we were having about the interface. I appreciate the evidence, Dr Lyons, about the—my words, not yours—increase in outreach and activity from NSW Health into nursing homes to provide care support for those in need in those establishments. Simply say if you have not read it, that is fine, and I will change my questioning slightly. Have you read the report that was done by the Legislative Council into the provisions of the Public Health Amendment (Registered Nurses in Nursing Homes) Bill 2020?

NIGEL LYONS: I have not, no.

The CHAIR: In summary, it was an examination into the issue about nursing homes and the provision of nurses, or not, as the case may be, and the implications of a proposed piece of legislation that would effectively mandate at least a nurse in a nursing home 24/7/365.

NIGEL LYONS: I am aware of that, yes.

The CHAIR: So that is the context of the policy debate. Perhaps at another time you can have a look at the report; it is quite informative. In the report of that inquiry, there are a number of instances of evidence that came forth from submissions and also those that gave oral evidence at the hearing, or hearings—it was over one or two days—about what were situations or circumstances of individuals approaching the end of their life in most difficult circumstances—in other words, they were literally dying in the very foreseeable future, matters of hours or days at the most—whereby a nurse was not present in the nursing home overnight or perhaps at times on weekends. The effect of that was it did not enable the provision of palliative relief to those persons, be it the pain relief or the relief for stress and associated matters, which I think is a whole policy debate we need to look at about how we can improve the lot of those people in nursing homes at the end of life. But to the point you raised, are you able to comment that some of this outreach work that NSW Health has been increasingly doing into our nursing homes has involved this work of providing palliation or palliative end-of-life care for those who are very much at the end of life?

NIGEL LYONS: Absolutely. Our palliative care services do provide support into residential aged-care facilities. I am also aware the Commonwealth has made an additional investment into the residential aged-care

sector to support end-of-life and palliative care in residential aged-care facilities. But your point around the nursing care and the availability of staff is one that was aired quite extensively at the royal commission.

The CHAIR: I appreciate that.

NIGEL LYONS: There are a number of recommendations that the Commonwealth has taken on which will include increasing the level of clinical input into the staffing of residential aged-care facilities. We are waiting to see what their response is around how much time that will be and what impact that has on registered nurses being available, particularly being available 24/7, because that is, as you say, a foundational piece around some of the clinical services that can be provided to residents. Our submission to the Commonwealth was that these residents are very elderly and have multiple clinical conditions. They are at a point in their life where they need ongoing support for their health care, so it is important that we enhance the availability of clinical staff with the capability to provide that support to those residents and have that available 24/7.

The CHAIR: You would agree, being a medical professional, that it is not ideal to have a person who is literally about to die in the hours or maybe days ahead to be transferred by an ambulance to a ward in a hospital, via an emergency department, if in fact there was a way in which that palliation and end-of-life care could be done at the residence?

NIGEL LYONS: Absolutely. Our whole philosophy around the palliative care services we are responsible for has that at the heart of what they do. Whether that person is in their own home or is in a residential aged-care facility, if they choose to have their end-of-life care in the place where they live then we should do everything we can to support that.

The CHAIR: In case I have missed it, I only see that there is the option of the provision of that care in their place of residence, which for many of them would be a preference and ideal—that is probably a general sentiment that many of them would have—as opposed to being transferred to a ward in a hospital via an emergency department. But if there is not a registered nurse or a person with qualification to administer the pharmaceuticals to give the pain relief or the distress relief, there is little other choice but to really dial triple zero and contact the ambulance, is there, as a general statement?

NIGEL LYONS: As a general statement, although I know our services have done a lot to ensure that they have got—and COVID, while it has been a challenge for us, we have certainly increased substantially the interaction between our local health services and the residential aged-care facilities within the footprint of their districts, to the point where they have a greater understanding of what is available in the residential aged-care facilities, the relationships are improved and the communication channels have been enhanced. They are looking at solutions to problems being found to ensure that we can do whatever we can to support the residents to be cared for in their homes and their aged-care places as long as they possibly can. It has been, I think, a benefit of the need to build a stronger and closer relationship with our residential aged-care colleagues. But there is no doubt the interface between aged care and Health continues to be a challenge, and one that we are strongly advocating for improvements. We are hopeful that the recommendations out of the royal commission will assist us in that regard.

The CHAIR: Just returning to a piece of evidence from the Minister this morning: I might have got the terminology wrong, so please correct me, but I thought I heard the Minister indicate that she was re-establishing the ministerial advisory committee. Is that the correct terminology of the body that she is resuscitating?

NIGEL LYONS: If I recall the evidence she gave, she said she would be establishing a task force.

The CHAIR: A task force.

NIGEL LYONS: I think she called it a taskforce and was talking about some potential membership she was thinking of, but she has not yet finalised it.

The CHAIR: I note in the foreword to the *NSW Rural Health Plan: Towards 2021* document—it is now obviously some years old, but nevertheless it is relevant because it obviously was the plan that we talked about—Minister Skinner talks about the establishment. This is obviously back in 2014. It states:

> I established the Ministerial Advisory Committee for Rural Health in February 2013.

That is on page 1 of the document. The Ministerial Advisory Committee for Rural Health was established in February 2013. Does that body still exist?

NIGEL LYONS: No, it transitioned into what Minister Hazzard established, which was a bilateral regional health committee. He was keen to ensure that we did not just have State representatives on the committee but that we also had Commonwealth representatives on there because it is a shared responsibility. That bilateral group had been meeting, I think, six-monthly before COVID and because of the COVID impact I do not think we have had a meeting since that time. But it was looking at what we could do between the Commonwealth and the

State to start to address some of these issues across those boundaries, those interfaces that are really important to address.

The CHAIR: Have you got the name of that body, or on notice could you get the name of that?

NIGEL LYONS: I will get you the exact name, but it was the bilateral regional health—

The CHAIR: That is fine. And it is still on foot and still functioning?

NIGEL LYONS: Yes.

The CHAIR: With respect to what Minister Taylor referred to this morning, that the taskforce—the name of which is yet to be determined, I gather—will be announced, and will become something that sits separate from this body you have just referred to and will operate with its own remit; that is what your general understanding is?

