

ROYAL COMMISSION INTO VICTORIA'S MENTAL HEALTH SYSTEM

Melbourne Town Hall, Yarra Room,
90-130 Swanston Street,
Melbourne, Victoria

On Wednesday, 24 July 2019 at 10.00am

(Day 17)

Before: Ms Penny Armytage (Chair)
Professor Allan Fels AO
Dr Alex Cockram
Professor Bernadette McSherry

Counsel Assisting:
Ms Lisa Nichols QC
Ms Georgina Coghlan
Ms Fiona Batten

1 MS NICHOLS: Good morning, Commissioners. Over the past
2 month we've had some compelling evidence from witnesses who
3 have, as I've remarked on earlier occasions, spoken as
4 though with one voice about what is not right with our
5 mental health system.

6
7 Now we turn to the foundations of the system. In
8 order to function properly, the mental health system must
9 have robust governance structures, funding mechanisms that
10 respond to demand and create equity, not inequity,
11 information systems that allow the system leader, the
12 Department of Health and Human Services, to measure,
13 monitor and manage the system, inform infrastructure
14 planning and appropriate infrastructure, and a sustainable
15 and supported workforce.

16
17 In its submissions to the Royal Commission, the
18 Victorian Government has said there are gaps in the
19 foundation of the system that are compounding system
20 challenges that impact significantly on the mental health
21 outcomes of Victorians.

22
23 We'll be asking questions in the next few days about
24 how some of those fractures have opened up and why they
25 remain. This Royal Commission, of course, is about the
26 present and the future, but unless we're informed about the
27 root causes of some of those problems, we will risk
28 designing a new house to rest once again on unstable
29 foundations.

30
31 In a 2013 report about the history of mental health
32 reform in Australia, John Mendoza and his co-authors said
33 this:

34
35 "The history of Australian mental health
36 reform over the past three decades is one
37 of world class policies and strategies let
38 down by inadequate planning, poor
39 implementation and our complex system of
40 government. The results have been
41 disappointing, wasteful of scarce resources
42 and too often devastating for the millions
43 of Australians affected by mental illness."

44
45 The authors went on to say that, despite this, many
46 consumers, carers and people working in the industry remain
47 positive, afflicted by a condition they called obsessive

1 hope disorder, a condition that permits them to understand
2 the mistakes of the past and to plan a better future for
3 mental health, and in that spirit which we've seen in
4 abundance over the past month, we will ask: how can mental
5 health be prioritised, including within government, and
6 what makes reform stick? In an environment that's now
7 awash with very good ideas, how can we future-proof their
8 implementation?

9
10 To that end we'll hear from nine witnesses over the
11 next three days, each of whom has significant experience in
12 the governance and leadership of mental health systems.

13
14 Dr Gerry Naughtin is the Strategic Advisor of Mental
15 Health at the National Disability Insurance Agency. He
16 will talk about the history of mental health services in
17 Victoria, and in particular the transition to
18 community-based services which, as we know, happened quite
19 some time ago. He will talk about his observations of the
20 historical government prioritisation of mental health at
21 both state and Commonwealth levels. His evidence will
22 address the challenges that he sees governments now face in
23 prioritising mental health.

24
25 In the context of his extensive experience in the
26 mental health sector, Dr Naughtin will raise questions and
27 possibilities for the appropriate mental health system
28 design here in Victoria. He will address the intention
29 behind the NDIS system, the respective roles of the NDIS
30 and the Victorian Government in relation to the NDIS and
31 the improvements it contemplates.

32
33 Dr Peggy Brown has held a number of senior leadership
34 roles in the mental health sector, including Chief
35 Executive Officer of the National Mental Health Commission,
36 Chief Executive of the Australian Capital Territory Health
37 and Chief Psychiatrist for the Northern Territory.

38
39 Dr Brown will describe governance and accountability
40 mechanisms required in a well functioning mental health
41 system and will tell you that Victoria's mental health
42 system is unnecessarily complicated by a lack of
43 differentiation between state and Commonwealth roles.
44 Dr Brown will also talk about the indicators that are
45 commonly used to measure the performance of mental health
46 systems and explain the challenges in measuring outcomes.

1 The Honourable Robert Knowles was a Minister in the
2 Kennett Government between 1992-1999. That was when the
3 Victorian mental health system was mainstreamed.
4 Mr Knowles will talk about the vision underlying the
5 institutionalisation, the fact that parts of that vision
6 have atrophied, and explain why, in his opinion, funding of
7 the mental health system has not been adequately
8 prioritised in the past decades. Mr Knowles will explain
9 how advocacy and other measures can bolster the political
10 case for reform.

11
12 Adjunct Professor David Plunkett is the Chief
13 Executive Officer of Eastern Health which is responsible
14 for the delivery of all public health care in Melbourne's
15 eastern region and includes Eastern Health Mental Health
16 Program. Adjunct Professor Plunkett will talk about how
17 the internal governance and monitoring of mental health
18 services works, as well as the steps involved in securing
19 funding to improve mental health services, including
20 capital funding.

21
22 Tomorrow we'll hear from Felicity Topp, who's the
23 Chief Executive Officer of Peninsula Health which delivers
24 an array of physical and mental public health services.
25 Ms Topp will talk about the way in which mental health is
26 prioritised at Peninsula Health and the further work needed
27 for the model of care to be broadly understood. Ms Topp
28 will address the challenges involved in advocating for
29 greater investment and in funding the delivery of mental
30 health services.

31
32 Jennifer Williams is the Chair of Northern Health
33 which is a major provider of public health care in
34 Melbourne's northern region. Ms Williams will give
35 evidence about the strong and focused leadership needed for
36 Victoria to reclaim its title as a leader in public mental
37 health services.

38
39 Mr Andrew Greaves is the Auditor-General of Victoria.
40 The Auditor-General's Office has recently published two
41 audits in relation to mental health. He will give evidence
42 about the findings of those audits and about his views
43 about the root causes of some of the failings in the
44 foundation of the system.

45
46 Ms Kym Peake is the Secretary of the Department of
47 Health and Human Services which is the system leader.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

Ms Peake will address the gaps in the mental health system including the gaps in its foundations.

David Martine, from whom we'll hear on Friday, is the Secretary of the Victorian Department of Treasury and Finance and he will describe how the state and Commonwealth Governments fund mental health services in Victoria.

Finally, we'll hear from two consumer witnesses who we will introduce on Friday.

Ms Coghlan will call the first witness

MS COGHLAN: The first witness to be called is Dr Gerry Naughtin, and I call him now.

<GERARD MICHAEL NAUGHTIN, sworn and examined: [10.11am]

MS COGHLAN: Q. Thank you, Dr Naughtin. You've made a statement for the Commission?

A. I have.

Q. I tender that statement. [WIT.0001.0068.0001] By way of background and experience, you are a qualified social worker?

A. Correct.

Q. You have a Bachelor of Arts from Monash University?

A. Correct.

Q. You have a Bachelor of Social Work from Monash University?

A. I do.

Q. And a PhD from Melbourne University?

A. Correct.

Q. You have 38 years of experience in a range of settings?

A. I do.

Q. They include disability, aged care, mental health, working in the public, commercial and non-government sectors?

A. Correct.

Q. Between 2008 and 2017, you were the CEO of MIND

1 Australia?

2 A. I was.

3

4 Q. You were also one of three community mental health
5 experts on the Federal Government's Expert Advisory Panel?

6 A. Yes, in relation to the National Mental Health
7 Services Planning Framework.

8

9 Q. Thank you. Can you please describe your current role
10 and responsibilities?

11 A. In my current role, I provide strategic advice to the
12 senior management, middle management and the Board of the
13 National Disability Insurance Agency. I also play a role
14 in chairing the National Mental Health Sector Reference
15 Group, which is a National Advisory Committee to the NDIA,
16 if I can use that acronym, and brings together most of the
17 major players in relation to the community mental health
18 aspect of the NDIA's work. It's an important mechanism for
19 the agency.

20

21 I've thirdly in my role have been playing a role as
22 principal policy advisor to initiatives that the agency has
23 set up to address some of the perceived weaknesses of the
24 agency's role in relation to psychosocial disability. This
25 has involved my participation in a working group with
26 Mental Health Australia, the Department of Social Services,
27 and the Department of Health specifically to address
28 recommendations in a report that Mental Health Australia,
29 that's the National Mental Health Peak Organisation,
30 provided for the agency out of national consultations on
31 improvements to the NDIS pathway that the agency initiated
32 in early 2018.

33

34 Q. I'll come back to ask you a bit more about that later.
35 Can I just clarify that the opinions and views that you
36 express in the course of your evidence today are those that
37 are held by you, not necessarily the organisation that
38 you're currently employed by or previously employed by?

39 A. That's correct. I am here to speak, as I understand
40 it, in relation to my views around the issues of
41 prioritisation, implementation and governance. I am here
42 with the approval and support of the NDIA, but I'm not
43 speaking today as an official spokesperson for the National
44 Disability Insurance Agency.

45

46 Q. Thank you. Can I then start by asking you about
47 prioritisation of mental health by governments, and in

1 particular just pose a question to you: when is mental
2 health prioritised by governments - I'm talking at both
3 state and Federal levels - relative to other service
4 delivery and policy areas? Can you, in answering that,
5 reflect on your own experience over the years, and if we
6 could start with Victoria?

7 A. When I consider that question, my reaction is, in my
8 experience that both in the Victorian Government and the
9 Commonwealth Government there has been a significant
10 prioritisation of mental health over a number of decades at
11 both state and Commonwealth level.
12

13 When I reflect on that, I suppose I've probably been
14 around working in the state in these areas for too long,
15 but was certainly part of - when I was a young state public
16 servant - was working in the Victorian Health Department at
17 the time in which de-institutionalisation was commencing,
18 and some of the early design work in relation to the
19 current system was there.
20

21 For me, when I reflect on that, what I understand is,
22 many of the elements of the current architecture of the
23 mental health system in Victoria was set down in the late
24 1980s, early 1990s. They were a very deliberate attempt,
25 from my perception, to identify what were the key elements
26 and more integrated community-based system that moved it
27 away from the historical legacy of large self-contained
28 psychiatric hospitals.
29

30 For me, as I reflect, I suppose, since the 1980s in
31 Victoria, again, I see a series of quite deliberate
32 attempts at innovation across the scheme. I think one of
33 the important elements in relation to this was the
34 Victorian Government really played a major role in the
35 establishment and funding of the non-government sector and
36 building the non-government sector from what was at the
37 time in the late 80s very much a small cottage industry
38 which was essentially a range of particularly families who
39 had come together to say we wanted improved responses.
40

41 So, we see innovation in relation to government
42 understanding the elements, and I think as a structure that
43 saw a range of both bed-based and community-based elements
44 within the scheme.
45

46 Q. You give examples, is this correct, in terms of the
47 innovations? There was a focus on public sector clinical

1 services and NGO partnerships in the 2000s?

2 A. As part of government policy there was certainly a
3 very deliberate policy approach of the department
4 encouraging local hospital based networks and NGOs in
5 regions to come together; there was a formal mandate to
6 have partnerships; there was a series of working groups,
7 which was really focused on how do we think about building
8 a more integrated, community-based network of services.

9
10 So I think again there was a strong focus in relation
11 to trying to achieve that. There were various, across the
12 state, levels of support in relation to that. But again,
13 there was quite deliberate attempts to address some of the
14 structural issues in relation to that.

15
16 Another example of the sort of very deliberate attempt
17 at innovation was the planning and roll out of the PARC
18 services, the Prevention and Recovery Centres, which I had
19 involvement in a number of those through my role as Chief
20 Executive of MIND Australia. But again, this was an
21 attempt to deal with the need for longer term, safe
22 environments for people pre and post hospitalisation.

23
24 And certainly I think recognised in Australia as a
25 leading cutting-edge model and something that now other
26 states are starting to roll out. So, again, I think a
27 number of examples of quite deliberate attempt in Victoria.

28
29 From the Commonwealth perspective - oh, if I perhaps
30 stop there.

31
32 Q. If I take you back before we move on to the
33 Commonwealth, just to remain with Victoria for a moment but
34 fast-forward to 2014 and particular implementations at that
35 time by the Department of Health and Human Services?

36 A. In 2014, the department decided to re-tender what we
37 now know as mental health community support services, or
38 historically as psychiatric rehabilitation services, along
39 with drug and alcohol services. It was, I think, a
40 deliberate priority to try and develop a more
41 individualised and person-centred approach to introduce the
42 concept of competitive tendering. It resulted in a
43 significant restructuring of the delivery of arrangements
44 in relation to the structure of the provision of community
45 mental health support services in Victoria.

46
47 One of my reflections in that, it was a very well

1 intended initiative that, in my view, caused significant
2 disruption to the service system and created I think much
3 confusion amongst people with mental health issues, and
4 secondly with families and carers and providers, so it
5 broke some of the historical patterns of referral and
6 connection, and many people were arbitrarily moved to
7 different service providers without choice because of the
8 re-tender arrangements, while the intent of the initiative
9 was to try and introduce people to the concept of choice in
10 preparation for the NDIS.

11
12 So again, while that's a priority it's probably, in my
13 view, an example of unintended consequences of a policy
14 initiative.

15
16 Q. Can I ask you now then about the Commonwealth
17 Government's prioritisation?

18 A. It's a hard issue to try and summarise, I think, the
19 diversity of initiatives that have occurred in the
20 Commonwealth. I certainly can't fully represent the
21 Commonwealth perspective. But my observation is that the
22 records suggest that from the mid-2000s onwards there was a
23 significant focus by the Commonwealth in relation to
24 community mental health services, driven particularly, as I
25 understand it, by representations by women, mothers,
26 sisters, of family members of people with mental health
27 issues.

28
29 Some of those initiatives that arose out of that
30 period were the Commonwealth Community Mental Health
31 Program, the Personal Helpers and Mentors Program, the
32 Partners and Recovery Program, and the Day-to-Day Living
33 Program, and certainly as Chief Executive of MIND, we were
34 involved in a range of those programs.

35
36 Q. That was effectively in response to issues raised by,
37 particularly women in the community, about the
38 responsibility of care falling to them?

39 A. Correct. Again, when I reflect back on the
40 initiatives post the 2006 initiatives of the Howard
41 Government, we see the expansion under the Medical Benefits
42 Schedule in relation to mental health plans and a very
43 deliberate attempt to build primary health services through
44 Commonwealth funding of the MBS.

45
46 We see again five national mental health plans from
47 1993 which was the first, to the most recent plans,

1 Commonwealth leadership in relation to working with states
2 and territories to define national agreed priorities in
3 relation to mental health.
4

5 I think, again, we see in 2012 the establishment of
6 the National Mental Health Commission to provide strategic
7 and independent advice to the Commonwealth Government in
8 relation to mental health issues.
9

10 Of recent times, one of the priorities we've clearly
11 seen is the roll out of the National Disability Insurance
12 Scheme and the inclusion of people with severe and
13 persistent mental health in that scheme. People with
14 severe and persistent mental health were not initially
15 envisaged as being part of that scheme, and it was seen
16 more as focused on physical and sensory disabilities.
17

18 However, during the national consultations, as I
19 understand it, there was such strong community opinion that
20 people who had disabilities associated with their mental
21 health should be included in the innovation that the NDIS
22 was proposed to deliver, and therefore there was an
23 agreement to build within the need group categories within
24 the NDIS Act people with psychiatric conditions, with
25 severe and persistent psychiatric conditions within the
26 scheme.
27

28 Subsequently, I think we have seen both the
29 Commonwealth and Victorian Government commit, through the
30 NDIS, to what is historically the most significant growth
31 in funding for people with disabilities associated with
32 severe and persistent mental health that's ever been seen
33 in this state and this country.
34

35 Notwithstanding that there are some implementation
36 issues still to be addressed in that, I think when I look
37 at the question of prioritisation, what I think I would
38 want to suggest today is, there is a very conscious pattern
39 that I can see from both the Victorian Government and the
40 Commonwealth Government to try to develop over that long
41 period of time, different generations of response to the
42 issues that communities experience in relation to mental
43 health, and that certainly needs to be recognised.
44

45 The other priority that I observe in my current work
46 as Strategic Advisor is also the role that the Board and
47 Senior Management and the Department of Social Services and

1 Health all have in relation to the priority that they are
2 giving to ensure that the NDIS works effectively for people
3 with severe and persistent mental illness.
4

5 I think there was early critique in regards to the
6 scheme, the notion of psychosocial disability as we now
7 term it within the scheme, or technically what's called
8 severe and persistent mental illness, did not get the
9 attention that other disability groups did. But I think
10 what we are seeing under the current Board is a very clear
11 prioritisation of psychosocial disability, and I think a
12 program of activity, what is sometimes called the
13 psychosocial disability stream, to encompass this range of
14 activities to try and address these range of issues.
15

16 I'd be happy to talk about that in detail at a later
17 point, but my point here is, what I'm seeing clearly is
18 significant prioritisation. A key question, however, is
19 how adequate is that prioritisation in contrast to the
20 scale of the human need issues we have.
21

22 Q. Do you have a comment on that?

23 A. I think, as the evidence that I've heard in the media
24 and some of the witness statements that I've read here
25 would suggest is, the prioritisation, while there, has
26 still left some significant gaps in relation to the mental
27 health service system that need to be addressed.
28

29 From my perspective, I suppose that quick look at
30 history is also saying, there have been a number of those
31 over the last 20 years; the questions that are faced at
32 this point it seems to me by this Commission is, how does
33 it define what are the most effective ways of considering
34 the design of the system going forward that understands the
35 balance between these different elements; to understand the
36 complexity of the system we have and bring sufficient focus
37 and attention and resources to provide the next generation
38 of response.
39

40 Q. I'll ask you a bit more about that in due course, but
41 can I just return at the moment to this question: is mental
42 health under-prioritised relative to other service delivery
43 and policy areas, in your view?