NIGEL LYONS: That will be up to the Minister and Ministers to agree on, as to what that body will be established to do, how it will operate and whether or not it is in addition to or replaces what was before. But that will be an issue for the Ministers to decide.

The Hon. WALT SECORD: Dr Lyons, I want to take you to Forster public hospital. In April 2021 the member for Myall Lakes, Stephen Bromhead, promised to deliver a public hospital there. He claimed that it reached a milestone on 23 April with the announcement of an independent consultant. I note that the Government appointed a consultant last year to make recommendations for the various location options for the hospital. Have you now decided on a location?

NIGEL LYONS: I will have to take that on notice, Mr Secord. I have not got that detail.

The Hon. WALT SECORD: As part of that: How many sights were short-listed for the new hospital? Will the community be consulted prior to the preferred site being selected? What is the expected commencement date for construction of that hospital? What is the expected completion date of that hospital? If you can take all of those on notice—

NIGEL LYONS: Thank you. We will take those on notice.

The Hon. WALT SECORD: Ms Smyth, there were a number of questions earlier from my colleague Rose Jackson about the eight staff members in Women NSW. As the Minister said, two of them worked on Women's Week, which I understand is next week, 7 to 13 March. How much of the activity of these two staff members was spent on that week's activity for—

PIA VAN DE ZANDT: Thanks, Mr Secord. That is right, there are two roles in the communications team.

The Hon. WALT SECORD: So 25 per cent of all of the staff?

PIA VAN DE ZANDT: Well, in addition to communications and events work they also prepare and develop communication campaigns, for example, in relation to consent and coercive control. You may be familiar with some of them. Make No Doubt is one of them, as well as Speak Out—both very successful campaigns. They also do other activities such as promoting gender equality, promoting grants programs and things like that. It is all very crucial to the work of Women NSW.

The Hon. WALT SECORD: I will be really quick and you can take this on notice, if you wish. Of the other six staff members, can you please provide on notice what they actually do there, their primary areas of work responsibility? Thank you.

The Hon. EMMA HURST: I have some more questions for Ms Smyth. Submissions for the newly announced Women's Economic Opportunities Review closed this week. Can you just let us know what the next steps will be in this process?

PIA VAN DE ZANDT: I can answer that one. This review is being led by our colleagues in Treasury but we are supporting the review. Some of the detailed steps are best answered by them. You are right, though, that the submissions have closed. They will be analysed by our colleagues in Treasury. The panel, chaired by Sam Mostyn, is meeting regularly. The recommendations they make will feed into the budget process and into advice for Minister Taylor and the Treasurer.

The Hon. EMMA HURST: Do you know what the goals of that review are in regards to what parts will fall under Minister Taylor?

PIA VAN DE ZANDT: There are terms of reference for that review. I can provide some more information, subject to Treasury colleagues. I think we would have to take on notice exactly what—the Treasurer and Minister Taylor both lead that review. To the extent that there are different parts that go to different Ministers, I am not sure that there is a clear distinction. I think the recommendations go to both Ministers.

The Hon. EMMA HURST: What are the goals that we are looking at? Are we looking at the barriers that are preventing women from entering and remaining in the workplace, or is it much broader than that?

PIA VAN DE ZANDT: It is broader. I will pass to my colleague, Ms Smyth.

TANYA SMYTH: The review overall is considering how to improve women's economic security through increased economic participation over the next five to 10 years. The review is identifying barriers to work, women's participation in work and proposing reform opportunities to address some of the structural and non-structural barriers for women to enter, re-enter and stay in the workforce.

The Hon. EMMA HURST: When is the time line planned for that review to be finalised?

TANYA SMYTH: It will align with the budget timetable, before 30 June.

The Hon. EMMA HURST: Will a final report be produced and made public on that?

TANYA SMYTH: I am not quite sure what will be made available, but I can talk a little bit if you are interested around some of the work that has happened in talking to women about that process. There is quite a lot of work. As you are probably aware, there is an expert panel. In addition to the expert panel, there is some work going on just doing some reviews of what women are talking about in social media around women's opportunities and the issues facing women. There are also quite significant focus groups for a whole range of different women. So they will be focusing specifically on young women, women in regional areas, Aboriginal women, women with disability, culturally and linguistically diverse women, older women, carers and LGBTIQ+ women. There are a whole range of focus groups.

There is also some work that we are doing specifically with some key organisations, mainly peak organisations, but I think there are quite a number. There are probably somewhere around 50 organisations that have been sent out some specific focus questions for them to answer about what they already know from the cohorts that they work with every day and the information that they have gathered. There is also quite a bit of work about pulling together existing research that has been done over many years regarding these issues. Obviously it is open for public submissions, so anybody can make a submission at the moment, and then there is some really targeted consultation with particular groups such as regional women, Aboriginal women and culturally and linguistically diverse women.

The Hon. EMMA HURST: Is the high New South Wales gender pay gap also going to be included within that review?

PIA VAN DE ZANDT: Yes.

The Hon. EMMA HURST: Is there other work outside of this review that is being done in New South Wales in regards to the gender pay gap?

PIA VAN DE ZANDT: Not that I am aware of, not in terms of Women NSW work.

The Hon. EMMA HURST: How will the Women's Economic Opportunities Review tie in with the NSW Women's Strategy? Is there a way that they will intersect?

PIA VAN DE ZANDT: Yes, absolutely. There is a current review of the Women's Strategy being undertaken. That will be complete by May. As you might know, there are three pillars in the current strategy. The first pillar of the strategy is about improving women's economic opportunities. So we expect that the review undertaken by Sam Mostyn's panel and reporting to the Treasurer and the Minister for Women will effectively be the main input to that pillar. We have also begun on the other two pillars, one which looks at women's health and the other one which looks at women's social participation. We have begun consultations with women's groups. As I said, there is a current review of the current strategy, so that will be another input and we are developing a more detailed consultation plan for those other two pillars. We expect the strategy as a whole will be developed by September.

The Hon. EMMA HURST: Fantastic. You said that the current strategy will complete in May. Will there be a strategy for 2023 onwards? Is that being developed now?

PIA VAN DE ZANDT: Yes. I said that the review of the current strategy will be completed by May and then we expect a new strategy to be developed by the end of September.

Ms CATE FAEHRMANN: I think this is a question for you, Ms Lourey. I wanted to turn to whether the commission is undertaking any research, or whether you know of any research being undertaken, into why the regional suicide rate is double that of Greater Sydney?

CATHERINE LOUREY: The commission is not undertaking research, but I could refer that to the ministry as the ministry is leading the work on Towards Zero Suicides.

Ms CATE FAEHRMANN: Dr Wright, do you know whether work is being done on that?

MURRAY WRIGHT: We have Maureen Lewis online. Maureen leads to the Towards Zero strategies.

The CHAIR: Ms Lewis, welcome.

MAUREEN LEWIS: In terms of suicides and the rates being higher, we are aware of the factors. Obviously there are many factors that impact on the suicide rate, particularly in the regional areas around where we look at things like unemployment, alcohol and drug use, domestic violence, not being geographically dislocated et cetera. Naturally straightaway, there are some really high-risk factors there in terms of suicide rates. We are working; we have our evaluation for the Towards Zero Suicides strategy. Taylor Fry are working with us to look at what some of those factors may be in terms of particular issues for regional rates and what we might need to do in those areas. In terms of our Towards Zero strategies more broadly, we do focus on our populations where we know there are higher suicide rates, so all of our strategies reach into the regional areas. In fact, in some of the regional areas, things like our Safe Havens and our SPOT teams' inreach has been duplicated compared with the other metro areas because we know many of the issues. I guess, in short, the answer is yes, absolutely. We are looking into it, we are conducting research and we will have a focus on it because we need to look at all of those areas where we have higher rates, such as regional areas and such as middle-aged males.

Ms CATE FAEHRMANN: The research that you are saying is being undertaken, is that wholly within-department research, or are you partnering with any research bodies? How is that work being done?

MAUREEN LEWIS: We have a consultancy called Taylor Fry, the consultants that we have contracted to do the work, and with the actual consultants we have an expert panel who are suicide experts across Australia and America. They are important to the work that is being done and certainly the evidence around issues in regional areas, yes.

Ms CATE FAEHRMANN: That is good to know. I take it, therefore, one of the issues that is coming up is the increased frequency and severity of natural disasters that regional people are facing. Is that being looked into as its own separate driver?

MAUREEN LEWIS: In terms of it being a factor, absolutely, and Ms Lourey may be able to answer to this as well because we are just looking to refresh the New South Wales suicide prevention framework, which was for 2018-2023. The commission is undertaking a refresh of that work to take into account the current strategies and the current activities to make sure that things that have happened since that strategy was developed, such as the pandemic and natural disasters—we are looking into that area and developing strategies.

Ms CATE FAEHRMANN: Ms Lourey, did you want to comment on that as well?

CATHERINE LOUREY: Yes, it is a refresh of the strategy. It is due to the Minister on 30 June. We also have an expert panel guiding that work, and we are doing it in conjunction with the ministry, obviously as the leadership of Towards Zero Suicides. We are currently also about to embark upon a focus period of community consultation, and I think that is really important to get those voices about people who have been through those experiences. Dr Wright has mentioned earlier that there is a particular tail to these wellbeing and mental health impacts and we need to be aware of that but also understand the general level of distress and what that can look like for future implications for suicide and vulnerability.

Ms CATE FAEHRMANN: Yes. You heard my previous question about the Intergovernmental Panel on Climate Change's report this week, the *Sixth Assessment Report*, which for the first time has a significant component dealing with mental health and the research around increased frequency and severity of natural disasters as a result of climate change and what this means for mental health. Will you commit to at least looking at that and incorporating some of that research or ensuring that the panel that is looking at the new framework is aware of that?

CATHERINE LOUREY: Absolutely. As in the answer that you were also given earlier today, that is one of the issues that our youth consultations have raised around the anxiety and concerns that they have about climate change and their own future. Absolutely, that is part of our broad remit and I think that is the thing to really understand with suicide prevention. It is as much about vulnerability to your social determinants as your vulnerability to distress and psychological trauma.

Ms CATE FAEHRMANN: Great. Thank you. I wanted to turn to mental health workers in schools. I understand it was a Government promise back in 2019 to place two dedicated mental health workers in every school. Where is that up to in terms of meeting that target? Is that you, Dr Lyons?

NIGEL LYONS: We are responsible for wellbeing and health in-reach nurses, but in relation to the other components, I think that might be Education.

Ms CATE FAEHRMANN: Mental health workers in schools is not—

NIGEL LYONS: No, it is Education. I think that would need to be directed towards the Department of Education.

(Short adjournment)

The Hon. WALT SECORD: My colleague the Hon. Rose Jackson has family commitments so I will be taking over a number of the questions in the area of Women NSW. Ms Smyth, can you tell me how many groups or organisations applied for the Investing in Women Funding Program between 31 March and 30 April 2021?

TANYA SMYTH: For Investing in Women 2021 there were 177 applications received.

The Hon. WALT SECORD: Of the 177, how many of those were successful and approved?

TANYA SMYTH: Seventeen, and they have just been published online this morning.

The Hon. WALT SECORD: This morning—that is why. Thank you. How was the program assessed? Was there a panel? Who undertook the assessments?

TANYA SMYTH: I can provide some more detail because I want to be clear on it, but generally there is a first panel that will do an eligibility cross-reference on the ones that have actually met the criteria, and then there will be a second panel that will look at the quality and whether it meets the priorities of the women's strategy, and then there will be a more senior panel that will look at those and then develop a short list.

The Hon. WALT SECORD: Thank you. Can I take you to the expert panel chaired by Chief Executive Women president Sam Mostyn? Is there a budget allocation provided to this panel?

PIA VAN DE ZANDT: That will be a matter for Treasury colleagues because they are the agency supporting the panel.

The Hon. WALT SECORD: So you are not supporting the panel?

PIA VAN DE ZANDT: We are working with Treasury to support the panel, but Treasury have the secretariat. It runs the secretariat to support the panel.

The Hon. WALT SECORD: Would you be able to obtain, on notice, what the budget allocation is? I think you would be able to do that.