44 A. The answer is, yes, and I suppose I'd like perhaps
45 just to articulate my thinking about why that is the case
46 and for me the reasons for this are as follows: first,
47 there are diverse views about priorities for changes within

1 the mental health sector, and governments at times find the
2 politics of change difficult to manage. The stakeholder
3 groups can present different and at times competing
4 priorities to government at both national and Victorian
5 levels.
6

7 Secondly, there are not as many votes in mental health
8 as there are in many other social issues, such as cancer
9 and heart disease, and mental health at times struggles
10 against other competing demands for government resources.
11

12 A third factor, in my view, is, the mental health
13 system is a very complex one with significant roles played
14 by the public and private agencies, and a significant role
15 played by both several large private corporations in the
16 provision of private hospitals, and then the sector is made
17 up of thousands of small business providers: GPs,
18 psychiatrists, psychologists, allied health professions, so
19 it's an extraordinarily diverse sector.
20

21 I suppose in thinking about prioritisation, it's also
22 a diverse sector that's funded by two levels of government,
23 and thirdly, by significant private contribution: money
24 coming out of people's own pockets. So, in terms of
25 thinking about this notion of the mental health sector it's
26 important to understand the complexity of the sector and
27 the complexity of change involved.
28

29 I think, if there were simple levers that could be
30 pulled, my guess is government would have pulled them and
31 actually achieved some of the outcomes, but I think part of
32 that from my perspective about prioritisation is this
33 complexity.
34

35 The fourth issue for me is that state governments, in
36 my view, are focused understandably on their priorities
37 which are public hospital mental health services,
38 corrections, justice and policing. They have less focus
39 and capacity to influence the provision of primary mental
40 health services which are driven by the Commonwealth,
41 predominantly through the Department of Health and the
42 Department of Social Services.
43

44 It's hard for the states and territory governments to
45 get a whole-of-system or a whole-of-state view of what's
46 happening given these many diverse elements.
47

1 International experience also indicates that reform is
2 hard and that community pressures, political and
3 bureaucratic variables, need to be aligned for significant
4 change to occur.

5
6 Q. You mention in your statement that another factor is
7 that historically there has been a lack of awareness of the
8 economic significance of not addressing mental health
9 issues: can you just elaborate on that?

10 A. Over the last, I think, five years, there has been
11 growing focus in public policy and within industry on the
12 economic impact of mental health. That's certainly been
13 shown particularly within industry in relation to work
14 coming out of both the superannuation industry and the
15 WorkCover industry, so the impact that mental distress is
16 having in relation to workforce participation, and there's
17 been a range of work in that space by a range of
18 organisations and I would just highlight the more recent
19 work by Mental Health Australia and KPMG in relation to
20 that space.

21
22 Certainly, as I would understand it as well, the role
23 of the Productivity Commission and its terms of reference
24 and appointment is part of a greater focus in relation to
25 that, so that is another element. So that, I think when we
26 understand the mental health system, we're starting to
27 understand it's not just the delivery of services that have
28 historically been delivered by the Commonwealth and state,
29 but also involves much larger economic and social policy
30 within this country.

31
32 The final point I'd make is, I made the earlier
33 point about the lack of a comprehensive understanding
34 within the state of what the elements are. The other
35 point I'd make is, the lack of research and good
36 information about the full suite and range of things that
37 are available.

38
39 I work in this industry every day, I'm pretty well
40 informed. I find it really hard to keep pace with the
41 diversity of change that's going on. If we look
42 specifically in this state and we look at the recent
43 reforms to the mental health community support services
44 that have recently been restructured, there's those
45 changes; we've also seen Primary Health Networks, for
46 example, taking on major roles in relation to Commonwealth
47 responsibilities in relation to new schemes such as

1 continuity of care and the National Psychosocial Disability
2 Measure.

3
4 So, when I think, where can I go as a supposed expert
5 to say, how do I get a relevant current statement of what
6 might be available in my area if I was looking for
7 services, it's very hard to find, and you need to be
8 extraordinarily skilled. So, this whole question which,
9 for me in terms of priorities, how we understand better,
10 how we provide better information about what is available
11 to people, because I think at times many people don't know
12 what is available; I don't know in my role at MIND
13 Australia as Chief Executive how often I was - people would
14 share their stories with me and say, "Gerry, if I'd only
15 known what non-government organisations were providing five
16 years ago when I was going through hell, my life and my
17 management of this issue could have been much better."

18
19 So for me, one of those questions is, how do we find a
20 simpler contemporary - that is, it needs to be modern in
21 its accessibility - way of understanding, helping people to
22 navigate this system.

23
24 Q. Can I move on to ask you about the challenges that
25 governments otherwise face in prioritising mental health.
26 I'll just read to you a portion of your statement and ask
27 you a question from that. You say:

28
29 "There are many challenges and
30 opportunities that governments face in
31 addressing improvements for mental health
32 services. I highlight my top seven."

33
34 Can I ask you about each of those in turn, please,
35 starting with the need to build this contemporary picture
36 that you've just touched upon?

37 A. I suppose, when I think about what are the challenges:
38 if we're going to design or think about the design of a new
39 future, it's really important to understand what we have
40 now. There is significant resources available within the
41 mental health system: one of the questions is, how
42 effectively are they utilised.

43
44 For me, one of the challenges is to really bring
45 together a clear picture of what money is available in what
46 areas if we are going to be able to start to stop and say,
47 how do we think about changing the mix of services in a

1 particular way? So, that's I think the point I'd be making
2 about the need for a strong evidence base.

3
4 One of the difficulties for government, and I think
5 Ministers is, often we get pictures, parts of the little -
6 people describe their view of the world. In thinking about
7 mental health policy, it seems to me one of the ingredients
8 that other areas of the health sector have been able to
9 develop is a much stronger evidence base and understanding
10 of what's the interventions, what are the policy settings,
11 and what are the outcomes that are and aren't being
12 achieved.

13
14 It is very difficult to do that in this space, and it
15 seems to me that is one of the technical opportunities to
16 bring that together because what I would hope is that what
17 we can move towards are some settings of policy that can
18 last for a significantly longer period. Often one of the
19 challenges we have is, in the face of a lack of a
20 comprehensive picture, often governments and bureaucrats
21 respond to new ideas that look good, solve problems in
22 parts of the system, have got some terrific value in their
23 own right, but don't go to addressing the fundamental
24 drivers of structural change.

25
26 Q. Can I ask you, in the answer you gave then you talked
27 about other areas where it is achieved, that there is some
28 clear evidence-based picture: can you elaborate on that in
29 terms of what you're thinking about?

30 A. Other geographical areas?

31
32 Q. Other areas in the health system.

33 A. In terms of the challenges?

34
35 Q. Yes. So, in the answer you gave, you talked about
36 needing this evidence-based picture, and you talked about,
37 that it is achieved in other areas in health. Do you have
38 a particular example in mind as to where it is achieved and
39 the Commissioners can be informed about?

40 A. I'm far from an expert in relation to cancer and heart
41 services, but from what I observe in relation to academic,
42 professional practice and organisational lobbying, there
43 has been significant work over decades to build a
44 comprehensive knowledge base and understanding of both
45 resource requirements and what is good practice in those
46 spaces. For me, the comparison is those two areas.

47

1 I think the other comparison is my own knowledge in
2 relation to the NDIS and disability services. We've had a
3 long history prior to the NDIS of very diverse views being
4 put to government in relation to what was needed.

5
6 What I observed in relation to the campaign for the
7 NDIS in this country was the diverse elements in the
8 disability sector came together and were able to formulate
9 a common set of requests to government and provide a strong
10 rationale, and I think that involved then the
11 Productivity Commission being able to undertake work for
12 the government to provide a detailed analysis and then
13 substantive recommendations moving forward.

14
15 So for me they're three models and ways in which other
16 sectors have been able to address reform in a more coherent
17 way that seemed to me to - and counsel's earlier opening
18 comments raised - the comments from John Mendoza - raised
19 some of these issues in relation to how we can develop.
20 The challenge is how we can have agreement around what
21 might be the elements of reform, because government is
22 clearly highly responsive to diversity of community;
23 community and professional and service provider opinion in
24 these spaces.

25
26 Q. Can I ask you about the second matter in response to
27 challenges, which is consideration of the new policy and
28 funding options?

29 A. When I think about this matter, I think one of the
30 questions is, how do we know what works and what's the
31 basis for it? And, in considering recommendations, what is
32 the evidence base?

33
34 When I look around Victoria, I think we have some
35 quite outstanding models of practice that stand up anywhere
36 in the world. We have a system that is based on recovery
37 and a recovery philosophy.

38
39 When we look to say: what is the evidence about what
40 works? What is the impact of this? Do we have the outcome
41 measures to understand what is actually being achieved?
42 The answer is, we don't.

43
44 I've been involved in a number of industry initiatives
45 to try and understand our history, but when we look at our
46 practice, and one of the areas I would draw to the
47 Commission's attention, we've invested in the

1 non-government sector now for - I think it's about
2 25 years, I need to be corrected on that - but in that
3 25 years there's been a range of significant attempts to
4 improve employment rates for people with severe mental
5 health issues, particularly with schizophrenia. The
6 evidence is that there's been very little change to
7 employment participation rates for that group.

8
9 So certainly from my perspective - and I know this is
10 an issue that the agency is concerned about is - as we go
11 forward in our practice guidelines and what we're funding,
12 it's important to say, how are we able to improve outcomes
13 in this space? So again, this challenge of being able to
14 justify to government that there is a clear set of
15 investment propositions going forward that there can be
16 some confidence that they will be effective in the outcomes
17 that people are seeking for those initiatives.

18
19 Q. Next, can you just address the potential structural
20 inefficiencies of the current features of the Victorian
21 Government responses and expenditures?

22 A. For me, this has been a longstanding issue. I was
23 involved in the Victorian Police Mental Health Liaison
24 Group in which there was much discussion in relation to the
25 role of police in relation to transporting people to and
26 from hospital, and secondly, the feedback that I learnt
27 through that group was often police being asked to
28 undertake assessments of mental health situations that they
29 did not have the skills for.

30
31 One of the questions - and I understand it's been an
32 issue in evidence to the Commission - is, how do we
33 understand how the current investment of state resources
34 can be used more effectively than the way in which
35 resources that weren't necessarily intended for that
36 purpose for a significant part of the practice are
37 currently being used for that. So, this is again an
38 attempt to say, how can we understand effectiveness and
39 efficiency in the whole system; it seems to me one of the
40 real challenges and how we learn from both experience in
41 Australia and internationally in relation to this.

42
43 Q. And so, when you talk about the whole system in the
44 example that you've given, you're considering a broader
45 picture which includes the resources that are used by
46 police, for example?

47 A. So, that's one example. The other example I would

1 suggest is the contribution of families and carers to the
2 mental health system in this state. At MIND Australia, we
3 undertook the development of - for a number of years we had
4 been responding to a range of need, we felt the need
5 particularly to do more research to bring together the
6 evidence. We commissioned a study by the University of
7 Queensland into the economic costs of caring. It
8 identified that the contribution of families and carers of
9 people with mental health was \$3.2 billion, using I think a
10 reasonably sound economic methodology.

11
12 If we divide that by four for Victoria, what that's
13 saying is that mental health families and carers are
14 contributing over \$3 billion in economic benefit to the
15 mental health system in Victoria, but we're not
16 sufficiently recognising that. We're not understanding the
17 economic consequences of people having to stop work because
18 of their caring role.

19
20 Again, the question of proportionality: there is no
21 question that the state system recognises the issues of
22 family and mental health carers and funds a range of
23 support programs, and there is, I think again, some
24 excellent programs trying to deal with that. But when we
25 understand what is the contribution, we clearly know
26 families are contributing in emotional support, but they're
27 clearly contributing in relation to financial support.

28
29 That study is an important one and I would bring it to
30 the Commission's attention in terms of understanding that
31 as an important part of this system, so how we understand
32 the dynamics. From my perspective one of the temptations
33 for government and bureaucracies is, only go to the
34 variables they control. The reality for mental health is
35 that it's a much broader whole-of-community issue and how
36 we can understand what are those levers that we can pull.

37
38 Again, from our experience in MIND Australia, the
39 development of family and carer inclusive services is a key
40 element of good practice that we need to be able to
41 articulate and understand how we can help and assist that
42 process through our design.

43
44 Q. Can I ask you next about the need for a stronger focus
45 on the full spectrum of drivers of mental ill-health and
46 the full range of support responses?

47 A. That's a very complex question, so I'll try and take

1 it at a couple of levels. From my experience, and when we
2 look at some of the major reports, one of the difficulties
3 we have for government and bureaucracies, it tends often to
4 focus on the key pressure points, and there's no question
5 pressure points on public hospitals and emergency
6 departments is a key pressure point.

7
8 The National Mental Health Commission, in its 2014
9 report, "A Contributing Life", I think provided a very
10 comprehensive analysis of this question and the issue of,
11 what's the balance or the mix of services.

12
13 I think from my perspective what I can suggest to the
14 Commission is, that I think is an inevitable and an
15 important part of the deliberations, but I think, when I
16 look at some of the international literature and
17 international best practice, particularly some of the work
18 that's coming out of the modelling from the World Health
19 Organisation, the issue of self care, the issue of family
20 and carer support; I think the critical importance of
21 informal support networks, and how we understand how we can
22 build those, are some of the key elements that we need to
23 address.

24
25 One of the difficulties is, unless we can
26 achieve/consider what the balance and mix might be, one of
27 the challenges it seems to me in the face of Victoria and
28 Australia, is just a continuing demand for resources to try
29 and manage the pressures on the public hospital bed system.

30
31 For me, one of the questions is, we do need to be able
32 to try and - although it's difficult - to do the planning
33 that understands the elements that we need to bring
34 together in what is a coherent plan for the future.

35
36 The comment I make is, as I think about the
37 challenges, for me one of the questions for the Commission,
38 but I think for government more broadly is, is the question
39 that the fundamental design of the system as we have it now
40 from Commonwealth and state is right, or do we need to
41 consider a more robust redesign of the system?

42
43 When one looks at many of the elements that are
44 recommended in relation to what should be part of a mental
45 health system, it's clear we have many of those in the
46 current system, both in terms of legislation and service
47 provision.

1
2 But one of the questions is, what is good practice, or
3 what is better practice might be a more realistic objective
4 to move towards, and how is that judgment made, it seems to
5 me, is one of the wickedly difficult policy questions that
6 needs to be considered.
7

8 Q. I'm going to come back to ask you about a particular
9 system design that you had in mind which is currently in
10 place in Trieste in Northern Italy; but, before I do that,
11 can we just return to the top seven challenges you'd
12 highlighted in terms of the barriers that governments face,
13 and just to return to five, six and seven?

14 A. For me, I'll just move through these quickly. I think
15 the need for governments to give greater recognition and
16 dialogue to the important role that employers and
17 workplaces play in creating poor mental health through work
18 pressures, bullying and discriminatory practices.
19

20 Secondly, I think the positive role that they play in
21 providing supports to workers in periods of mental illness
22 and in helping workers to stay mentally well or mental
23 wellbeing as we come to know it. So historically I think
24 when we've understood the role of the state in relation to
25 employers, that's not been a space that the Victorian
26 Government - you know, it has clearly very established
27 mechanisms in relation to its relationships with employers.
28 There is significant work through Beyond Blue, Mental
29 Health Australia, in relation to a workplace focus in
30 relation to wellbeing.
31

32 But, in terms of thinking about what's an overall
33 strategy for Victoria, that's for me an area of real
34 opportunity of building on some of the initiatives and
35 being able to use the influence of the State Government
36 with the employer networks in this state to continue some
37 of the terrific initiatives that employers are trying to
38 make in relation to mental wellbeing for their employees.
39

40 It's also about industry understanding the financial
41 impacts of mental health on their bottom line and therefore
42 trying to ensure that they address their own workplace
43 practices.
44

45 The next one is, in terms of the challenges, is the
46 question of workforce. I would say, that clearly always
47 has been and always will be since I have started work, I

1 think workforce has been an issue, but as we are growing,
2 the question of both the numbers of people, remuneration,
3 and thirdly the training are all key issues that need to be
4 considered.

5
6 The final challenge which comes very much from my
7 immediate work setting is the opportunity to see how we can
8 get the two streams of service, particularly mental health
9 in the public and private sector, and the NDIS services.
10 We have the mixture at the moment between clinical mental
11 health services which is the responsibility of the mental
12 health service system and the NDIS; its responsibilities in
13 relation to psychosocial support or daily living support.