PIA VAN DE ZANDT: I would, yes.

The Hon. WALT SECORD: Of that budget allocation, what percentage of it in total goes to supporting and funding and paying panellists of that group?

PIA VAN DE ZANDT: We can take that on notice.

The Hon. WALT SECORD: I want to get an indication of what percentage is actually going on payments to panellists.

PIA VAN DE ZANDT: Yes.

The Hon. WALT SECORD: Can I also take you to the Women's Trauma Recovery Centre project in the Illawarra? I understand, Ms Smyth, that you have had some correspondence about that—email communication—but I also understand that the funding was contingent on the completion of a business case, which I think was completed or is completed.

TANYA SMYTH: Yes. This morning when Minister Taylor was talking about that—it is related to domestic family sexual violence. When it was provided to me as director of Women NSW, it was when I had responsibility for domestic family violence. They were provided funding to develop a business case. It was not that the funding was contingent on that being provided; there was no guarantee that once the business case was provided, the program would be funded. It will be considered amongst a range of priorities for the upcoming budget regarding Minister Ward's portfolio.

The Hon. WALT SECORD: What about the discussion that the funding will be part of a $90 million allocation?

TANYA SMYTH: I think that is in relation to the National Partnership Agreement, which is domestic family violence and sexual violence funding—a contribution of both the Commonwealth and New South Wales. That is the funding I am referring to where decisions will be made regarding how that is allocated.

The Hon. WALT SECORD: Thank you. I think I will turn back to Health. How many school-based nurses have gone into New South Wales schools?

NIGEL LYONS: Are you talking about the—

The Hon. WALT SECORD: The school nurses program.

NIGEL LYONS: The wellbeing and health in-reach nurses?

The Hon. WALT SECORD: I know it as the school nurses program, but maybe there is an official title for it.

NIGEL LYONS: One hundred of those nurses have been announced as the election commitment to be in place over the next few years. There was an initial tranche of 50 who were allocated for recruitment, and of those my understanding is 43 are in post. There has been a further tranche of 50 additional positions that were announced in December out to the districts, and they are in the process of being recruited at the moment.

The Hon. WALT SECORD: If you could take on notice the 43 that are in place and the allocation of the 50 that are—

NIGEL LYONS: And where they have been allocated to?

The Hon. WALT SECORD: Yes.

NIGEL LYONS: Yes, certainly. I am happy to take that on notice.

The CHAIR: I return to this issue once again about the new restructure. Presently in the current circumstances—so before the announcement, going back to before early December last year—with respect to a CEO of a local health district, who did she or he report to as their first report up the line?

PHIL MINNS: They report to the secretary, Chair.

The CHAIR: They report to the secretary directly?

PHIL MINNS: And also to their board, Chair.

The CHAIR: That was relatively straightforward in the situation where there was a single Minister. Looking ahead with two Ministers, are you able to confirm that as part of the discussions that are going on about the new structure that one of the considerations is going to be that the CEOs of the hospitals that fall within the nine mentioned by the Minister this morning, two of which are these hybrid-type LHDs—I will use the word "hybrid", my word—will still be reporting to the secretary and not via the Minister, as would be the case without there being a new Minister? In other words, in regard to that matter of direct report, it will still be with the Minister, irrespective of where the hospital is around the State.

PHIL MINNS: Chair, I do not think the things that are being contemplated play into that space at all. Chief executives report to the board. The chair and the secretary are the two people who are critical in the frame for chief executives, and I do not see that changing under any arrangement.

The CHAIR: With respect to the matter of direct involvement with respect to the board—my phrase—obviously we had evidence from the Minister today that those LHDs which she has responsibility for, as she explained it to me and as I understand it, there is a dual remit over the signing off of appointees to the board. Is that your understanding as we proceed forward?

PHIL MINNS: If that is what the Minister has advised, then that would be my understanding.

The CHAIR: Dr Wright, we covered the matter of the utter tragedy of suicide in questions earlier today, and you have been very helpful with information in that regard. Are you able to explain to us with respect to suicide, and I suppose this is a technical question, that there are different types or categories of suicide that we recognise from an official medical point of view, or is suicide effectively recorded as a single matter?

MURRAY WRIGHT: Chair, you are right in that it is quite misleading to generalise about what suicide constitutes. This is obviously a really sensitive issue for us to traverse, but in the mental health area we would consider that every single instance of the tragedy of suicide has its own complex and unique story. In many

instances there are significant but diverse mental health issues, but there are a number of other factors that come into play. In New South Wales over the last 15 years I think there has been a clear appreciation of the fact that it is not simply a matter for mental health services and not simply a matter for health services.

Certainly we have to shoulder a very significant burden in trying to manage and address the health and mental health issues, but there are a number of social issues that also contribute, for instance, issues around housing instability, poverty, addiction, and violence in the community and in the home. These are all factors that contribute. These were some of the reasons that there was considerable concern at the start of the pandemic about how it would impact on mental health. I think the financial support that were put in place during the course of the pandemic were a very significant contributor to the fact that we did not see a large increase in suicides during that time. There is such a thing as a psychological post-mortem, and what happens during a coronial inquest following a suicide is they try to understand what are the various different factors that have contributed, not just for that particular individual and their family but also so that we can learn as a system and as a whole of community how we can prevent such things from happening again.

The CHAIR: Further to that—and forgive me for not knowing this, I probably should—with respect to all suicides, using the word "suicide", are all suicides subject to a coronial inquest?

MURRAY WRIGHT: I believe all suicides are reported to the Coroner.

The CHAIR: This is obviously for the purposes of the collection of the data and the interrogation of that data to see how trends are moving or not, as the case may be. What is the actual definition—and if you do not know, you can take it on notice—of what suicide is? I am not being clever about that. There is a dictionary definition, but for the purposes of data collection is there a particular definition that is used? Obviously there is an official record kept by the State through the Registry of Births Deaths & Marriages. So there is a death record. Is that death record informed by a definition that comes from somewhere?

MURRAY WRIGHT: I may throw to Maureen Lewis, but it is an important point. We would identify someone as a suspected suicide, and it is a matter for the Coroner to determine what the cause of death is in those instances. I might ask whether Ms Lewis can add anything to that.