14
15 I think one of the real opportunities we have is how
16 we can look at these services being integrated in some
17 smoother transition. This was clearly the intention of
18 COAG in 2015, and I think this is an area where there is
19 considerable activity and work in at the moment, but I
20 think that's a real opportunity perhaps rather than a
21 challenge.

22
23 Q. Thank you. We might return to that later as well in
24 an NDIS-specific context. Can I return at this stage to
25 what I touched on earlier, and you were getting to, which
26 was the system design in Trieste in Northern Italy. Can
27 you first of all explain what you know about it?

28 A. When I suppose as a Chief Exec I've been looking
29 around to say how we might do better, the model I keep
30 being told about that is the world leader in the provision
31 of mental health is the system in Trieste in Northern
32 Italy. This is a provincial city in Northern Italy; that
33 really out of the 1980s, when it closed a 1,200 bed
34 psychiatric hospital, has built a system of mental health
35 that I have read about that is delivering what I think - it
36 seems to be achieving in Australia what we would think as
37 almost unimaginable outcomes.

38
39 And, I have not been to Trieste, I have to say to the
40 Commission, so I can't report directly in relation to this,
41 but in understanding the elements of that system, they did
42 a system redesign that had a smaller number of hospital
43 beds but developed a comprehensive program of community
44 centres which were available 24/7 and dealt with a range of
45 crisis issues.

46
47 The other element of that system is that it understood

1 social networks and relationships matter and education and
2 employment matters. So, what they have done in Trieste is
3 to focus not just on clinical presentation, but the whole
4 person. So, they've understood that the focus has got to
5 be on helping people find jobs, they have developed a
6 system of social co-operatives.

7
8 It strikes me, one of the key points in the approach
9 in Trieste is what they would say is, "The philosophy of
10 care is more important than any specific service or program
11 that the mental health system offers."
12

13 The elements that they would see as important is, they
14 would say, the system has to be relational, it's not a
15 commodity-based system. Given the vulnerability of people
16 with mental health, it needs to be understood the
17 connection between the individual and the worker: their
18 ability to respond quickly, the notion of, you've got a
19 major crisis, I'm sorry, you have to wait four months on
20 our waiting list, is not something that is accepted.
21

22 So, they have developed an approach which tries to be
23 more responsive in a way that I as a Chief Executive of a
24 large NGO with all the logistical issues of managing a
25 large organisation would say, very difficult to achieve.
26 But it seems to me that a person-centred focus, the sense
27 of it's the philosophy of care and a sense of relationship
28 with someone, and also their sense of, you will get better
29 and we will help you to improve, and that understanding of
30 recovery as learning to live with and without the symptoms
31 of mental illness seems quite central.
32

33 Now, in Australia and Victoria, we have many of those
34 elements built into scheme design, but for me this question
35 of how do they get those elements right is an important
36 issue. The World Health Organisation recognises this as
37 one of their demonstration sites on mental health system
38 design in the world, so it seems to me an area that I've
39 always been very interested in and thought the Commission
40 might have some interest in that.
41

42 Q. Can I just ask you two questions arising from your
43 response. One of the things you mentioned is that it has
44 unimaginable outcomes: can you just address those as you
45 understand them?

46 A. The most prominent is the reduction in demand for
47 public hospital beds, is the first one that I find an

1 amazing issue, but I think it's that sense of, they are
2 dealing with issues through alternative crisis support
3 services.
4

5 Secondly, that they have an integrated approach
6 between mental health and drug and alcohol services, and
7 so, they're managing that in a much more integrated way.
8

9 The third claim that comes out from my reading is,
10 it's also reducing homelessness within the Trieste
11 community, and the fourth concept that I find interesting
12 is, they understand the mental health system is in the
13 community but also by the community. So, what I think
14 they've been able to do is to build a stronger sense of
15 social inclusion within that community.
16

17 Now, it is a smaller provincial town in Northern
18 Italy, so it doesn't have some of the problems of large
19 cities, but what I think the point there is, they've been
20 able to deal with stigma and discrimination, and so, people
21 ensure that, again, there's good housing supply; some of
22 those elements that I think we all dream of, but what seems
23 to be the case is, they've been able to, over a 20-year
24 period, been able to work with the community.
25

26 So, there is an understanding - you know, if we think
27 about the understanding we have of cancer and the way in
28 which it affects all our lives; what I understand is, they
29 also understand mental health is not some stigmatised issue
30 to deal with in isolation for the select few, but is
31 something that is in all communities and communities have
32 been encouraged to be involved; to be involved in the
33 community centres.
34

35 One of the features I found fascinating is, other
36 people use the community centres, so there's not this sense
37 of isolation that we've so often had in relation to mental
38 health.
39

40 Q. What do you know then about, I guess, the quality of
41 the clinical system there and how it operates?

42 A. I can't answer that question. So, I don't believe I'm
43 sufficiently informed. The reports certainly from the
44 World Health Organisation clearly are very complimentary in
45 relation to that, but I think again part of the success
46 that they would say is, they would put priority on what we
47 would call psychosocial. So, the view is, start with the

1 social and we add the clinical: not, we start with the
2 clinical presentations and we think about the social
3 afterwards.
4

5 And, in the social it's also the economics. They
6 would say one of the best things that they could do for
7 someone's mental wellbeing is either get them in employment
8 or meaningful engagement, what we've called citizenship.
9 They would suggest in their thinking that that is probably
10 as efficacious as 20 or 30 sessions with a psychologist or
11 a psychiatrist. So, it's again my earlier point about,
12 what are these elements that we seem to understand as the
13 prerequisites for good mental health for people who have
14 serious mental health conditions.
15

16 Q. I want to move on to ask you about the NDIA and NDIS.
17 Firstly, if you could briefly say what the intention of the
18 NDIS is?

19 A. The NDIS is a fundamental shift in the way in which
20 disability support services are dealt with in Australia.
21 It clearly comes out of extensive consideration by
22 government and the community over many years, and it
23 involves, I think, two key elements: a system that is based
24 on client choice and control, and moves away from the
25 historical focus on block funding; that is, it puts the
26 power in the control of the consumer.
27

28 It's a system that is based on insurance principles,
29 and essentially the element in that is, anybody who meets
30 the disability and other criteria in the Act should be
31 eligible to reasonable and necessary services to be funded
32 by the scheme.
33

34 It secondly is a very significant Commonwealth and
35 state initiative and has involved a very significant shift
36 from the role of states in this to a national scheme of
37 provision. As I mentioned earlier, people with severe and
38 persistent mental health issues are within the terms of
39 reference of the Act.
40

41 In terms of the scheme itself, it represents a
42 significant departure from a capped scheme in which we've
43 had waiting lists and clearly had gaps in the delivery of
44 service, to a system which has the intention of meeting the
45 disability support needs of all people who meet the
46 eligibility criteria under the Act.
47

1 In the Victorian or the national context, that's a
2 very significant shift in relation to psychosocial
3 disability services, where clearly we've had a capped and
4 limited approach and we've not been able to respond to the
5 full scale of demand that has been around.
6

7 Q. I'm going to ask you about that in a moment, but can
8 you first of all just address the respective roles of the
9 NDIS and the Victorian Government?

10 A. As part of the roll out of the National Disability
11 Insurance Scheme, through the Council of Australian
12 Government there was agreement between the Commonwealth and
13 State Governments to what's called, the principals to
14 determine the responsibility of the NDIS and other service
15 systems.
16

17 If I may read from my notes here just to give you a
18 sense of the elements of this:
19

20 "The agreement specifies that the health
21 system will be responsible for the
22 treatment of mental illness, including
23 inpatient, ambulatory, rehabilitation
24 recovery, and early intervention and
25 residential care, where the primary purpose
26 is for time-limited follow up linked to
27 treatment or hospital diversion. The NDIS
28 in its role is responsible for ongoing
29 psychosocial recovery supports, to focus on
30 a person's functional ability including
31 those that enable a person with a severe
32 mental illness to undertake activities of
33 daily life and participate in the community
34 and in social and economic life.
35

36 "The agreement specifies that the NDIS and
37 the mental health system will work closely
38 together at the local level in trying to
39 ensure a smooth transition between the
40 different services."
41

42 So it is, I think, setting out the respective
43 responsibilities of the two levels of government in
44 relation to mental health, and I think is a very important
45 statement and agreement by those governments of their
46 respective responsibilities.
47

1 Q. Can I ask you now, you've mentioned perhaps twice in
2 the course of your evidence, about issues with
3 implementation, challenges to transition. The Commission
4 has heard evidence about a range of difficulties that have
5 been encountered in accessing services.
6

7 In particular, people falling through the cracks, not
8 getting access; that there have been significant structural
9 changes; that there are less services available; that there
10 are gaps in the implementation in Victoria. What's your
11 comment on the evidence that the Commission has heard?

12 A. I haven't listened to the details of that, so in
13 answering this I will try and be cognisant of the
14 particular points you've put, but perhaps to contextualise
15 this in some of my understandings of these issues.
16

17 The first point I'd make is, the Commonwealth and
18 State and Territory Governments of which Victoria was a
19 part deliberately set out to do a major disruption to the
20 historical pattern. It is a conscious deliberate
21 perspective to set out to provide a new system of support
22 for disability support including people with severe mental
23 health.
24

25 When I was a Chief Exec, we certainly were encouraged
26 to go along to a range of training programs that said, the
27 world is changing; government has decided that we are going
28 to put money in the hands of individuals and they will
29 decide.
30

31 Secondly, in context, the Commonwealth has also put
32 significant money into primary mental health services for
33 people who are not eligible for NDIS. So, through the
34 Primary Health Networks we now have, anybody who is not
35 eligible in their application to the NDIS who is currently
36 a recipient of Commonwealth services is guaranteed
37 continuity of support for life.
38

39 Now, I think to come to your specific point: there is
40 nowhere that I understand government intent was to
41 guarantee that the new scheme would provide the same
42 funding as the old scheme. The system has been designed to
43 say, consumers will decide, and what consumers are doing is
44 making choices in accordance with what we've said to them
45 is the new approach.
46

47 There are clearly areas in which service providers are

1 having redundancies, where they are impacted by consumer
2 preferences to go elsewhere, or they are struggling in
3 relation to some of the variability in relation to some of
4 the financing arrangements that were there.

5
6 So, where there are concerns in relation to this, the
7 NDIA is wanting to work very clearly with organisations to
8 help them to understand.

9
10 Certainly, I think we've introduced a series of
11 pricing changes: first of all from 1 February in relation
12 to introducing a new level of subsidy which provides for a
13 higher level of skill base for providers.

14
15 On 1 July, the agency announced a significant increase
16 in relation to funding for a range of support items within
17 the scheme which was in response to feedback from the
18 industry more broadly, including mental health service
19 providers, that the arrangements weren't sufficient.

20
21 So, I think in response to your question, what I
22 understand the Act, the scheme is doing, is implementing
23 the intent of the Federal Parliament. We are trying to
24 work with providers in an adjustment process, because we
25 certainly see a role for the agency in market stewardship.
26 Some agencies in our discussions are indicating they don't
27 believe that they wish or are able to stay in the market.

28
29 The other comment I'd make in terms of our role as an
30 agency and market stewardship is, what we are seeing is a
31 diversification of the market. We see this as a very
32 positive thing. So, from the agency's perspective, what we
33 are seeing signs of is the diversification of the
34 marketplace opening up more choices rather than - you know,
35 as I understand the critique is, what's called the gap is,
36 the scheme is no longer providing the same level of funding
37 and allowing me as an agency to employ the same number of
38 staff I did in the past. Our response is, this is about a
39 market driving that.

40
41 One of the historical roles in my experience in this
42 sector under the block funded system was, if you felt you
43 weren't happy with some of the decisions under the grants,
44 you can go and complain to your politician or you'd go to
45 the press. One of the issues as we go forward is, the
46 control of the decision-making power no longer rests with
47 the Victorian Government or the Commonwealth Government.

1 The scheme that we have done is, we determine eligibility
2 and then we have a process of planning with the person and
3 with their key people in their life to set out a plan.
4 They then can choose what they want to buy from the support
5 items. They're much more diverse than the support items
6 that I was able to deliver through the traditional funding,
7 so we've got a very deliberate approach which reflects the
8 philosophy.

9
10 Just to summarise, the scheme is implementing the
11 intent of both Federal Parliament and I think the Victorian
12 Government in relation to the bilateral agreement. We are
13 trying to manage and work with the sector, and you've heard
14 earlier on some of the roles we have, both at a national
15 level, but we're also working at a state and regional level
16 where people are needing support to understand what is
17 available or how the system works, and we understand this
18 is a big change for many players.

19
20 So, we are committed and I think our history is, we
21 have a strong level of involvement in working with the
22 sector in trying to sort out issues, but we are not about
23 bolstering the old service system.

24
25 Q. What about the idea of re-introducing recovery?

26 A. One of the issues that has been raised by the mental
27 health sector was that recovery was an element of state-run
28 community mental health support services, but wasn't a
29 feature of the new funding model under the NDIA. This was
30 a theme that came out strongly in 2018 from the
31 consultations, the national consultations, and in the
32 report from Mental Health Australia in relation to that.

33
34 On 10 October 2018, the then Minister for Social
35 Services, Minister Fletcher, announced that the government
36 has listened to that and was committed to bringing back
37 recovery into the scheme and was committed to bringing an
38 approach that understood the more episodic nature of mental
39 health.

40
41 So, government committed to those two elements as
42 coming back into our further design of the scheme.

43
44 Since that time we have been working to look at how we
45 introduce that in a way that provides a contemporary
46 statement of what is recovery-based practice. When we
47 looked at that question of, what is good recovery practice,

1 and we accept the principle, one of the difficulties is,
2 there's about - we saw nine versions of recovery that are
3 expressed in different ways through the historical state
4 system. And that, what we were committed to do was saying,
5 how do we work with the key providers to develop a more
6 contemporary and national approach?
7

8 Because we have very different ways in this country.
9 In Victoria the way we deal with recovery and priorities
10 are different to what's happening in New South Wales. So,
11 the way in which we've dealt with that, the Commonwealth
12 Government and the agency are committed to working with key
13 stakeholders through the National Mental Health Peak
14 Organisation. We have set up a specific working group to
15 actually work with service providers, and we are at a key
16 point at the moment in our deliberations.
17

18 The working group - so, this is a working group called
19 the NDIA Mental Health Working Group - is at the moment in
20 the midst of looking at recommendations and finalising
21 recommendations to NDIA management and which will
22 eventually go to the NDIA Board in how we find the
23 appropriate ways to bring recovery back into the scheme.
24 We see that as probably an element of support item and also
25 practice guidance.
26

27 The other comment I'd make is, good recovery practice
28 is about, that there is an improvement in the level of
29 functional impairment; that is, by good investment and
30 recovery practice. What we've understood is, we have a
31 body or practice that means for some people, and I think
32 it's important to emphasise this: because there is major
33 heterogeneity in the mental health experience of many
34 people with psychosocial disability, but the international
35 literature and the other evidence that's come out of what's
36 called the SHIP Study, which is a major national study in
37 relation to schizophrenia, is that significant numbers, at
38 least 30 per cent of people, will have significant
39 reduction in their psychosocial disability; that is, by
40 better management of their mental health condition and the
41 right supports, will have a reduction.
42

43 So again, we see this as very connected to an
44 insurance principle which says, we invest in people in
45 building their capacity to try and minimise the impact of
46 the disability on their lives and to allow them to
47 contribute, to have a contributing life as the National

1 Mental Health Commission has defined it.

2

3 MS COGHLAN: Thank you, Dr Naughtin. Chair, do the
4 Commissioners have any questions?

5

6 COMMISSIONER FELS: Q. Yes, thank you for your evidence.
7 I'd also like to acknowledge that the NDIS is doing many
8 good things in regard to mental health and that you're
9 making an effort to address some of the preliminary
10 concerns. But I had a couple of questions.

11

12 I remain a little bit puzzled about the fact that the
13 Australian Bureau of Stats data show that there are 700,000
14 people with psychotic forms of mental illness; translate
15 that to Victoria, 175,000, shall we say. That is rather
16 larger than the number of people who have access at least
17 to the top tier of the system. I wondered if you had any
18 comments on the reasons for that gap?

19 A. Commissioner, my initial comment would be that the
20 scheme as it is designed is to respond and to provide
21 services to anybody who meets the criteria within the Act.
22 At this stage, we are in the midst of a significant
23 transition process from people who have been in the old
24 scheme to the new scheme.

25

26 The agency itself has in its work identified that,
27 based on advice from the Productivity Commission, and it
28 sought some other expert advice at the time - and this is
29 in 2011 - that the figure at the time that they projected
30 for the number of people who would have severe and
31 persistent mental illness and associated disabilities was
32 64,000 - sorry, I'll correct myself. The
33 Productivity Commission suggested 58,000. That has
34 subsequently been adjusted by the scheme actuary to 64,000
35 nationally at full scheme transition.

36

37 So I think that's the first point I'd make in relation
38 to this. One of the difficulties in relation to the
39 estimation of that is, it essentially was based on
40 historical patterns that had been understood rather than an
41 understanding of what future needs are.

42

43 So the scheme, the agency itself at the moment is
44 acting on the best advice we have from the
45 Productivity Commission. We note those broader estimates
46 that are around. For us at the moment the challenge is
47 responding, in accordance with the requirements in the Act,

1 to those people who are coming to us and that's what we're
2 trying to do at the moment. I'm not a statistical expert,
3 and I don't pretend to be the statistical expert in
4 relation to that.

5
6 The other feature, if I may, counsel, that's related
7 to the Commissioner's question: what we are experiencing in
8 the scheme is that many people who we thought would apply
9 because we thought they're likely to be eligible, are
10 choosing not to apply to the scheme. That's a complex
11 phenomena that we're trying to understand further, but what
12 we are coming to understand in some of the work that we are
13 exploring at the moment through that working group I
14 mentioned is, how do we look at providing outreach
15 services? How do we understand that we need to better
16 inform people?

17
18 Because we've had a statistical projection of what the
19 numbers are, what we're trying to deal with is the reality
20 of making sure people are - Australians with severe mental
21 health are informed of the scheme, understand it and
22 understand its relevance. We're also trying to ensure that
23 our processes and the requirements of evidence don't hinder
24 too much the access process for people.

25
26 So what I'm saying is, what we're trying to do is
27 respond to some of the specific issues that we see in
28 responding to these needs in accordance with what the
29 requirements of the Act are. We are looking at a range of
30 initiatives to try and facilitate access to people who meet
31 the criteria there.

32
33 My opinion is, we need to be working hard over the
34 next three to five years to welcome people to explain, both
35 to participants, families and carers and health
36 professionals in particular, what this scheme can offer.
37 My sense is that will increase the numbers and ensure
38 people have the conditions, that they know what is
39 available.

40
41 Where that sits within larger projection patterns, my
42 comment would be, I think there's a real need for us in
43 three to five years to stop and reflect on what are the
44 numbers that are being supported through the scheme and
45 what are the numbers that are being supported through the
46 initiatives the Commonwealth is funding through the
47 non-NDIS services that it is rolling out, particularly in

1 relation to through PHNs, but to then understand it'll be
2 both what the NDIA is doing and I think the other suite of
3 initiatives.
4

5 The other comment I'd make to you is, from my
6 perspective, one of the questions is, how many people in
7 a year? So, there may be a number of 700,000 within that
8 need category; one of the variables we don't sufficiently
9 understand is, with good recovery practice what could be
10 the change in the balance of people who need support in any
11 one year? I'd suggest at this stage we do not have the
12 knowledge base sufficiently at this point to understand
13 what those patterns of support should be in an optimal
14 system.
15

16 So, from my perspective I think there's a real need to
17 say, what we are looking to within the agency is to try and
18 bring in what we see as a very contemporary recovery-based
19 approach to psychosocial disability; we see that should
20 result in greater throughput within the scheme itself, so
21 we don't see this as a static number. Part of the issue
22 that will need to be judged by over time is indeed the way
23 in which the design of our system is able to provide
24 optimal outcomes for people.
25

26 Q. Thank you. You've partly anticipated my next
27 question; it was just about the fact that the aim is to
28 provide supports for dealing with the psychosocial
29 disabilities.
30

31 What's the approach to people, for example, who are
32 homeless and whose psychosocial disability is, I guess,
33 worsened and could be improved if there was the provision
34 of some accommodation for them? How does that fit into the
35 NDIS picture?

36 A. So, in the NDIS picture, the approach that we take to
37 that is to provide information and try and target
38 information to people who are homeless and to offer them,
39 if they meet eligibility, the full suite of services that
40 are provided by the agency.
41

42 The agency provides two categories of support: one is
43 called Supported Independent Living, which is a stream of
44 money for people who have more intense support needs,
45 either in accommodation of their choosing or availability.
46

47 The second stream of funding we have is called

1 Specialist Disability Accommodation, and it is a stream of
2 funding that has been set up to provide capital subsidies
3 for the provision of accommodation. So, instead of the
4 traditional block grant to organisations through social
5 housing funding, or in the Victorian context we've had the
6 tradition of State Government providing capital for housing
7 stock, and that's particularly in relation to adult
8 residential rehabilitation and youth residential
9 rehabilitation, so that has been the tradition. The NDIA
10 mechanism for dealing with that is a capital subsidy to
11 individuals, is the way in which we deal with that in the
12 scheme.

13
14 COMMISSIONER COCKRAM: Q. Dr Naughtin, you've mentioned
15 a number of times the words "eligible criteria", those
16 sorts of things. It appears there's a lot of focus on the
17 definition of "the eligibility". Can you just help us
18 further understand the issues about permanent disability,
19 rehabilitation and recovery across the spaces of
20 state-based and federally-based responsibilities in this
21 context?

22 A. So if I start, Commissioner, in relation to the
23 legislation. The legislation has three elements
24 essentially: age, residency status and disability status.
25 Section 24 of the Act sets out six criteria by which then
26 the issue of disability status would be delivered.

27
28 The Act also clearly recognises that you can have a
29 permanent condition, but it has variability. And so, one
30 of the issues in relation to our recent policy work is
31 trying to understand, what's the episodic nature, what's
32 the impact of the episodic nature of mental illness and
33 combined with this notion of permanency?

34
35 So, just to explain our processes and then I'll
36 perhaps go to a critique. What we in our assessment
37 process do is look particularly to health professionals and
38 particularly GPs and psychiatrists for advice in relation
39 to diagnosis, and the question of what's the history of
40 treatment, and what's the likelihood of the outcome on
41 disability of access to treatment? So, I think we rely on
42 that from the health professionals.

43
44 We then rely on the plan and the goals set by the
45 participant first of all, and we look for evidence in
46 relation to disability often from people if they have been
47 in contact with service providers or other support. So,

1 our process there tries to bring together the full picture
2 in relation to that. We have a system in which our
3 national assessment team then makes judgment on the
4 evidence provided in the application.

5
6 We are very conscious in relation to this, that there
7 is confusion - I think is probably not too strong a word -
8 particularly in relation to what's the impact of treatment
9 in relation to disability.

10
11 I'm very conscious, the agency spent a week recently
12 at the National Royal Australian and New Zealand College of
13 Psychiatry Annual Conference in Cairns, and spent a lot of
14 time talking to over 200 psychiatrists, and we had a
15 plenary session in which I spoke and we had a lot of
16 discussion with psychiatrists.

17
18 Again, one of the questions here is, we are seeing
19 lack of clarity in relation to many psychiatrists about
20 what some of those judgments and what the boundary lines
21 are in relation to treatability.

22
23 I think the second comment I'd make to you in relation
24 to our understanding of the disability criteria is the
25 variability in the technical competency of some of the
26 people who are providing us reports in relation to
27 disability. So, the scheme as it stands at the moment is
28 reliant upon the considered views of people who have had
29 contact with applicants over time, and then secondly, we
30 encourage the use of some particular instruments: HoNOS,
31 WHODAS 2.0 and an instrument called the Life Skills Profile
32 16, so we're using those to inform those judgments.

33
34 Q. Just so I understand a little further: if a consumer,
35 a participant, is describing - or their service system
36 around them is describing that there is potential for
37 treatability and therefore potential for change in their
38 current condition, that would be one thing that might
39 exclude them from eligibility?

40 A. It would be a factor, yes.

41
42 COMMISSIONER COCKRAM: Okay, thank you.

43
44 CHAIR: Q. Doctor, thank you very much for your
45 comprehensive overview. This a couple of issues I just
46 want to clarify. The first is just to pursue Professor
47 Fels issue. In your statement you say:

1
2 "As at 31 March 2019, there were 7,908
3 active participants with approved plans in
4 Victoria."
5

6 In terms of the actuarial assessments that have been
7 done and the expectation of what that will grow to,
8 remembering those figures you gave us earlier about the
9 national coverage, what is anticipated as being the
10 expected number of people taking up plans for ongoing
11 psychosocial support from the NDIA in Victoria?

12 A. Based on a Victorian proportion of the total
13 population, the figure is 16,000. I just would caution
14 that the point I'm making is, anybody who meets the
15 criteria is eligible. But if we use the
16 Productivity Commission figures, the notional allocation
17 for Victoria - of the the national figure - is 16,000.
18

19 Q. I take it from that, therefore, that during this
20 period of transition, whilst more people are establishing
21 their eligibility for the insurance scheme, we will have a
22 cohort of consumers who are potentially eligible but who
23 will need to be supported through other elements of this
24 changing service system in the interim: how adequate do you
25 think our plans for that cohort during this period of
26 transition is?

27 A. So, just to explain: in Victoria - Victoria are one of
28 the few states that had what's called a defined program, so
29 people who were on the existing state programs had
30 eligibility in their first plan.
31

32 The second issue is, the earlier thinking - so, at the
33 moment over the last 12 months the plan has been for
34 particularly the Commonwealth community mental health
35 recipients to transition into the scheme, and that has been
36 slower than was anticipated, and the Department of Health
37 has provided an extension of funding for a further
38 12 months to provide recurrent money for those programs
39 while that transition is occurring.
40

41 The next point I'd make is, what's called the
42 Continuity of Support Initiatives which has been a
43 commitment of the Federal Government which was, anybody who
44 tests eligibility who's a current recipient of the Partners
45 and Recovery Program, Personal Helpers and Mentors Program,
46 or a day-to-day living program who test eligibility and is
47 judged to be ineligible can receive continuing support for

1 the rest of their life. So, I think there has been clearly
2 deep consideration for trying to manage that transition.

3
4 The other comment I'd make to you is, there's been
5 work called the Streamline Access Program that has also
6 worked very hard to address the question of reaching out to
7 people whose information was in the system and was not
8 correct.

9
10 One of the processes, just to go into a little bit of
11 detail, the agency has is it sends a text message and
12 advising that someone's going to ring three times. If
13 there's no response to that, we then send a letter to the
14 known address. One of the issues in terms of people who
15 are notionally eligible is that group who can't be
16 contacted. So, again, what we've done is tried to
17 streamline access so that program staff are actually
18 following up with participants; talking to them and, if
19 they're not happy about contacting the agency, with
20 approval, their staff member can actually now contact the
21 agency.

22
23 So, I think we've tried to put in place a series of
24 mechanisms to address this question of trying to facilitate
25 access into the scheme, and I think the outreach strategies
26 I mentioned before is considering a number of other
27 initiatives that we see as could assist in that process as
28 well.

29
30 Q. Thank you. Two other issues around system design and
31 responding more broadly to the historic evolution of mental
32 health services in Victoria and your useful explanation of
33 that. You do say in your witness statement, however, that
34 a key question still is the adequacy of its prioritisation
35 in response to the scale of the problem and its social and
36 economic impact.

37
38 Can I take it from that you're saying, there still is
39 an issue, in whatever we may have designed, whether we have
40 historically appreciated the true scale and nature of need
41 that there is for consumers with mental health issues and
42 their families?

43 A. That's what I was trying to say in that statement,
44 yes.

45
46 Q. So, future modelling of the true extent of need is a
47 priority, from your point of view?

1 A. I think, in my judgment, it should be a major
2 priority.

3
4 Q. Thank you. The final issue I just want to test is:
5 we've heard throughout this Royal Commission - and I think
6 your evidence affirmed it today - how complex these systems
7 are to navigate for consumers and families and for
8 professionals involved in it.

9
10 We've heard repeatedly from witnesses and others
11 engaged with this Royal Commission that it's a very
12 daunting and difficult system to find your way through.

13
14 Given the example you gave of the Commonwealth/state
15 agreements of 2015 around NDIS roles and responsibilities,
16 are you suggesting that something similar would be helpful
17 in mental health?

18 A. I am. I think there's a need to think about what
19 makes sense as a Victorian mechanism in relation to
20 navigation. There are initiatives around: for example, the
21 Federal Liberal Party policy platform specifies the
22 development of a national information line for the NDIS,
23 but it strikes me that we need to think about a workable
24 navigation system and there's a question as to, where does
25 that operate on a state or regional level?

26
27 There are, I think, some really good initiatives in
28 this space. As an agency we've been very concerned about
29 this issue. We've met the Department of Health, the
30 department of Social Services and the NDIA, have met with
31 all the Chief Executives of the PHNs around the country.
32 We have talked about this question of, how do we think
33 about, given the emerging role of Primary Health Networks
34 in relation to information, how can we work with them given
35 their emerging significant role in the information
36 provision space? And we've now agreed to set up a working
37 group specifically to deal with that.

38
39 Their feedback to us is, they've just got part of the
40 picture and they're very happy and are committed to trying
41 to work with the agency and others in relation to that.
42 But, from my perspective it's quite a complex design
43 question to both understand a state system that doesn't
44 daunt people, as well as understanding up-to-date
45 information. You know, there's nothing worse than going on
46 to an information line and getting information of 20
47 different places and getting to 18 when you're struggling

1 with an issue, and the 18th agency says, "Sorry, we can't
2 help you."
3

4 So for me that question, we need far more contemporary
5 design that let's us - you know, if we are saying we need
6 to get more timely support, we've got this issue of, how do
7 we link that into thousands of providers? And, where do I
8 go in this very complex system? You know, I think the
9 system has tried a number of times in Victoria to develop
10 navigation systems, none of which in my judgment have been
11 adequate, and so, for me this question of at least what is
12 available for me, where do I go, and the third one we have
13 to deal with is, can I afford what it's going to cost, I
14 think, are key elements to address some of the issues that
15 I understand you've heard about.
16

17 CHAIR: Thank you. Thank you very much.
18

19 MS COGLAN: Thank you, Chair. May Dr Naughtin please be
20 excused?
21

22 CHAIR: Yes, thank you very much for your evidence today,
23 Dr Naughtin, and for your statement.
24

25 **<THE WITNESS WITHDREW**

26
27 MS COGLAN: Chair, is now a convenient time for a
28 15-minute break?
29

30 CHAIR: Thank you.
31

32 **SHORT ADJOURNMENT**

33
34 MS NICHOLS: The next witness is Dr Peggy Brown, I call
35 her now.
36

37 **<PEGGY BROWN, sworn and examined: [12.09pm]**

38
39 MS NICHOLS: Q. Dr Brown, are you by training a
40 specialist psychiatrist?

41 A. Yes, I am.
42

43 Q. Do you hold a number of positions in the mental health
44 sector, including Chief Executive of ACT Health?

45 A. Yes.
46

47 Q. Chair of the Australian Ministers Advisory Council?

1 A. Australian Health Minister's Advisory Council, yes.
2
3 Q. Chief Psychiatrist for the Northern Territory?
4 A. Yes.
5
6 Q. Chief Psychiatrist in the Australian Capital
7 Territory?
8 A. Yes.
9
10 Q. Director of Mental Health in Queensland?
11 A. Yes.
12
13 Q. Chair of the Advisory Council of the Queensland Mental
14 Health Commission?
15 A. Yes.
16
17 Q. And Chief Executive Officer of the National Mental
18 Health Commission?
19 A. Yes, that's correct.
20
21 Q. Have you prepared a statement addressing the questions
22 we've posed to you?
23 A. Yes, I have.
24
25 Q. I tender that statement. [WIT.0001.0065.0001]
26 Dr Brown, in answer to a really important question, which
27 is, how can mental health be prioritised within government,
28 you've said that there are two things that are worth doing:
29 the first being the engagement of both the Minister and the
30 First Minister, meaning in this context the Premier. Why
31 do you say that's crucial?
32 A. I guess in my experience, you know, there are many
33 challenges in overseeing a health system; it's complex and
34 there are many competing issues, mental health is but one
35 of them.
36
37 But I think, in terms of prioritising it, it needs to
38 have the attention of the Minister and the support and,
39 quite frankly, the passion of the Minister, but also the
40 First Minister, because the issues for mental health are
41 not just about treatment and care in the health sector.
42 The social determinants of health, social factors that
43 impact on the occurrence of mental health and also are
44 often the consequence of having mental health issues, fall
45 well outside the health sector. So you need a really broad
46 cross-sectional approach if you're actually going to tackle
47 the issue of improving the mental health of the population.

1
2 In my experience, you're not going to get that from a
3 Health Minister alone, it's really why you need the First
4 Minister with the authority over all of the other
5 government departments to actually say, we've all got to
6 play a part here to actually get everybody to come on
7 board.
8

9 Q. What sorts of structures or arrangements have you seen
10 that allow the attention to be given by both the specific
11 Minister with portfolio responsibility and the First
12 Minister?

13 A. Well, I mean, certainly some jurisdictions have
14 established Mental Health Commissions, and that has helped,
15 because the Mental Health Commissions have a role: they
16 differ in different jurisdiction as to whether or not they
17 report to the Minister for Health or to the First Minister,
18 but they generally have a mandate to go more broad and
19 speak to the other parts of government.
20

21 But then, you can also have cross-sectorial
22 committees, essentially chaired by the First Minister's
23 Department, so whether that's Premier and Cabinet or Prime
24 Minister and Cabinet, and actually bringing in those other
25 government departments to look at how they can work
26 together to be addressing the issues for mental health.
27

28 Q. And presumably, you mean a permanent committee?

29 A. Well, the problems are not going to be solved quickly,
30 so yes, I do think that we're talking about something
31 that's got permanence, yes.
32

33 Q. Can I return you to the question of a Mental Health
34 Commission, and no doubt there are many ways of doing this,
35 but as an option for achieving prioritisation, can you tell
36 the Commissioners about some approach to what they might
37 look like in terms of structure?