The CHAIR: Ms Lewis, can you assist?

MAUREEN LEWIS: Thank you. In terms of the first point about when a suicide has been classified as a suicide, that is done by NSW Police. There is a form called a P79A form, which the police would have in its possession in terms of attending a suicide. That is then reported through to the Coroners Court, and that is about a suspected suicide. When it goes to the Coroners Court, as Dr Wright said, is when it is confirmed over a period of time whether or not it was a suicide. With suspected suicides, the data that we have to date shows us that approximately 95 per cent of suspected suicides are correct in that they are suicides. Then later on the reasons the numbers change slightly is once the coronial process happens, what can happen is that it has come to the Coroner's attention through the coronial court process that during the course of someone's death they found additional information to be able to then classify the death as a suicide.

The CHAIR: Further to that, if an attending police officer attends an incident and has doubts about whether or not what is being observed and looked at is a suicide or not, there would not be a default position of assuming that it is a suicide. I presume that if there is doubt, it would need to be recorded on another form. Would that be the case?

MAUREEN LEWIS: It is the same form. I am obviously talking on behalf of the police, but we had a lot to do with it when we developed the Suicide Monitoring System. On the form there are a number of entry points for data or anecdotal notes. If it is the case that it is suspected and there is doubt, then we will put that on the form and that information goes to the Coroner. That is when further investigation will happen at the Coroners Court.

The Hon. EMMA HURST: I have one more question for Ms Smyth or Ms De Zandt. One of the targets of the NSW Women's Strategy three-year action plan was to undertake analysis of the impacts of miscarriage and IVF on women's workforce participation by December 2020. Will you give us an update on this analysis and maybe a bit of understanding of the results, if it has gone that far?

TANYA SMYTH: The analysis was not undertaken by Women NSW, it was an agency contributing. So we will take that on notice. But there obviously were some outcomes from that in terms of the leave that is available to New South Wales public servants following a miscarriage—that is, five days of paid special leave—and the same for pre-term birth. There is leave available for a pre-term birth—paid special leave prior to 37 weeks and then from 37 weeks paid parental leave will kick in.

The Hon. EMMA HURST: Thank you. Did you have something to add?

PIA VAN DE ZANDT: I just wanted to go back to the couple of questions you asked in relation to the Women's Economic Opportunities Review, just to confirm that the terms of reference are online. I think I said I would provide them on notice but they are online.

The Hon. EMMA HURST: That is fine.

PIA VAN DE ZANDT: Also, just to confirm that the findings will be made public. You also asked a question earlier, Ms Hurst, about the gender pay gap and whether there is other work going on in New South Wales outside of the Women's Economic Opportunities Review. Certainly staff at Women NSW are working with closely with Treasury and the Public Service Commissioner in order to develop policy proposals on the gender pay gap for that review and for the panel's consideration. In addition to that, I was reminded in the break that we have done some considerable work with the Commonwealth women's gender equality agency, who obviously monitor the pay gap. They have just done a review, which was completed at the end of last year. That is still with the Commonwealth, but we had significant policy input into that process as well.

The Hon. EMMA HURST: Thanks for that. I have got some further questions which Dr Lyons might be the best person to answer them, but I am happy for anyone to answer them if somebody else has extra information. At the last budget estimates hearing it was announced that the Government was currently recruiting for the 25 child and adolescent mental health response teams, also known as Safeguards. How many of these teams are now fully operational?

NIGEL LYONS: I might see if Ms Lewis can give us an update on that.

MAUREEN LEWIS: There are two teams who are operational now out the first tranche of 11—that is, Central Coast and South Western Sydney.

The Hon. EMMA HURST: Do we know when the others will be operational? You said two of the 11. Is there a timeline to get the rest of those up and running?

MAUREEN LEWIS: Yes, all of the teams will be operational, on the information we have to hand, by May/June of this year. That is in terms of the first tranche of the 11, yes.

The Hon. EMMA HURST: And the full 25?

MAUREEN LEWIS: The full 25 is over a four-year period, that is over forward estimates. In the first two years we have 10 or 11 because we have actually put an additional team on and then following that there is incremental increases in those team numbers, depending on the data and the information we have to hand about where the services are needed and how we can roll them out more quickly.

The Hon. EMMA HURST: Is there a planned evaluation for the program at any stage?

MAUREEN LEWIS: Absolutely so. We are currently working with one of the universities on setting the time for the evaluation. We also have an evaluation working group as part of the Safeguards implementation steering groups who are working on evaluation also. Clearly we will need to prove, obviously in terms of the evaluation, that these teams are working and also what we may need to do to refine the models as we progress with all the other teams.

The Hon. EMMA HURST: This morning the Minister said that the status of the mother and baby mental health units planned at Westmead and RPA was that they will be open very, very soon. I just wanted to clarify if we know the timeline of the opening of those units.

MAUREEN LEWIS: The RPA unit, we are expecting an opening in May this year and for the unit at Westmead, we are expecting for it to be opened in November of this year.

The Hon. EMMA HURST: Are there plans to open mother and baby mental health units in other regional LHDs, as far as you are aware?

MAUREEN LEWIS: I am not aware of any plans at the moment but, like everything else we do, we evaluate constantly in terms of where our services are needed more broadly, and people from regional areas can access those two mother and baby units. Absolutely, we constantly look at where our services should be delivered and for those areas where we cannot deliver services, then there are models in reach to provide services in community settings or when there is a need to actually look at should we be building one in some of the regional areas.

The Hon. EMMA HURST: Last October it was announced that the Government would train 275,000 people in rural areas in mental health first aid and suicide prevention. Can we get an update on this project on how many people have been trained so far?

MAUREEN LEWIS: Sure. I think we are talking about the 270,000 people in the initiative that is $14 million over two years under the recovery package for LivingWorks. To date, 76 people have been trained. The program is just starting to kind of ramp up. There have been multiple meetings with all the care agencies across independent schools, Catholic schools, also looking at psychologists, police, public schools, Aboriginal leaders and nurses. At the moment it is early stages in terms of looking at the types of agencies that we need to train up and also looking at how we will stage that in terms of priorities. But the training has begun.