38 A. Well, I think in terms of structure - and look, I have
39 to say my views of this have probably changed a little bit
40 over the various years that the Commissions have been
41 established and have been around - I think they function
42 most effectively if they can be independent, and I think
43 statutory independence is a valuable thing. I also think
44 that they function best if they are outside of the Health
45 portfolio and reporting to the First Minister's portfolio.
46

47 The reason for that I think is that they need to

1 actually be able to give the frank and fearless advice, and
2 for that to be heard, and to be heard across the various
3 portfolios, not just within Health, and I certainly don't
4 think they should be captured by government; I think in
5 fact, as I think I said in my statement, they need to be a
6 bit of a thorn in the side. Their role is to give advice,
7 to be monitoring the system, to be in touch with the
8 sector, to be hearing the voice of people with lived
9 experience and to be able to communicate that, and I think
10 that is best done if they can be really courageous in terms
11 of the advice that they're giving to government.
12

13 But they also need to have teeth, in a sense. You
14 know, part of their role is to drive the reform, to give
15 advice and to actually take forward how things could be
16 different, but you don't want a Commission just to be a
17 toothless voice; what they say has to be listened to, it
18 has to have some impact, it has to have some teeth, so
19 there's got to be some strength there in the way that the
20 Commission's set up to actually give it that teeth.
21

22 Q. What are measures that give a Commission teeth?

23 A. Well, first of all the ear of the Ministers and the
24 First Minister. I think that statutory independence gives
25 it some status and teeth. I think annual reports and the
26 ability to actually provide accountability independent of
27 the government departments that might be actually running
28 the services and writing their reports, I think all of
29 those things help to actually give teeth to a Commission.
30

31 Q. And so, just to backtrack slightly, what are the
32 advantages in a system that has a Commission in terms of
33 prioritisation as opposed to one that doesn't?

34 A. Well, I guess the thing about the Commission is two
35 things: one is, if it's operating well, it should be very
36 much in touch with the sector. So, as I said before, it's
37 a way of hearing what the issues and needs are and actually
38 bringing that to the attention of government.
39

40 But then, it also should have the capacity to be
41 actually looking out, not just within that jurisdiction,
42 but within the country, internationally in terms of
43 different ways of doing things, of what reforms are
44 actually happening and being a bit of a catalyst to bring
45 those to the attention. And actually, just continually
46 knocking on government's door saying, "This is important,
47 this is the impact of this and you need to actually be

1 prioritising it."
2

3 Q. On a slightly different topic, on the question of the
4 respective roles of the Commonwealth and the state, how do
5 the different levels of government contribute to the
6 complexity and fragmentation of the mental health system in
7 your experience?

8 A. Yes, look, it is a complex system, and it would be
9 lovely if we could be absolutely clear and say, this is the
10 role of the Commonwealth and this is the role of the
11 states, and we kind of have a broad division across that,
12 but in my experience there is a lot of greyness in between.
13

14 For example, the Commonwealth has responsibility for
15 primary care, it funds the MBS, the PBS, so GPs, private
16 psychiatrists, private psychologists, et cetera, and the
17 states and territories have historically run the hospitals,
18 the community health centres, the community residential
19 beds.
20

21 Both levels of government play a role in suicide
22 prevention. I guess historically the Commonwealth
23 Government took more of a kind of setting national policy,
24 national kind of approaches, and the states then
25 implemented the services on the ground; that's probably
26 changed over the last decade or so.
27

28 I think, when you're talking about mental health
29 promotion and prevention, historically that's probably been
30 primarily the Commonwealth Government doing that, but in my
31 own personal view I think that the states probably need to
32 be playing a role in that.
33

34 I think we need to do much more in the space of
35 keeping our well population healthy and well, and mentally
36 healthy and well, and intervening for those people who are
37 at risk of developing a mental illness by virtue of the
38 fact that they've had a previous episode or they have some
39 very early signs, et cetera, and I don't think that should
40 just be a Commonwealth responsibility.
41

42 Part of the reason I say that is because there needs
43 to be this kind of joined up approach between all of the
44 services, otherwise we end up with the fragmentation.
45

46 I think another way in which the complexity has
47 increased is through the changes in the NGO sector. Again,

1 going back a couple of decades, the Commonwealth primarily
2 funded the kind of national level NGO bodies, peak bodies
3 et cetera; the states provided some of the services,
4 psychosocial support services on the ground.

5
6 Going back, I guess, in the early about kind of 2010,
7 might have been a bit earlier, might have been a bit later,
8 the Commonwealth Government put in place a range of
9 measures for personal helpers and mentors and day-to-day
10 living, et cetera, which was a response to gaps in the
11 system, and they were very welcome by the sector and
12 consumers and carers in particular.

13
14 With the advent of the NDIS, there's been a lot of
15 change in that space as well, so it's now a very complex
16 sector, even more complex, and potentially even more
17 fragmented because there's not necessarily a lot of clarity
18 as to who's providing what, or how they come together, or
19 how to navigate between them, and there's certainly not a
20 lot of coordination happening.

21
22 Q. So, is the lack of clarity in particular about how the
23 system should develop?

24 A. Well, at the end of the day it's not so much about
25 whether or not there's a whole range of services there; I
26 think a range of services is a good thing because it
27 provides choice. It's about, if I'm a consumer or a carer,
28 being able to understand what's out there, who does what,
29 how do I access it, do I need a referral, what kind of
30 referral do I need, what's the pathway to there, what's the
31 communication between the various agencies; and, if you
32 have services just kind of popping up and not necessarily
33 engaging with other services, then it's this kind of jigsaw
34 puzzle that doesn't quite fit together.

35
36 Q. We're interested in your views about how to change
37 that or improve it. What prospect do you see for a state
38 like Victoria engaging in bilateral arrangements with the
39 Commonwealth to move forward in the Victoria Commonwealth
40 space?

41 A. Look, I think there's every prospect that that should
42 be seriously considered. Ideally, we would have a national
43 approach to taking forward mental health, but when you
44 bring nine jurisdictions together, the negotiations and the
45 discussions inevitably get more complicated and more
46 fraught.

1 I think if you have, as you have here in Victoria, a
2 government that has seriously declared its intention to
3 address this problem, it essentially has to do that I think
4 in conjunction with the Commonwealth who's a major player
5 in the provision of mental health services and, you know, I
6 do note that the current Commonwealth Health Minister is a
7 Victorian, but I think regardless of that I think that
8 there's good prospects there for the two governments to
9 come together and say, how can we actually talk about doing
10 things differently.

11
12 Q. Do you have views at a general level about what the
13 priority should be for that kind of discussion?

14 A. Well, look, I think there's a couple of things I would
15 say there. One is, we need to think about what's needed.
16 The second is, what's it going to cost? And the third is,
17 how are we actually going to, I guess, monitor whether it's
18 making a difference, and indeed the right difference. Each
19 of those is important.

20
21 As I said, in terms of what's needed, I'm very clearly
22 of the view that we need to think much more about a
23 population health approach to mental health. So, that's no
24 longer just looking at what are the treatment gaps and
25 trying to reduce those; it's actually, how do we improve
26 the mental health of the whole population, so that really
27 does bring a sharp focus on those mental health promotion
28 and prevention interventions and the early intervention for
29 those people who are at risk as much as it does for the
30 treatment, support and care and the recovery-focused
31 services.

32
33 And, we need all of those to be improved. The WA
34 Sustainable Health Review, for example, that was released
35 earlier this year, they actually made a recommendation -
36 and this was for the whole of Health - but they made a
37 recommendation that 5 per cent of the budget should be
38 spent on health promotion, and I think that we're kind of
39 talking that kind of figure.

40
41 Q. That magnitude, yes.

42 A. That's right. In terms of the investment required,
43 it's difficult to know exactly what sort of figure there.
44 What's often kind of looked at is, what's the current level
45 of investment by government? We know from the latest
46 figures from the Australian Institute of Health and Welfare
47 report, \$9.1 billion spent on mental health; \$8.7 billion

1 of that is government spending, and that represents about
2 7.4 per cent of the Health budget.

3
4 But we know that mental illness represents about
5 12.1 per cent of the burden of disease. So, if you just
6 did a quick calculation on that, and what would it take to
7 actually bring the current expenditure up to 12.1 per cent
8 rather than 7.4 per cent, we're talking about probably an
9 extra \$5 billion, \$5.5 billion.

10
11 The National Mental Health Service Planning Framework
12 is another way of looking at that, and again, I haven't
13 been intimately involved in any of those discussions, and
14 each of the jurisdictions will have done their planning and
15 will know what their figures are in terms of potential gaps
16 in expenditure or investment, but I would suggest to you
17 that it's somewhere, you know, 40 per cent-plus more than
18 what we currently spend. So, we're talking substantial
19 investment.

20
21 I do note that the National Mental Health Service
22 Planning Framework was premised on optimal support in the
23 non-Health sectors, which of course we don't have, and when
24 we're not there it falls back to Health, so we certainly
25 have a shortfall in the investment.

26
27 Q. Can I ask you some questions about that, just on that
28 subject. Can you just briefly explain what the National
29 Mental Health Service Planning Framework is and what its
30 purpose is?

31 A. Yes, it's a tool that was developed - in its current
32 format it's been developed I guess since about 2010, but it
33 was premised on a tool that was developed first in New
34 South Wales. What it does is takes the epidemiology of
35 mental illness: so, how common is depression, how common is
36 anxiety, how common is schizophrenia, et cetera.

37
38 Then it actually brought together a group of experts
39 for each of those particular disorders and said, what's the
40 best treatment for the average? And, you know, that's a
41 challenge because there isn't an average, but they had to
42 tackle it in some way.

43
44 But from that, actually then said, well, this is
45 what's required to deliver the best treatment for the
46 population in Australia who have mental health issues. As
47 I understand it, the tool can scale it to say, well, we can

1 treat 100 per cent of people, or we can treat 80 per cent
2 of people, or 60 per cent.

3
4 Our best figures at the moment are probably only about
5 50 per cent of people who experience an episode of mental
6 illness in any given year actually seek any form of
7 treatment, and probably many of those don't get effective
8 treatment, but the tool is premised on looking at effective
9 treatment at different levels of coverage for the range of
10 mental illnesses in Australia.

11
12 Q. And it provides a set of benchmarks for effective
13 treatment?

14 A. Yes.

15
16 Q. And also, as you were saying earlier, allows states to
17 assess the level of funding that would be required if they
18 designed their services around that effective level of
19 treatment according to those benchmarks?

20 A. Yeah. Well, what it provides is benchmarks for
21 treatment for the population.

22
23 Q. Yes.

24 A. So, it's provider agnostic, so it includes those
25 services that would be provided by the public sector and
26 indeed services that currently would be provided by the
27 private sector.

28
29 Q. And, just to go back to something you were saying
30 earlier, can you give us a sense of the magnitude of the
31 gap between funding that would be required if those
32 benchmarks were adopted and the level of funding that
33 currently exists on a national level?

34 A. As I said, I think we're probably talking - and I
35 premise this by saying, I haven't been involved in recent
36 things - but I think we're probably talking in the order of
37 40 per cent-plus over the current spending, and the current
38 government spending is \$8.7 billion. I think we're
39 probably talking another, you know, \$3 billion,
40 \$3.5 billion if we're going to address the gaps. That's at
41 100 per cent coverage of, you know, optimal treatment.

42
43 Q. And that, interestingly, compares to I think you said
44 on a national level current government spend for mental
45 health is about 7.4 per cent of the budget?

46 A. That's right. 7.4 per cent of government health
47 expenditure.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

Q. Yes, sorry. But the burden of disease for mental health is about 12 per cent?

A. 12.1, I think it was in 2015, which was the latest figure I saw; there might be a more recent one, but yes. So, if you do those back of the envelope-type calculations, if 7.4 per cent is \$8.7 billion, then 12.1 per cent adds another \$5 billion, \$5.5 billion.

Q. Which is probably more than it would take to bring the funding up to the level required for the treatment model envisaged in the National Mental Health Service Planning Framework?

A. Yes.

Q. Just doing back of the envelope calculations?

A. Just doing back of the envelope, yes.

Q. To your knowledge, do any states in Australia use the National Mental Health Service Planning Framework to fix their spending on mental health?

A. Look, I'm certainly aware that, I believe all of the jurisdictions have the tool and have used it to do their own internal planning. I know that the WA plan, for example, is very much premised on the National Mental Health Service Planning Framework. Nobody currently reaches the level of expenditure that might be predicted by the tool; that is my understanding.

Q. And you've made the point in your statement that the tool can certainly be tailored to account for local factors?

A. Look, well, I think the point I was trying to make was that it should be tailored for the local factors. The reality is, it's just a tool, it's not an absolute, it's an aid, and because it takes an average position, you have to be careful about not trying to take it down to too small a population. But you do need to take into account what the characteristics of the local - you know, the demographics of the regional population.

For example, if you're in a rural and remote region, there is a loading for that. If you have a high proportion of Indigenous people in the region, there needs to be consideration taken for that. So, it shouldn't be taken as an absolute, it needs to be a guide that does take into account other factors.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

Q. And, as a guide, the level of funding and services indicated in the tool assumes non-health funding and services are otherwise being provided?

A. That's right. I think that's a really key issue. We know, for example, that having safe and stable accommodation is really important for people who experience mental health issues. The NDIS does not fund accommodation. And, of course, if you're on a disability pension or Newstart, achieving affordable accommodation and housing is a major challenge. But, if nobody's providing housing, then what happens? It's more likely to I guess influence a deterioration in someone's mental state, they present to the hospital, they may be admitted, their discharge is delayed because there's no accommodation for them to go to.

So, where those other services like accommodation, for example, aren't available, it does increase the burden on the mental health system.

Q. You've made a comment in your statement in the context of the National Mental Health Service Planning Framework, that gaps between funding and service availability should be made more transparent and publicly known: can you elaborate on that?

A. Look, I think the reality is, everybody in Australia knows that we have an issue with our mental health system. Coming down in the plane, I was sitting beside an 80-year-old retired farmer and he was saying, "Gee, we've got problems with the system." It's not a secret, so I don't know why we don't have a level of transparency in terms of, you know, what we think we should be aiming for and where we are now.

Indeed, what I think is required, is governments need to come together and actually have a plan for how we're going to tackle this, and it's going to take time. You know, if you gave us an extra 2, 3, \$5 billion now, we wouldn't be able to spend it wisely; we need to be able to invest over time in a planned way, and actually ensure that we've actually got the workforce, that we've got the connections there, that we take a regional approach, all of those things, but the first part of that is being absolutely transparent about where we are and where we want to get to.

1 Q. Can I ask you about measuring where we are as opposed
2 to where we want to get to. You have emphasised the
3 importance of measuring outcomes as opposed to just
4 activity: can you say some more about why that is so
5 important?

6 A. Look, I mean, again, historically I think we started
7 with a focus, I guess, on how much we spend, and what
8 workforce we've got and how many beds we've got. Then we
9 look at, well, what's the product of that, what are the
10 services that are being provided and whether it's
11 admissions or whether it's occasions of service in the
12 community or residential beds, et cetera.

13
14 But that doesn't actually tell us a whole range of
15 things. It tells us something: it tells us about a level
16 of activity. It doesn't tell us who's not getting
17 services, for example. It doesn't tell us the quality of
18 that service or indeed what the experience of the person
19 was; whether in fact, as a result of receiving that
20 service, their quality of life improved in any way. We may
21 not even necessarily know whether their mental health
22 symptoms improved in any way, but that's not always the
23 most important thing for people who are experiencing mental
24 health issues.

25
26 Sometimes their symptoms are but one of their
27 concerns. You know, their concern may well be about their
28 housing or their finances, et cetera, so we need to have
29 ways in which we can actually know about the outcomes for
30 people and whether the money that we're spending and the
31 services that we're delivering are actually making a
32 difference to their life.

33
34 And so, a focus on outcomes, things like I guess
35 suicide rates, but also life expectancy, physical health
36 status, accommodation status, employment, social contact
37 and participation in the community: all of those things are
38 equally important as well as knowing about mental health
39 symptom change.

40
41 Q. Does a lack of data inhibit outcomes reporting in your
42 experience?

43 A. Yes, getting the data to be able to provide those
44 outcomes and for it to be meaningful. You know, the
45 Productivity Commission's report on government services
46 each year publishes both output and outcome data, but for
47 some of those measures they say the data's not available,

1 they're still working to collect it; for some they give
2 data and results, but they indicate that, for example, when
3 they're talking about connectedness with family or other
4 social activities, they'll say, but we can't tell you
5 whether it was actually meaningful to the person. So, it's
6 not particularly helpful if we don't really know whether
7 it's meaningful to the individuals.

8
9 Q. So, would you say that having good intelligent data
10 monitoring systems ought to be a priority for system
11 reform?

12 A. Yes, absolutely. We do need to have data and it needs
13 good systems underpinning that. The one caveat I would put
14 on that is that, we need to be cautious not to impose that
15 data collection burden on the clinicians in the system who
16 already currently have a huge administrative load, and in
17 fact many of them would say they would like to have less
18 administrative load and free up time to actually have
19 face-to-face contact with consumers and carers to actually
20 do what they were trained to do.