The Hon. EMMA HURST: Just to clarify, did you say 76 people?

MAUREEN LEWIS: Yes, 76 have just commenced the actual training because there has been a lot of preparatory work in terms of prioritising who we need to train first.

The Hon. EMMA HURST: At the last budget estimates, the Safe Haven program to reduce suicide rates, which was in pilot phase in 20 towns across regional New South Wales was discussed. Where is this program at and when is it expected to exit that pilot phase?

MAUREEN LEWIS: We have our15 Safe Havens that are open across 12 LHDs and one speciality health network—so 15 out of the 20. In terms of the pilot phase, Towards Zero, as you may be aware was a three- year funding package, in June this year that funding ceases to happen. I think the Minister made mention this morning, we are aware of that funding expiring during that time and we are working through the normal budget process what we will take forward into the future.

The Hon. EMMA HURST: At the moment that program won't be continued?

MAUREEN LEWIS: No, I am not saying that. I am just saying that funding for the current program finishes in June. We have undergone rigorous evaluation. The program is showing very positive outcomes, as the Minister talked about this morning, so, clearly from our perspective, it is something that we would like to continue into the future.

Ms ABIGAIL BOYD: Thank you very much. If I could just pick up again on the discussion on the Illawarra Women's Health Centre and the trauma centre proposal. Ms Smyth, I understood from the Minister's response this morning, she referred to it being part of consideration for the budget process for 2022-23 but my understanding is that the response to that business case was supposed to happen by the end of 2021. Is that correct?

TANYA SMYTH: I do not recollect that anybody committed to a date for a response. There was a date where the business case was due, so when the funding was provided there was a timespan for them to provide that business case.

Ms ABIGAIL BOYD: They provided the business case on 7 July 2021. My understanding is that 7½ months after that submission they have received no feedback whatsoever. Is that correct?

TANYA SMYTH: We have done an analysis of that but, no, we have not responded in terms of sharing thoughts about whether that proposal is something that will be considered because it is part of that budget process and all of the broader priorities for domestic, sexual and family violence.

Ms ABIGAIL BOYD: Under the arrangements where the business case was funded from the Ministry of Health, that arrangement obliged a coordination of—basically, the New South Wales Government was supposed to coordinate cross-agency input on the proposal for consideration by the Domestic and Family Violence Reforms Delivery Board. Has that bit happened?

TANYA SMYTH: Again, it will go with a range of proposals and project submissions to the board for consideration for future funding.

Ms ABIGAIL BOYD: Is it normal to not respond to an organisation that has put in a business case—to just be silent?

TANYA SMYTH: I mean, we responded in terms of it has been received but we have not responded in terms of providing any advice about whether it will be funded.

Ms ABIGAIL BOYD: No. But you also have not responded to say, "It is still being decided upon." There has been no response at all.

TANYA SMYTH: Well, we have communicated but we have not given anything definitive about the next steps, no.

Ms ABIGAIL BOYD: I think you said before that your role is now Director of Women NSW. Previously you were working under the domestic and family violence Minister. Is that correct?

TANYA SMYTH: I am responsible for Sexual Violence, Women, Seniors and Carers. Previously I was also responsible for Domestic and Family Violence.

Ms ABIGAIL BOYD: Got it. That is very useful. I have two questions. The first one is: Is any of this delay a cause of a change in roles or a change in having a new Minister? Did that disrupt the processing of this business case?

TANYA SMYTH: I think it remains that the funding—if it is funded, the funding that will be part of the national partnership agreement and the decisions made on the allocation of that have not occurred for that tranche.

Ms ABIGAIL BOYD: Okay. In relation to that national partnership agreement money I understand that the $20 million that was announced last October or November, the entire amount, went to domestic and family violence frontline services. But, as you know, the partnership agreement does cover sexual violence services as well. Are you able to shed light on why none of that went to the sexual violence frontline responders?

PIA VAN DE ZANDT: They were the decisions made last year in relation to payment one of the national partnership agreement. There are three further payments that will come from the Commonwealth. We are currently considering payment two and we expect to fund some sexual violence related initiatives in that payment.

Ms ABIGAIL BOYD: In the second round?

PIA VAN DE ZANDT: Yes.

Ms ABIGAIL BOYD: Okay, that is very useful. So it was not a deliberate exclusion. It was just the first lot was going there.

PIA VAN DE ZANDT: Not at all. They were just the priorities that were agreed on at the time.

Ms ABIGAIL BOYD: That is very, very helpful to understand. Thank you. I just have a couple of relatively minor final questions. I understand that Women NSW is moving or has moved from the Stronger Communities cluster to the Premier and Cabinet cluster. What does that mean in a practical sense? Has it already happened?

PIA VAN DE ZANDT: That move will take place from 1 April and Women NSW will be moving into the economics branch of DPC; so, very encouraging, making it very clear that the priority for Women NSW is to focus on women's economic opportunities and empowerment of women.

Ms ABIGAIL BOYD: Okay. That is interesting. But it will make no sort of other—that is great in terms of, I guess, the focus side of things, but what does it mean in terms of reporting responsibilities? Will that just still stay with the way it is now?

PIA VAN DE ZANDT: Yes.

Ms ABIGAIL BOYD: Right. Okay. How many full-time staff are working at Women NSW?

PIA VAN DE ZANDT: There are eight full-time equivalent staff.

Ms ABIGAIL BOYD: Okay. I thought I heard you say that earlier. I just wanted to check.

PIA VAN DE ZANDT: Yes.

Ms ABIGAIL BOYD: They are all the questions I have, thank you very much, Chair.

The CHAIR: I have a few questions—not too many. There is a report I wish to cite, the NSW Health Agency for Clinical Innovation, *ACI Fact of Death Analysis*, a 2013 report. Is that an annual report or biannual? Is that a report that is still produced?

NIGEL LYONS: Chair, is there any other context on that report that you have, other than just "Fact of Death" in the title?

The CHAIR: No. That is all I have got in this.

NIGEL LYONS: Yes.

The CHAIR: I have not done a Google search. I did not have a chance before coming today.

NIGEL LYONS: It is not an annual report. I think it was done as a one-off and was related to, I think, some analysis around what was occurring in relation to end of life and death and decisions around what was happening in relation to deaths.

The CHAIR: Yes.

NIGEL LYONS: It was a one-off, if I can recall, if I am not dredging the past because it goes back.

The CHAIR: No, no. I think your memory is, I am sure, very good on this because I think it does take up some discussion around the matter of palliative care, which is something we discussed earlier today.

NIGEL LYONS: Yes.

The CHAIR: Post 2013 and this particular report, would you be aware of—and if not, take it on notice—any report that may have been undertaken, prepared and published dealing with the availability of palliative care in New South Wales?

NIGEL LYONS: No. I will take that on notice. I am not aware of anything further but I know that that report was used to develop some strategies that the palliative care network were working on around the sorts of models of care that should be provided to make sure we are providing optimal care for people at the end of life.

The CHAIR: Yes. I have to say that within the report itself it said that only 50 per cent of people who are living in New South Wales with a life-limiting diagnosis are able to access palliative care support that they need. It then goes on to say with respect to those living in regional, rural and remote New South Wales that the number is significantly less.

NIGEL LYONS: I think, Chair, that since that report, which is 2013, pleasingly there have been significant investments by this Government into enhancing palliative care services. I think there have been about three tranches.

The CHAIR: Absolutely. I am happy to acknowledge that. Minister Skinner initiated it and that was followed by Minister Hazzard. But, nevertheless, I am looking to see how one can make some assessment, if one can, about where we are in terms of the progress of the provision and availability of palliative care and palliative life care. I quickly return to that third review document that is currently being proofed and checked and which no doubt will be released. Is there any approximate time for its release?

NIGEL LYONS: I would expect, Chair, it has been signed off by the Ministry and it is just working through consultation with both Ministers offices, final to it going onto the website. So I do not think it will be far off.

The CHAIR: Okay. Thank you for that. Just returning to the matter of mental health again, if I could, just briefly, the Productivity Commission released a report on mental health approximately 12 months ago and inter alia that looked at the matter of the need to expand the provision of psychosocial support to people who may be currently or presently not able to access mental health support in the traditional sense that we understand it. This is a discussion around the psychosocial support which is, putting it in general terms, non-therapeutic intervention per se. I am just wondering, Dr Wright, on this issue of non-therapeutic intervention, are you able to avail us of some insights about what is happening with respect to that here in New South Wales and any developments that either have happened or perhaps are in the pipeline?

MURRAY WRIGHT: I might make some introductory comments and once again then call on Ms Lewis—

The CHAIR: Thank you.

MURRAY WRIGHT: —because there are some very specific initiatives around the suicide reduction strategies. Rather than the word "non-therapeutic", I would use the word "non-clinical", because I think it is very therapeutic.

The CHAIR: Indeed.

MURRAY WRIGHT: To provide supports other than clinical supports is absolutely essential. In fact, what has happened up until relatively recently is that our highly trained specialist clinical staff have been drawn into providing some of that non-clinical support, to the detriment of their ability to deliver clinical support. So we are delighted with what seems like a fairly logical observation that—picking up on the earlier conversation about some of the factors which might contribute to deteriorations in health and increase risk of suicide—they are often very practical matters, like helping someone navigate requirements for housing, education issues, disability allowances, et cetera. These are things which are sometimes difficult at the best of times, but if you are struggling with a mental health problem they can become impossible. When someone is in a crisis, their ability to navigate things that the rest of us might find troublesome but doable becomes much more difficult. So that non-clinical support is really important. It is important in all sorts of different mental health conditions. It is particularly important to people who present in crisis.

The CHAIR: Thank you, that is very helpful.

MURRAY WRIGHT: I think that has been picked up specifically around suicide reduction. I may ask Ms Lewis to elaborate on that.

MAUREEN LEWIS: Just more broadly in terms of what New South Wales are doing in this space, in 2020 we spent over $3.3 million in projects that have been funded to help people with psychosocial disability across New South Wales, to help connect with the supports that they need. That is on top of what is given at the Commonwealth level with the NDIS. As of 30 September 2021 there are 149,702 active NDIS participants in New South Wales and 10 per cent of them, which is approximately15,000, have a psychosocial disability. As Dr Wright mentioned, it is so important to people's mental health in terms of getting those psychosocial supports, just things like having company and not being isolated and enjoying normal activities that other people get to enjoy. All of those things are really important to people's mental health. So there are a number of things that New South Wales is doing in this space, across both metro and regional areas.

The CHAIR: Thank you. Dr Wright, am I to take that—not specifically looking at New South Wales but as a statement—there is an enhanced and growing recognition of an importance of the State providing some focus on this non-clinical support as a way of mitigating and pushing back against the mental health—I use the word "plague", but I suppose pushing back against the mental health problems that are experienced by many people in this State or any State?

MURRAY WRIGHT: I think that what it represents is a more sophisticated understanding of the fact that good care constitutes things other than just clinical treatment. Care is based on a collaboration between clinicians, carers, the broader community and, in the instances such as outlined by Ms Lewis, professional psychosocial support to help to provide that more comprehensive care for the most vulnerable people in the community.

The CHAIR: My last question to you, Dr Lyons, is about telehealth. This is not meant to be a statement, but it might end up being a bit of a statement. I welcome any thoughts about it. As we travel the State with our inquiry and we talk to some nurses, as I did, on the matter of telehealth, there was an expression of concern by some—I do not overstate or understate that. I am making this as an observation—that they were placed in circumstances with respect to the telehealth where the nature of the assessment being done was such that they felt that there was additional onus on them to, in effect, make the call or make an assessment and communicate that back to the clinician, whoever that might be and wherever that person may be, in terms of dealing with the matter before them. To use this base example, which I have to say was used on more than one occasion, there were matters to do with feeling the person's skin and complexion and those sorts of things. I am not a doctor, but the things one would do as automatic if one was there, which is no doubt just intuitive for a medical practitioner.