21
22 Q. Although it's a question without notice: do you have
23 any views about the ways in which data collection can be
24 improved but without imposing the burden on clinicians?

25 A. Well, I think the obvious answer to that is to seek to
26 automate it as much as possible through administrative
27 collections and electronic systems. Now, that might be
28 within electronic health records, and increasingly across
29 the country we're doing that.

30
31 But also, we need to be looking at the other data
32 collection opportunities. Some of the data comes from
33 national surveys, some of it may come from other government
34 departments. But there are many challenges in that, in
35 terms of getting data definitions that people can agree on
36 across different jurisdictions, actually getting them
37 collected in the same way. There are privacy issues that
38 get raised when you're wanting to actually identify whether
39 someone has experienced an episode of mental illness and
40 whether that should be disclosed to other departments, you
41 know, for the purpose of data collection, et cetera, and
42 data matching. So, it's not an easy undertaking, but it's
43 an important one.

44
45 Q. You say in your statement on a different subject that
46 in a devolved governance system a balance needs to be found
47 between making health services accountable to deliver safe

1 effective services and micro-management of the service by
2 the department: can you say some more about what are the
3 hallmarks of a balanced system in that respect?

4 A. Yes, that's not easy. We have moved to devolved
5 governance systems, and I think that's a good thing, and
6 the reason I say that is because they are more able to take
7 account of what their local regional needs and to seek to
8 address that in a way that is joined up across the
9 different players, so the primary care sector, working with
10 the Commonwealth, et cetera.

11
12 And obviously at a local level services need to be
13 accountable for what they deliver and how it's delivered
14 and what are the outcomes that they're actually achieving,
15 and ensuring that they're engaging with consumers and
16 carers and the sector.

17
18 But there also needs to be the oversighting, and I
19 think that was highlighted here in Victoria after the
20 Bacchus Marsh incidents, and Stephen Duckett's report,
21 which basically said the centre has got a role to be
22 oversighting and looking at: you've got a whole host of
23 different services, but someone's got to be looking from
24 above with, I guess, a degree of independence but also for
25 the whole picture, not just the individual pictures.

26
27 The risk is, when you bring data information into the
28 centre, they'll want to say, well, you should be doing
29 this, you should be doing that, we all have to do it the
30 same way, and that's where that tension between the centre
31 and the kind of devolved is a challenge.

32
33 And there needs to be a level of consistency, I guess,
34 in the approach, but equally the services need to be able
35 to tailor the service delivery to what meets their local
36 need, and it's not going to be the same in far west
37 Queensland as it is in Brisbane or the centre of Melbourne.
38 So, there is the need to actually allow some independence
39 for the devolved systems as well, but it's a combination of
40 both.

41
42 Q. Do you have views about the core attributes of good
43 leadership for the system leader?

44 A. In terms of the System Manager at the Department of
45 Health?

46
47 Q. Sure.

1 A. Look, again, I think one of the things that helps is
2 to have the role of the Chief Psychiatrist. The Chief
3 Psychiatrist is an experienced clinician, has an
4 understanding of the sector, has a role to oversight
5 standards of care, and also provide clinical leadership.
6 But then also needs to have the ear of the Minister and the
7 Secretary of the department to be able to give them advice
8 and, in a sense, to interpret some of what's coming in from
9 the services in terms of, perhaps, what to make of it and
10 perhaps in terms of informing how they might respond to
11 particular issues. So, I think the role of a Chief
12 Psychiatrist is important.

13
14 I think it's important as well that, at a central
15 level, there is still also the voice of the consumer and
16 carer: now, whether that comes through a Commission or
17 whether it comes through a kind of peak body or committee
18 that gets that voice in there, but that needs to be heard
19 as well as the clinical voice.

20
21 MS NICHOLS: Thank you, Dr Brown. Chair, do the
22 Commissioners have questions for Dr Brown?

23
24 COMMISSIONER FELS: Q. Thank you for your excellent
25 evidence. First of all, I wanted to be pedantic for a
26 moment. If you go from 7.4 to 12.1, that is 63 per cent.
27 A. Thank you, Professor Fels.

28
29 Q. Secondly, you said sort of back of the envelope stuff.
30 I guess you could do a similar exercise at state level.
31 You did the Commonwealth one, obviously?

32 A. No, I did the joined up one.

33
34 Q. You did the joined up one.

35 A. So, the total expenditure on mental health is
36 \$9.1 billion. \$8.7 billion of that is government, the
37 remaining is private health insurance et cetera. Of the
38 \$8.7 billion, about \$5.7 billion of that is state and
39 territory, and about \$3 billion is Commonwealth.

40
41 Q. Okay. And, well, incidentally, the reason I made that
42 little mistake in assuming it was Commonwealth, was that,
43 you would have seen some Commonwealth figures for the
44 Commonwealth's total spending on mental health where it
45 includes disability support pensions?

46 A. That's right.

47

1 Q. And various things that have a rather similar sized
2 number?

3 A. Indeed, it does, but it's a different beast, yeah.
4

5 Q. And I'm just wondering about whether you applied that
6 formula to that or not. That's a question for another day,
7 perhaps.

8 A. Yes. Look, I think possibly not necessarily.
9 Because, if you're aiming to - I don't think it's
10 proportionately the same anyway - because if you're aiming
11 to improve your health system and your treatment and
12 support, you would hope that ultimately you would be
13 decreasing your welfare, your need for welfare payments,
14 for example. So, I don't think you can necessarily apply
15 the same very rubbery multiplications to the broader
16 government spend.
17

18 Q. The other question on Mental Health Commissions,
19 you've said a few things about them. Do you have any views
20 on the Western Australian model, where the Mental Health
21 Commission actually allocates funds as distinct from having
22 just more of that independent reporting and advocacy role?

23 A. Yes, I do. I need to be cautious in what I say,
24 because I'm currently participating as part of a review of
25 the clinical governance of the public mental health
26 services in Western Australia, and we're due to provide a
27 report to the Minister very soon.
28

29 I think there are advantages - potential advantages
30 and potential disadvantages. In the review that I've been
31 a part of, I think I've seen evidence of both of those.
32

33 One of the advantages in holding the budget and
34 undertaking the purchasing is, they have more capacity to
35 make decisions about - I guess, that help to drive the
36 reform, so to change the pattern of expenditure, and
37 certainly in Western Australia what you've seen is that
38 they have had a significant increase in the funding to the
39 non-government organisations and that's been a very
40 positive and well received thing.
41

42 I guess the challenge is - well, I see a couple of
43 challenges - but one is, I have a level of concern about
44 separating mental health off from general health, and
45 indeed certainly it was evident in Western Australia,
46 there's still significant mental health expenditure that
47 comes out of the general health budget: for example, for

1 Emergency Departments, for consultation liaison services,
2 et cetera. What we've seen in Australia, around the whole
3 of Australia, not just Western Australia, is increasing
4 presentations to the Emergency Department.

5
6 I think you potentially increase the fragmentation of
7 the system and there's a potential for a lack of clarity as
8 to who's responsible in terms of the monitoring of that
9 because you have the system manager role that's trying to
10 take the overview.

11
12 So, I think that there are pros and cons to it. I
13 guess it's for a government to actually look at that and
14 make a decision about whether or not it should be a
15 fundholder or not.

16
17 What I can say and I think is on the record, there's
18 been various reviews in WA, including a review by
19 Professor Mascie-Taylor in 2017 which looked at the safety
20 and quality systems in WA and made the comment that he
21 thought there needed to be a review of mental health
22 services in WA, which is part of the reason that I'm
23 involved in the review I'm in now.

24
25 The Sustainable Health Review that was published
26 earlier this year led by Robyn Kruk, who is well-known as
27 the former CEO of the National Mental Health Commission
28 amongst many other roles, also made the same recommendation
29 that there needed to be a review of mental health, and
30 particularly the clinical governance, and that I think is a
31 reflection of the fragmentation that has been experienced
32 in WA, and they actually use the words of "complex and
33 confused."

34
35 I do think caution is wise in thinking through where
36 the funds are best held.

37
38 Q. And finally, on the Commission: an independent
39 Commission still is attached to a Ministry?

40 A. Yes.

41
42 Q. Central agency or Health Department: do you have any
43 views on the pros and cons?

44 A. I do indeed and, as I said earlier, I think my views
45 have probably changed somewhat over time, but I do believe
46 that they should be central agency and they should be
47 independent.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

COMMISSIONER McSHERRY: Q. Thank you very much for your statement and for your evidence. I was just wondering if you have a view on the peer workforce and perhaps how that could be developed as part of a system-wide approach?

A. Yes, look, I think the peer workforce is a very important element of our workforce, and unfortunately far too small at this point in time. I think there's a growing body of evidence for the role that peer workers can play in a service, and very much welcomed by those with lived experience and who are seeking services.

There's a role really right across the board in terms of, from Emergency Departments, acute units, community units, rehabilitation services, for the peer workers to play a very prominent role, and of course they're a big part of services in the non-government sector as well. We need to see a concerted effort to actually increase the presence of peer workers across services, in clinical and non-clinical settings, across the whole of Australia.

Q. In your view, do you think that Mental Health Commissions perhaps develop that voice of those with lived experience?

A. Look, I think one of the important roles for having a Commission is actually to be out there hearing from those with lived experience, and it's not a one-off thing, it's a continuous process. But then, to be actively listening, hearing the accounts that people are telling them, and then taking that back to government and, in a sense, translating it to government in terms of what it means for the experience of people in everyday life.

And again, not just in the health settings alone, but in these other settings, in terms of, what's happening in the prisons, what's happening in the police response, in the ambulance response, what's happening in child protection. All of these interface for people and in the lives of people with mental health issues. I mean, not everyone has those, but you know what I mean.

The Commission has an important role to actually take that voice and take it to the departments and to government more broadly.

CHAIR: Q. I just want to follow-up on the issue you said about your concern about the potential of separating

1 out fund holding for mental health, particularly
2 hospital-based mental health services from the broader
3 health system.
4

5 Does your concern also hold true in relation to
6 community-based service provision, or do you think there's
7 different considerations in relation to that?

8 A. I'm not entirely sure I'm following what you mean by
9 that.
10

11 Q. So, you said in your evidence to Professor Fels'
12 question about the value of a Mental Health Commission
13 being a fundholder, and you said you had reservations in
14 relation to whether or not splitting off fund holding for
15 mental health services would advantage or disadvantage
16 mental health because of the broader contribution from the
17 health budget, particularly for Accident and Emergency and
18 other departments.

19 A. Yes.
20

21 Q. Would you hold the same concern about separating off
22 community-based mental health services from hospital-based
23 services?

24 A. Oh, absolutely. Hospitals and community services need
25 to work in an integrated fashion, and really, we should be
26 trying to minimise the need for hospitalisation by
27 providing as much services in the community as we can, and
28 that's both clinical and non-clinical services.
29

30 If you have separate fundholders for community and
31 inpatient, I can just foresee issues. And, of course, the
32 problem is, if there is a shortfall in one, so for example,
33 if the community services are not providing the level of
34 service required to meet the need, where are people going
35 to go? They're going to go to the hospital, they're going
36 to go to the Emergency Department and get admitted to the
37 inpatient unit. And discharge from the inpatient unit,
38 safe discharge, relies on having accommodation and then the
39 appropriate supports in the community, whether it's
40 clinical or non-clinical.
41

42 But, if you've got two separate parts of the sector
43 funded by different fundholders, it's to my mind a recipe
44 for, not necessarily disaster, but probably not much short
45 of that.
46

47 CHAIR: Thank you.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

MS NICHOLS: May Dr Brown be excused?

CHAIR: Yes, thank you very much for your evidence today, Dr Brown.

MS NICHOLS: Is it convenient to take the lunch break now?

CHAIR: Yes.

LUNCHEON ADJOURNMENT

UPON RESUMING AFTER LUNCH

MS NICHOLS: Commissioners, the next witness is Robert Knowles, I call him now.

<ROBERT IAN KNOWLES, sworn and examined: [2.05pm]

MS NICHOLS: Q. Mr Knowles, have you had a number of positions throughout your career in the area of mental health and healthcare policy reform and governance?

A. Yes.

Q. Including, you were a member of the Victorian Legislative Council from 1976-1999?

A. That's right.

Q. You were from 1992 to 1996, the Victorian Minister For Housing and Aged Care?

A. Yes.

Q. And between 1996 and 1999, the Victorian Minister for Health and aged care?

A. That's right.

Q. Were you a Commissioner on the National Mental Health Commissioner?

A. I am.

Q. And a former Chair of the National Mental Health Commission?

A. That's right.

Q. Are you currently the Chair of the Board of the Royal Children's Hospital, Melbourne?

A. I am.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

Q. And the views you express here today are your views?

A. They are.

Q. As opposed to representing any organisation?

A. That's right, yes.

Q. Have you prepared a statement addressing the questions we have asked of you?

A. Yes.

Q. I tender the statement. [WIT.0001.0059.0001]
Mr Knowles, as a Member of Parliament, how were you first exposed to the systematic issues relating to mental health?

A. There were two aspects, I guess: the first was that there were two then mental hospitals in my electorate, Lakeside, Ballarat and Airedale in Ararat, and there were a series of reports over the years which highlighted some pretty appalling experiences that people had within those institutions.

And then, when de-institutionalisation started to occur in the early 1980s, there were a number of former boarding houses in Daylesford which was in my electorate that became special accommodations, and there was a decamping of a significant number of residents from previously those mental institutions relocated to Daylesford with an absolutely scarcity of any local support services for them and that generated a great deal of community concern in that community. So, it was that background that I felt the way as government and a community we responded to those with quite complex needs left an enormous amount to be desired, and I did hope that I might some time have an opportunity to make some contribution to rectifying that.

Q. What were the forces or the circumstances that allowed de-institutionalisation then mainstreaming to come onto the political agenda with such concentrated attention?

A. Well, it came to a head, I guess, in 1992 when we became the government. At that stage, the Victorian economy was experiencing some fairly turbulent times, the demise of a lot of manufacturing industry, the Pyramid housing cooperative collapse, the loss of the State Bank, so there was a general malaise in the economy and that had a significant impact on State Government revenue.

1 When we became government, we were advised by Treasury
2 that the State's finances were unsustainable and, to bring
3 the budget in to balance required a reduction of
4 10 per cent recurrent expenditure over a two year period,
5 which was enormously challenging, particularly for those
6 Ministers who had responsibility in the social policy area.
7

8 Marie Tehan was my colleague in the first term as
9 Minister for Health, we worked closely together; and we
10 determined that, even though we were going to have to
11 reduce government expenditure, we did want to improve
12 outcomes and provide more services. And, in mental health,
13 that became a particular challenge as I think there was an
14 acceptance that mental health had been a neglected area of
15 government expenditure, and to reduce that by 10 per cent
16 was quite challenging.
17

18 What we became aware of is that a large - a
19 significant, I wouldn't say a large - but a significant
20 proportion of that expenditure was being expended in
21 maintaining old obsolete buildings, large areas of gardens
22 and parklands, and so, the decision was taken that if we
23 could in fact close those, open modern facilities, we could
24 treat more people but at a lower recurrent cost. We were
25 enormously assisted by the then Federal Government who'd
26 introduced the Better Cities program providing capital
27 funds to the states and territories for them to redevelop
28 urban infill, particularly in metropolitan areas, and we
29 used those funds to provide the capital for the development
30 of the new services as part of the general hospital system,
31 and that was an important decision to try and get some
32 local accountability to the way those services were
33 operated, and to recognise that you can't separate out
34 mental health from physical health, that they're
35 interrelated, and people with a poor mental health are more
36 likely to have a poorer physical health. So, it was seen
37 important that we in fact construct those new services.
38

39 We also took the opportunity of getting a better
40 distribution of those services.
41

42 Q. I might just take you back a little bit just to
43 summarise in terms of the factors driving such a major
44 change. So, are you saying you had really a coincidence of
45 Federal Government funding under the Better Cities program
46 and an understanding that you and your colleagues arrived
47 at, that you could in your assessment provide better care

1 and treatment for people but at a lesser cost: is that
2 really the constellation of factors?

3 A. Yes. Yes, and when I say "at a lower cost", it wasn't
4 at a lower cost of the clinical services, that was
5 consistent, but the overall costs were reduced because
6 there was a less expenditure on poor infrastructure
7 maintenance.

8
9 Q. Yes, so you changed the approach to infrastructure,
10 and therefore changed the costs of infrastructure
11 maintenance --

12 A. Yes.

13
14 Q. -- and that coalesced with a different approach, which
15 we'll talk about in a moment, in terms of how the system
16 should be structured.

17 A. Yes.

18
19 Q. Do you think, on reflection, you would have had one
20 without the other? So, it was a budgetary measure as well
21 as a different approach to the whole system?

22 A. If we hadn't been faced with the budgetary
23 difficulties?

24
25 Q. Yes.

26 A. I think it might have been a little more challenging.
27 When you have to reduce expenditure by 10 per cent
28 recurrent funding over a two year period, the status quo is
29 not an option, and that was broadly understood and accepted
30 by the Victorian community, so it did allow government to
31 adopt more radical changes than what is sometimes possible
32 when the broader community don't see the need for
33 systematic major change.