They felt that they were, in a sense, being placed in a position to have to make a call on some of these issues. To take it a step further, some of them said that what they had the most difficulty with was to then be signing off on a report or a status on what their condition was. They felt that, at the end of the day, they are not doctors. The doctor is obviously delivering the telehealth, but they felt that there was difficulty for them being placed in a position to make some assessment or judgment that, quite frankly, they said they were not qualified to do. I am just wondering, the intention of telehealth—no-one disputes its efficacy and value in delivering and assisting the provision of health services in some respect, perhaps in a number of respects. But obviously there is a cost imperative which makes that very attractive as a delivery of a service. How does one push back against that strong imperative, which is a cost benefit imperative, and not find situations whereby people like nurses or others—not qualified doctors or clinicians—are there on the spot making judgements and decisions over the person's circumstance?

NIGEL LYONS: Thank you for the question, Chair. The first comment I would make is that we have always said that we do not see telehealth or virtual care as being a substitute for face-to-face care. Wherever possible, we will do everything we can to have clinicians on the ground delivering that care face to face. In the circumstances where that is not possible, the purpose of the telehealth and virtual care is actually to provide the support to the clinicians who are on the ground. If you take that case that you talked about where people have felt that they have been asked to do things that they did not feel comfortable with, imagine their circumstance if there was not somebody on the virtual care who was actually able to provide them with guidance, advice, support and assistance about what to do with the patient they are confronted with. The purpose is actually to provide that support to the staff who are there, and provide that expert advice about what actions they can take and what they can do.

But nobody should be asked to do things beyond their capability. The purpose—and we do this already—we invest very much in giving our nurses in emergency departments in rural environments advanced skills. They have got an opportunity to do further training. In fact, I do not think most of them are able to be appointed into clinical roles and EDs without doing what is called FLEC training, which is first line emergency care. They are

given additional skills and capabilities to be able to deal with the things that they will be confronted with in those roles. But if there is more that we need to do to give the staff the support to make sure that they are feeling comfortable with what they are doing in those contexts—recognising, again, as I said, our priority first and foremost is to get our people on the ground and it not being a substitute. This is about providing support, backup and advice and ensuring people have got access to people who can give them guidance about what they might do in those circumstances.

The CHAIR: I understand that, and I do understand the augmentation—

NIGEL LYONS: And is it not driven by cost. I think that is the other thing. We need to make it very clear that telehealth is not being introduced to cost cut and to make savings. It is being done to provide access to advice, support, guidance and clinical specialty advice by using technology that would not otherwise be available in those contexts.

The CHAIR: I agree with that statement in principle. I do not necessarily agree with it totally, but I understand the point you are making. With respect to the augmentation argument, I do understand what you have just said, doctor. Following on from what you just said, is it the case that if a nurse finds himself or herself in circumstances where they believe that they are being asked to make a judgment or call on a matter because they are essentially there with the patient and the clinician is remotely providing the service in, it is really up to them to make that call that they, in fact, are not able to deliver on that request or call that is being made of them?

NIGEL LYONS: Absolutely, as it is in any team situation where somebody feels that somebody is asking them to do something which is beyond their experience, their capability or their competence. We would not expect anything different in that situation.

The CHAIR: That has clarified that. Thank you.

NIGEL LYONS: Chair, can I just clarify a couple of the questions we took on notice?

The CHAIR: Absolutely. Thank you.

NIGEL LYONS: We can close them off, hopefully, because we have some further advice.

The CHAIR: Thank you.

NIGEL LYONS: The issue around the paramedic providing maternity care at Goulburn, it never happened, according to the chief executive. It was being discussed that a staff member who had dual qualifications as a nurse and a paramedic might go on the roster to support nursing care at a time when we had a lot of staff furloughed with COVID, but it never actually occurred. So it would not have been in their capacity as a paramedic; it would have been the fact that they were a registered nurse that they would have been thought about to fill a shift at Goulburn. But it did not actually happen because it was not required, just to clarify that point and make sure we put that to rest.

In relation to the tragic death of the young woman at Tumut, there were nine recommendations from the coronial inquest. The advice from the chief executive is all of those recommendations have been implemented, and furthermore the family of the young woman are comfortable that they believe those recommendations have been implemented to their satisfaction. They are also being implemented across all of the district hospitals down in the Murrumbidgee. The final one was the question around the Bilateral Regional Health Forum. It was called the Bilateral Regional Health Forum. That was co-chaired by Minister Hazzard and the Federal, the Commonwealth Minister for Regional Health. That was the meeting that was being undertaken in replacement of the ministerial advisory council.

The CHAIR: Thank you very much.

NIGEL LYONS: I thought that we would sort those out while we have the chance.

The CHAIR: No, absolutely. This is the time to do it. It makes a lot of sense to do so.

MAUREEN LEWIS: Can I just also make a point of clarification on the question I was asked around the 275,000 training package on suicide prevention. What I forgot to say was it is phase two of our suicide prevention training. We have already across New South Wales trained 5,930 people in suicide prevention training skills. This particular phase is more about having that focus on our education setting and in our community settings. It is kind of like a targeted approach in those spaces because we know of the number of issues we have had in that area in terms of suicide, and also we are expecting the numbers to rise expediently over the next few months, once the training [inaudible] train multiple numbers of people at the same time. So I just wanted to make that point of clarification.

The CHAIR: I am grateful for that. Thank you very much. That will be on the record, so thank you very much. Do Government members have any questions that they would like to round out today's proceedings with?

The Hon. SHAYNE MALLARD: We are quite happy.

The Hon. LOU AMATO: We are fine. Thank you, Chair.

The CHAIR: The honourable gentlemen are fine.

The Hon. SHAYNE MALLARD: Thank you all for being here today.

The CHAIR: On that note, on behalf of the Committee, can I thank you all very much for doing the hard yards across the whole course of the day. It has been a long day. I know we have pulled up a bit short, but I do not think are too many complaints about that. It has been a full and productive day, and there are questions that have been taken on notice. Once again, thank you all very much for coming. We thank NSW Health for the great work they have done looking after us through COVID and now dealing with obviously the immediacy of the issue of the great emergency we have around rain and water and related matters. So thank you all very much.

(The witnesses withdrew.)

The Committee proceeded to deliberate.