34
35 Q. I see. Can I ask you, what was bound up in the notion
36 of mainstreaming?

37 A. There are a couple elements of that. One was to
38 recognise a quite different approach to the historic
39 approach, where historically almost all of the expenditure
40 had gone in bed-based services in those large old
41 institutions. There was a recognition that we needed to
42 develop a much broader range of community support services.

43
44 There was a recognition that the vast majority of
45 people with a mental health issue did not require 24-hour
46 care, that generally that can only practically be provided
47 in a concrete setting. So, there was a recognition that

1 people would get relatively better then perhaps relapse,
2 and so, would need interaction in a service.

3
4 There was a recognition that these people also had
5 significant physical health needs, and that those needs
6 needed to be met as much as treatment and care for their
7 mental health issues.

8
9 We also wanted to get - because our then service
10 structure really reflected history, which meant most of the
11 institutions were in relatively inner-city Melbourne or in
12 the major provincial towns, often within those towns in
13 quite isolated circumstances. Whereas, I think history had
14 shown that our public health services are more centrally
15 located for communities, and so, it made a lot of sense to
16 build those new bed-based services where they were required
17 as an integral part of the public hospital system.

18
19 Q. And, did that lead to the development of the catchment
20 system?

21 A. Yeah, well, that was the way in which we tried to
22 ensure a rational distribution of those public mental
23 health dollars. I think the plan was, our planning divided
24 the state into, I think it was about 28 districts, then
25 there was a pro rata allocation of beds, community-based
26 services; we established Crisis Assessment and Treatment
27 teams which were meant to be the frontline response to
28 those experiencing psychosis, so that they got better
29 access to the system with immediate treatment. So, it was
30 quite a sophisticated plan, but it was seen as a starting
31 base.

32
33 Unfortunately, I think some of those decisions have
34 taken on a rigidity which has worked to the detriment of
35 those who experience mental health issues.

36
37 Q. Reflecting on that point, what aspects do you think
38 have taken on a particular rigidity?

39 A. I think identifying that people can only access these
40 services within a geographic area, that they must meet
41 certain criteria. We would never accept that in our
42 general health services: I described it as "The last of the
43 Soviet systems", I think it's appalling. And we can't
44 really talk about a patient-centred system if we dictate to
45 patients specifically that they can only access services
46 through a particular provider.

1 Q. What was the essential model of governance that you
2 and your colleagues put into the system back then?

3 A. We already had the model of, in terms of local
4 management of the public hospital system, that brought an
5 element of local accountability because it was very clear
6 from a series of reports that there was very little
7 accountability for inappropriate staff behaviour in the
8 previous system which was all centrally managed.

9

10 There were some statewide services that were
11 designated as providing coverage, and they were managed
12 centrally or managed by a particular service for the
13 statewide provision. It was a conscious decision and I
14 think it did lead to an improvement in that local
15 accountability.

16

17 I guess, in an ideal world, we might have started from
18 scratch but we weren't in an ideal world. Some of the
19 staff that had worked in the system had themselves become
20 quite institutionalised, and I think some of them found it
21 difficult moving into a different environment where there
22 was a much stronger local accountability through local
23 management systems, but the cost of doing it differently
24 was just beyond the capacity of the state to fulfil.

25

26 Q. Was there an apprehension that, in a devolved
27 governance model, there could be a drift of money allocated
28 to mental health to general health?

29 A. Yeah, although the funding was in program-specific, so
30 services had to acquit their expenditure consistent with
31 the requirements of the program. And I guess, there was
32 some nervousness, particularly amongst some of the
33 clinicians, that there would be a drift.

34

35 There was also some concern that there would be a
36 drift in the complexity of patients being treated, and I
37 think there was concern that, particularly in the early
38 days, we ensure that those with the most complex needs were
39 still able to access services.

40

41 I think, with the scarcity of growth funding, I think
42 that's become quite problematic now that they're the only
43 people that are able to access support through the public
44 mental health system.

45

46 Q. Can you elaborate on that a little?

47 A. People have to be diagnosed as having a quite severe

1 complex mental health issue before they generally are able
2 to access the public mental health system. Our primary
3 care system generally picks up the needs of those with much
4 less complex mental health needs, if I can put it that way:
5 that doesn't mean they don't have significant needs, but
6 generally the primary care system is able to meet those
7 needs. But there is a group between that that is severely
8 compromised and do have enormous difficulty in accessing
9 appropriate care.

10
11 If I could just give one example, at the Royal
12 Children's Hospital we do have a public mental health
13 program, but it's specified for inpatient adolescents. But
14 we probably provide more treatment and support for children
15 with mental health issues from our general program budget
16 than we do through the public mental health system and, if
17 we didn't do that, there'd be a significant number of
18 children and their families that would not have access to
19 appropriate treatment.

20
21 Q. Just going back to the early 1990s, was there an
22 overwhelming community support for de-institutionalisation
23 and then mainstreaming?

24 A. There was overwhelming support from those who advocate
25 in the field, but I think there was a proportion of the
26 population who were apprehensive, maybe through ignorance.

27
28 I mentioned the experience of the Daylesford
29 community. One could well understand the apprehension in
30 that community about de-institutionalisation and
31 mainstreaming, because they'd seen it occurring without a
32 comparable development of community-based support systems
33 and services.

34
35 As I said, there were a number of former boarding
36 houses or guest houses that had become special
37 accommodations. The only provision of mental health
38 services was a psychiatric nurse half a day a week, it was
39 hardly an adequate support system, and so many of those
40 former residents of the mental health institutions were
41 really just at a loose end during the day, wandering the
42 streets of Daylesford.

43
44 So, one could understand, but I think those of us who
45 were passionate about it were pretty confident that, if we
46 got the service system right, then in fact, not only need
47 the community not be concerned, but there would be much

1 better outcomes from those who were experiencing mental
2 health issues and their families and those who supported
3 them.

4
5 Q. Going forward, do you think that since that time
6 mental health in Victoria has ever been adequately funded?

7 A. No. Nor has it ever been adequately funded anywhere
8 in Australia.

9
10 I can perhaps just quantify that a little. Some years
11 ago I was one in quite a large group of people that looked
12 at, what would a modern mental health system in Australia -
13 what might that look at, looking at both a community-based
14 service system, through to an adequate range of bed-based
15 services covering the different age groups and it was quite
16 a detailed exercise that took a couple of years in the
17 undertaking.

18
19 Unfortunately, the report's never been released, but I
20 can say that the costing of that showed the then mental
21 health system was at least 40 per cent underfunded in terms
22 of being able to provide that balanced integrated service
23 system. I suspect the figure would be now significantly
24 more than that.

25
26 Q. How do you think the funding compares with the burden
27 of disease for mental health?

28 A. I think the funding is about 7 or 8 per cent of the
29 total health budget; the burden of disease is, what, around
30 11 per cent, so there is an enormous gap between the
31 proportion of the health budget spent on issues around
32 mental health as opposed to the need, as mentioned, by the
33 burden of disease.

34
35 Q. What, in your view, are the reasons why mental health
36 isn't better prioritised, including for more funding?

37 A. Well, frankly, I don't think it's been accepted by
38 policymakers as a mainstream health issue, and I think that
39 is just fundamental, that we have siloed mental health as
40 if somehow completely unrelated to physical health, and
41 it's an irrational siloed response.

42
43 I think there's some stigma around mental health. I
44 think organisations like Beyond Blue and others have done a
45 lot about reducing the stigma of depression and anxiety,
46 but I think there's still enormous community stigma around
47 some of the psychotic illnesses, and I think that plays

1 into that lack of priority.

2

3 Q. Can I ask you to perhaps drill down into that concept.
4 What's the connection, in your view, between a perception
5 about community-held stigma for certain kinds of mental
6 illness, and the challenges governments face in
7 prioritising mental health, including in funding?

8 A. Government is often about leading as well as
9 responding: I'm not one of those that subscribe to the view
10 that governments only respond to popular community
11 sentiment. I think experience tells us that can change
12 quite dramatically very quickly, so it's not a good basis
13 for making public policy or then implementing public
14 policy.

15

16 But I think a rational examination shows that the cost
17 of mental health issues to the Australian economy is very,
18 very significant in terms of lost days in sickness, in
19 underemployment, in the lack of economic participation.

20

21 I think the work that a number of bodies - the
22 Productivity Commissioner currently has got an inquiry
23 going, the work that the Mental Health Commission have done
24 in the past, and a number of other inquiries have shown
25 that it would be an economic rational thing to do to invest
26 significantly in mental health programs that would have an
27 economic return to the country.

28

29 So, I think governments are generally concerned to
30 ensure the economy continues to grow, that's what dictates
31 the living standard we all enjoy, so I would argue that
32 good government would say, here is a rational, sensible
33 economic argument as to why we need to invest more, and
34 that ought to be a motivating rather than necessarily what
35 might be community sentiment at any given point.

36

37 Q. Are you suggesting that perhaps historically a
38 perception about community sentiment might tend governments
39 away from what is an economically rational decision to
40 prioritise mental health?

41 A. It might have. I think there are some within
42 government who - mind you, they say this about health
43 generally rather than just mental health: as health is a
44 bit of a black hole, you keep pouring more resources in and
45 the demand keeps coming for even more.

46

47 There is an interesting argument though, while

1 advances in technology have replaced a lot of labour in
2 many areas of the economy, there are three areas that
3 that's not true: education, health and symphony orchestras.
4 All of them are labour-intensive and will remain
5 labour-intensive into the foreseeable future.

6
7 Certainly the first two, education and health, are
8 major economic drivers for an advanced economy like
9 Australia, so I would argue that good government would see
10 these both areas as sensible areas of investment.

11
12 Q. One of the things you've said in your statement on
13 this topic is that perhaps there's not a full appreciation
14 of the treatment possibilities in mental health.

15 A. Oh, absolutely I think there's a bit of a view that
16 mental health issues can be just areas of despair. I
17 think, while we still need to make more significant
18 advances, we are constantly making advances in how to
19 respond to those with mental health issues.

20
21 I think one of the problems that we have is that our
22 system is so stretched that we do not get sufficient
23 response for early identification or early indicators, and
24 I think that would lead to much better health outcomes if
25 we could develop a system that was able to respond earlier
26 to indications of where issues are arising or where a
27 person is deteriorating.

28
29 It is, I think, appalling that many people when they
30 do contact public mental health service, they're told, "I'm
31 sorry, you're not sick enough, wait till you're sicker then
32 come back." We would find that outrageous if we said that
33 in a public health service.

34
35 Q. Does the way in which responsibility for mental health
36 is allocated affect its prioritisation in your view?

37 A. Yes.

38
39 Q. How so?

40 A. My view is that the Minister responsible for health
41 needs to be the person responsible for mental health.

42
43 Q. And, why is that?

44 A. Because I think they are so interrelated. Australia's
45 experiencing significant growth in chronic illness. For
46 those with more than one diagnosis in chronic illness, it's
47 highly likely that one of the diagnoses will be a mental

1 health issue. You can't separate out the treatment of
2 diabetes from the treatment of depression, anxiety, if the
3 person's experiencing both those.
4

5 I go back to the point I made about the Royal
6 Children's Hospital, where it would be inconceivable that
7 we would be treating a physical condition in a child if
8 they're also experiencing anxiety and we ignore that or
9 said, "That's someone else's responsibility." That is a
10 health issue that ought to be confronted by the health
11 system in its totality.
12

13 Q. Yes, I think you've said in your statement that, if
14 you don't silo mental health, if you stop the siloing, it
15 forces the managers or the owners of the system to grapple
16 with its problems more directly?

17 A. Yes, absolutely. And then think about, how do we get
18 better ways of managing this issue. I can think of one
19 example that, fortunately the Royal Children's Hospital has
20 been funded to extend our Emergency Department because of
21 growth in demand. We're taking that opportunity to think
22 about how we develop part of that expansion to more
23 appropriately facilitate those who present with behavioural
24 issues, whether that is a mental health issue or other.
25

26 Because, a typical Emergency Department is the most
27 inappropriate place, with noise and lights, for someone
28 experiencing psychosis to enter. So, how do you develop,
29 not completely separately from the Emergency Department,
30 but how do you develop access that is appropriate to the
31 needs of that person? And that can only happen if you
32 think about the operation of the Emergency Department in
33 its totality, not as two different silos.
34

35 Q. And, if you were to have a single point of
36 accountability for health, including mental health, in your
37 ideal world would you have a separate budget for mental
38 health?

39 A. You might have aspects of a program which go
40 specifically to meet a mental health need, but you would
41 have some outcome measures that you would require a service
42 to provide from a general budget with possibly specific
43 programs, as we currently do. We have a funding stream for
44 the operation of emergency departments; that is quite
45 explicit and has to be acquitted for that expenditure for
46 that purpose, but the general operation of the hospital
47 comes through a general budget program.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

Q. While we're on structures, is it your view that community-based mental healthcare should be tied to hospitals or not?

A. Not necessarily. One of the experiences I think is fairly well accepted, is that there is a tendency for hospitals to constantly want to drag patients in. One of the organisations I'm involved with is an organisation of Silver Chain which is a very large now national organisation, originally started in Perth, that provides home-based healthcare and palliative care, and particularly those working in palliative care. The clinicians frequently made the point that if they had access to beds at 2 o'clock on a Saturday morning when a crisis hits, they would relocate the patient. The fact that they don't have access to beds forces them to work harder to provide treatment and support.

So, there's no perfect model that fits all circumstances, and there will be circumstances where, in practical terms, the organisational structure can only be a hospital based service delivering those services, but I'd want a mix so that you can actually compare and contrast the outcomes.

I think some of the best innovation has occurred through community-based organisations not bound by a long history. So in my ideal world I'd have a mix of providers, community-based, hospital-based, particularly if you develop some good outcome measures, you can actually provide significant information to consumers that enable them to then drive the way services operate.

I think we've constantly got to look at, how do we further empower consumers because I think they can become a significant driver of innovation, improvement and better outcomes.

Q. We asked you a question which you've answered in your written statement, and we asked, what would it look like to properly prioritise mental health. The first point you made was:

"We'd need capital injection to build more appropriate facilities."

How important is that?

1 A. That's in terms of a more sensitive entry point,
2 either through co-location with an Emergency Department or
3 a community-based treatment service. My priority is, how
4 do we build the community-based sector.

5
6 Every report that's been done in mental health over
7 the last 20 years, they have consistently made the same
8 point: our first priority is not more beds, it's actually
9 building the community sector. We might need more beds,
10 but let's get better utilisation of the services that we
11 have now. There are people who are in hospital, not
12 because they necessarily need to be in hospital, but it is
13 the lack of appropriate treatment and support services
14 outside of a hospital that keep them there.

15
16 I think there are a number of examples where very
17 good - sometimes called step-up, step-down, sometimes
18 called rehabilitation units - but it provides ongoing
19 support in that transition back to independent living, and
20 then those people being supported in their independent
21 living.

22
23 I think we need to recognise that, if people are going
24 to live in the community, they need access to secure,
25 appropriate housing; they need access to activity, whether
26 that is employment, education or just social connectedness;
27 all of those things go to improving the health outcome for
28 those individuals and those who are supporting them.

29
30 So, by priority is how do we further invest in the
31 development? I think we also need to recognise as a
32 priority, we need to significantly invest in developing the
33 workforce. There is a huge shortage in that area, and it's
34 silly to talk about a substantial expansion of the mental
35 health capacity of the service system unless we
36 significantly invest in the attraction and development of
37 an appropriate educated workforce.

38
39 Q. You also said in your statement that:

40
41 "We need a five year program of
42 priorities."

43
44 A. Yeah. It might actually even take longer than that,
45 but I think a five year priority with some measurable
46 outcomes is an important way of ensuring that we continue
47 to expand.

1
2 If we are to achieve the outcome that I said, where
3 expenditure somewhere near equates with the burden of
4 disease, that's probably larger than a five year program,
5 that's probably a 10 year, if not a generational program.
6 But there needs to be a well articulated plan with the
7 priorities set out that means that the investment will be
8 sensibly used, but then measuring the outcomes and, if it's
9 not, then adjusting the plan accordingly.

10
11 Q. Are you saying you need a detailed plan of that kind
12 over a very long period but with measurable outcomes over
13 shorter periods of time?

14 A. Yeah, I do, yeah.

15
16 Q. Is there such a thing as reform fatigue that you've
17 encountered along the way?

18 A. Well, yeah, there is. We've experienced a little bit
19 of it with the restructure of mental health services.
20 Human beings, we quickly become settled and that's the way
21 we like to do things.

22
23 But the reform that I'm talking about is more a
24 development program rather than a fundamental change.
25 There will be changes in the way the service operates, but
26 I think that change will hopefully be seen as delivering
27 better outcomes and therefore - you know, the reform we had
28 was a fundamental change in the way people were being
29 employed, the way they were being managed, whereas the
30 planning that I'm advocating for now I think is more a
31 development of a service system rather than a fundamental
32 reform of the way the system's currently structured.

33
34 Q. We've heard evidence from another witness in the
35 Commission that, once that fundamental reform was put in
36 place, it was a bit of set and forget and there wasn't
37 enough constant re-evaluation: what do you say about that?

38 A. Yeah, I'd agree with that. That's why I think
39 accountability is an important component of, particularly
40 if we are looking at a substantial increase in investment,
41 I think the community's entitled to know that this is
42 actually leading to improved outcomes.

43
44 Q. And accountability at what level in that context?

45 A. I think at two levels: one is at a state level, that's
46 an overall system reform; but one also needs accountability
47 in terms of the way services are operating and delivering,

1 so I'd argue for accountability both locally - one might
2 even want it at a regional level as well as at a state
3 level.

4
5 Q. At state level, what are the levers for achieving
6 accountability, do you think?

7 A. What are the?

8
9 Q. Levers? What makes the state accountable?

10 A. Well, I do like the concept of an independent
11 evaluator; that can take a number of forms, but what it
12 requires are some measurable outcomes.

13
14 I've been highly critical in the past: we've had
15 national mental health plans which have been five year
16 plans, and they've supposedly been evaluated. To start
17 with, the plans outline a range of activities but don't
18 have any specified outcomes. And so, when the evaluation
19 occurred is, well, yeah that activity occurred. In my
20 view, that's not accountability; accountability is that,
21 we're going to set some outcomes in terms of the population
22 accessing services and then actually measuring, is that
23 occurring? I think there's a lot of evidence now that less
24 people are accessing aspects of mental health services than
25 what they were. That's a very poor outcome.

26
27 Q. In terms of accountability at a more local level, you
28 said that DHHS should think about how to put mental health
29 better into its statements of priorities; that requires of
30 the hospitals and Area Mental Health Services: do you want
31 to say any more about that?

32 A. Yeah, I do, and that is, that we have to then develop
33 the outcomes that we want to measure. At the moment, we
34 simply measure whether or not beds were occupied. So,
35 hospitals are funded in public mental health for activity,
36 not for outcomes.

37
38 Now, at the Childrens we're developing internally some
39 outcomes that we want to measure whether or not we are
40 delivering the outcomes that families are entitled to
41 expect through receiving treatment: they're the sorts of
42 measures I'd like to see the department develop as part of
43 the Statement of Priorities against which health services
44 are held accountable.

45
46 Q. At the Children's Hospital, has that just been an
47 initiative of the hospital itself?

1 A. Yes.

2

3 Q. And led by the clinicians or the board or both?

4 A. Both. We set out - I guess when I joined the board of
5 the hospital, I made it clear that mental health was one of
6 the areas that I was fairly passionate about, so we've
7 pushed it as part of our strategic planning. We freely
8 admit we've still got a significant way to go, but I think
9 we've made some significant advances there.

10

11 And, working with the Murdoch and Children's Research
12 Institute, we've prioritised mental health as one of those
13 areas of research. Because again I think in this country
14 we have underfunded research into mental health, and by and
15 large that reflects the nature in which the Federal
16 Government have historically funded research, it has to be
17 a competitive research grant, and by and large that works,
18 but it also favours those areas of disease where more
19 researchers operate. So it becomes a bit of a chicken and
20 the egg: until you build the capacity, you're unlikely to
21 get the fair share of the research funding.

22

23 Now, fortunately I think the new program the
24 Commonwealth have released, and they've identified mental
25 health as one of those priority areas for research, it does
26 start to give us the ability to build that capacity to
27 attract the brightest minds to further undertake research
28 in this area, which is very important for the ongoing
29 development of better treatments, better evidence for what
30 works and what doesn't.

31

32 Q. Just picking up on a comment you made earlier about,
33 there's a number of reports that have happened over the
34 last 20 years that all say the same thing: do you have any
35 observations about why, in mental health, we're quite good
36 at reaching conclusions about what should be done, but we
37 have to keep telling ourselves the same thing?

38 A. Yeah, that's right. Probably, if we spent half the
39 money we did on reports on actually implementing reforms,
40 we'd all be better off.

41

42 I think there are a couple of things, and I'm really
43 interested in, and I hope the Commission will set some
44 priorities, because I think that's what might have been
45 lacking a little in some of those reports: that it says,
46 here's a whole host of things that have got to be done and
47 policymakers, or those who manage look at those and think,

1 well, yeah, that's right, but what do we do first?

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

101

102

103

104

105

106

107

108

109

110

111

112

113

114

115

116

117

118

119

120

121

122

123

124

125

126

127

128

129

130

131

132

133

134

135

136

137

138

139

140

141

142

143

144

145

146

147

148

149

150

151

152

153

154

155

156

157

158

159

160

161

162

163

164

165

166

167

168

169

170

171

172

173

174

175

176

177

178

179

180

181

182

183

184

185

186

187

188

189

190

191

192

193

194

195

196

197

198

199

200

201

202

203

204

205

206

207

208

209

210

211

212

213

214

215

216

217

218

219

220

221

222

223

224

225

226

227

228

229

230

231

232

233

234

235

236

237

238

239

240

241

242

243

244

245

246

247

248

249

250

251

252

253

254

255

256

257

258

259

260

261

262

263

264

265

266

267

268

269

270

271

272

273

274

275

276

277

278

279

280

281

282

283

284

285

286

287

288

289

290

291

292

293

294

295

296

297

298

299

300

301

302

303

304

305

306

307

308

309

310

311

312

313

314

315

316

317

318

319

320

321

322

323

324

325

326

327

328

329

330

331

1 though, that many of those CAT teams were being populated
2 by very young graduates who perhaps did not have the level
3 of their experiences to being able to respond; a level of
4 concern that there was a risk of violence and, therefore,
5 the police tended to then become the first line.

6
7 There are two things: one, I'm not sure that we
8 adequately train all of the police well enough as to, what
9 is the best way to respond to someone in crisis. Secondly,
10 it might be better to think about, is it possible to
11 develop a combined response which is both an experienced
12 mental health personnel as well as a police presence?

13
14 I think it can be quite traumatic, both for the
15 individual and for their family, if the frontline response
16 is a police response. Now, that's not to denigrate in any
17 way the role of the police, but if you look at it from the
18 person with the mental health issue, it's probably not the
19 best response.

20
21 There have been some experiences overseas where they
22 explicitly train a significant proportion of the police
23 force to how to most appropriately respond, and then to
24 actually follow up with the same police officer seeing the
25 person after they've recovered illness, so that the police
26 get a much more balanced view of the human being, rather
27 than seeing the human being only at the time of crisis.

28
29 I do think we need to be a bit more innovative and
30 imaginative in the way we develop that first response to a
31 person in crisis, and I think that goes fundamentally to
32 then, well, what is their entry into the treatment system
33 and how we get a better pathway in.

34
35 I think pathways in, pathways out of treatment, are
36 equally important and I don't think we do either of that
37 very well in our current system.

38
39 CHAIR: Thank you. Thank you very much.

40
41 MS NICHOLS: May Mr Knowles be excused?

42
43 CHAIR: Yes, thank you very much for your witness
44 statement and evidence today, Mr Knowles.

45
46 <THE WITNESS WITHDREW

47

1 MS COGHLAN: The next witness to be called this afternoon
2 is Adjunct Professor David Plunkett, and I call him now.

3

4 <DAVID JOHN PLUNKETT, affirmed and examined: [2.59pm]

5

6 MS COGHLAN: Q. Thank you, Mr Plunkett. You provided a
7 statement to the Commission?

8

9

10 Q. I tender that statement. [WIT.0001.0069.0001] You are
11 The Chief Executive Officer at Eastern Health?

12

13

14 Q. You have the following qualifications: you're a
15 graduate from the Australian Institute of Company
16 Directors, January 2017?

17

18

19 Q. You have a Master of Business Administration?

20

21

22 Q. You have a Graduate Diploma in Business Management
23 from Monash University?

24

25

26 Q. You have a certificate in Perioperative Nursing from
27 Austin Health?

28

29

30 Q. And you are also a registered nurse, or at least you
31 were, in 1988?

32

33

34 Q. Just in terms of your current role as Chief Executive
35 Officer, you commenced that role in July 2016?

36

37

38 Q. What role did you hold prior to that?

39

40

41 A. Prior to that role at Eastern Health I was the
42 Executive Director of Acute Health and held the portfolio
43 as the Chief Nursing and Midwifery Officer.

44

45

46 Q. Can I ask you broadly about your role as CEO and what
47 your responsibilities are as you see them, just in a broad

1 compass?

2 A. Yeah. Thank you, my role as CEO is to fulfil the
3 directions of the Board in delivering Eastern Health's
4 strategic plan and operationalise those plans, and to
5 deliver a safe, high quality, care system that is timely
6 and is financially sustainable.

7

8 Q. One of the things that you deliver is the strategic
9 plan?

10 A. Correct.

11

12 Q. And that's approved by the Board?

13 A. That's approved by the Board and then the Minister For
14 Health.

15

16 Q. You also assist to deliver organisational performance
17 in accordance with the annual Statement of Priorities?

18 A. Correct.

19

20 Q. I'll come to ask you some more questions about the
21 Statement of Priorities in a little while. Can I commence
22 though by asking you about governance and services at
23 Eastern Health, and just really keeping this to quite a
24 broad level, just so that there's some understanding of
25 particularly Eastern Health's operations and the scale of
26 it, we'll get to that.

27

28 But just on the issue of governance, the strategy and
29 operations of Eastern Health are overseen by a Board of
30 nine Directors?

31 A. Correct.

32

33 Q. The Board appoints a CEO, which is you, and that also
34 has to be approved by the Secretary of the Department of
35 Health and Human Services?

36 A. Correct.

37

38 Q. Then you, in your role as CEO, report to the Board?

39 A. Correct.

40

41 Q. In terms of the responsibility of Eastern Health you
42 say in your statement that it's:

43

44 "... responsible for all public healthcare
45 service delivery within its primary
46 catchment."

47

1 Can you just detail what that catchment includes?

2 A. Yes, thank you. Eastern Health's primary catchment
3 covers 2,800 square kilometres, and largely goes from the
4 Box Hill region out to past Healesville and beyond. There
5 are approximately 790,000 people within that community and
6 we provide services across acute health, subacute care,
7 mental health, drug and alcohol, community health for that
8 population.

9

10 Q. In terms of the catchment that you've described, the
11 catchment for mental health services differs in some small
12 respects from the catchment of physical health services?

13 A. Correct.

14

15 Q. I'm going to ask you about that later on, but that's
16 something that exists within the systems that you provide.
17 Can you also just address then which hospitals and services
18 Eastern Health encompasses?

19 A. So, our large hospitals are: Box Hill Hospital,
20 Maroondah Hospital, Angliss Hospital, the Peter James
21 Centre, Wantirna Health, Yarra Ranges Health and
22 Healesville Hospital and Yarra Valley Health. We also have
23 our statewide services of Turning Point and Spectrum which
24 are located in Richmond, and we have numerous
25 community-based sites which is largely where our mental
26 health services and some community health services are
27 provided from across the catchment.

28

29 Q. Just in relation to Turning Point, that's an alcohol
30 and drug clinic?

31 A. Correct.

32

33 Q. And then Spectrum is the statewide personality
34 disorder service?

35 A. Correct. Just to clarify, Turning Point is clinical
36 treatment, research and education for addiction - alcohol
37 and other drugs and addiction medicine.

38

39 Q. In terms of the amount of staff that Eastern Health
40 has?

41 A. We have 10,500 staff and volunteers, of which 9,500 of
42 those are paid staff.

43

44 Q. They're divided into two main areas of clinical
45 operations?

46 A. So, the way that we operate the organisation is, as
47 you said, through two clinical operations Directorates: one

1 of those is largely focused around the unplanned patient,
2 unplanned and physical health patient, and the other
3 Directorate has more planned services in it, and that is
4 also where mental health - Turning Point and Spectrum are
5 also located in that Directorate. The other corporate
6 Directorates then support those clinical operations
7 Directorates.

8
9 Q. What about the Eastern Health Mental Health Program,
10 how does that fit in?

11 A. So that fits into a Directorate that we have, the
12 acronym called SWMMS, and so, it fits in there with, as I
13 say, other services such as statewide services, and for us
14 they are Turning Point and Spectrum.

15
16 Q. Can I now take you to the Statement of Priorities, and
17 just first of all ask you some general propositions about
18 what it is and what its purpose is, and the respective
19 roles of Eastern Health as compared with government in its
20 preparation.

21
22 So, first of all, the SoP, as I'll call it, is agreed
23 each year in accordance with legislative requirements?

24 A. Correct.

25
26 Q. That's the same across the board?

27 A. Yep.

28
29 Q. And Eastern Health identifies and aligns its
30 objectives and priorities with government for the year
31 ahead?

32 A. Correct.

33
34 Q. There are essentially three parts to the SoP each time
35 it's prepared?

36 A. Correct.

37
38 Q. Can you just take the Commissioners through those
39 three parts, please?

40 A. So, they're called part A, B and C. Part A is one
41 where the strategies are delivered and it is one where
42 there is either mandatory items that must be completed to
43 fulfil government policy or, as mentioned, Eastern Health
44 would fit its directions within the broader remit that
45 government have played with respect to their priorities.

46
47 The number of items in Part A varies each year as what

1 are mandatory items to come from government or the
2 department, and then Eastern Health will then fulfil the
3 rest.

4
5 Part B and C: Part B is activity data or performance
6 data, and that includes things such as waiting list,
7 information, emergency access through Emergency
8 Departments. Access through specialist clinics are some
9 examples.

10
11 Part C is largely the activity levels and the funding
12 to go with that.

13
14 Q. You say in your statement that, once all parts are
15 developed, that's done separately and they're all brought
16 together for final approval and signing?

17 A. Correct.

18
19 Q. Can you just elaborate on that process, in terms of
20 how it comes to be that that comes together?

21 A. So, once the guidelines for the Statement of Priority
22 are issued, which happens on an annual basis towards the
23 end of the closing financial year, health services will
24 then populate a pre-formed template for Part A for those
25 items that we spoke about.

26
27 Part B is largely driven by state performance targets,
28 and therefore the negotiation that you have around those
29 items is really limited to the elective surgery waiting
30 list activity.

31
32 Part C, the financial, is pre-populated by the
33 department and it is the outcome of the annual budget cycle
34 the department sets.

35
36 Q. You spoke about the issue of guidelines before, are
37 they guidelines that are issued by the Department of Health
38 and Human Services?

39 A. Correct.

40
41 Q. Just in relation to the input that Eastern Health can
42 have in terms of determining the mental health related
43 strategic priorities: can Eastern Health do that, and has
44 it done so?

45 A. Yes, Eastern Health can include in Part A a priority
46 for mental health, and we have done that in the past. An
47 example of that is where we included an activity to

1 complete the actions from our application of the state's
2 10-year mental health plan and we reflected that through
3 the year that it was, it was Year 3 at the time, and we
4 included that in Part A.

5

6 Q. When was that, do you know?

7 A. Last year, 18/19.

8

9 Q. That's Eastern Health's ability to drive what's in
10 Part A. What about DHHS's ability to drive strategic
11 priorities for mental health?

12 A. So, I described before about potentially mandatory
13 items that all health services must fulfil, and that is
14 where the department or the government will indicate their
15 requirement for health services to focus on a particular
16 item, and it may well be mental health. We could also do
17 that.

18

19 The other aspect with respect to some area for
20 performance is through the annual funding and policy
21 guidelines which also come out at the same time as the
22 template for the Statement of Priorities, and there may be
23 items in there that relate specifically to delivery of
24 mental health service.

25

26 Q. So, can I ask, DHHS's ability to include it is to do
27 so by making it a specific priority?

28 A. Correct.

29

30 Q. Apart from what you've described about recent
31 experience, so leave aside the 18/19 or 19/20
32 financial years, can you say historically - so for the
33 10 years preceding that - whether it has been made a
34 specific priority by DHHS to your knowledge?

35 A. To my knowledge it hasn't been a consistent focus.

36

37 Q. I'll just put something to you that you say in your
38 statement and just ask you to address it. So, other than
39 those financial years that we've addressed, 18/19 and
40 19/20, you say this in your statement:

41

42 "Prior to this, mental health was included
43 as one of a number of 'actions' that health
44 services could prioritise to address
45 through a deliverable, under the domain of
46 'Supporting healthy populations'."

47

1 So, is that the experience you had then as to the
2 level of priority that was given by DHHS?

3 A. So, that statement is true, that you could select that
4 item. The format that the Statement of Priorities has
5 taken has changed over years, and the level of choice
6 versus prescription has also changed across the years. So,
7 I couldn't say that it has been a consistent option or not,
8 because the format has actually changed.

9

10 Q. But is it true to say that your sense of it is that it
11 has achieved priority in recent financial years that it
12 didn't otherwise appear to have?

13 A. Correct.

14

15 Q. Can I ask you about prioritisation by the Board, so
16 directing these questions at the Board of Eastern Health.
17 In particular, what standing agenda items and regular
18 reporting are used by the Board to monitor the performance
19 of Eastern Health's Area Mental Health Service?

20 A. Each month the Board receive a comprehensive report of
21 operations that goes straight to the Board meeting itself;
22 it is supported by a suite of measures which are largely
23 focused around the items included in the Statement of
24 Priorities, but they may include other items at the Board's
25 discretion.

26

27 They will review that and determine whether or not the
28 performance that is being reported to them and the action
29 that is being taken to address that performance will result
30 in further action by myself and the Executive Team.

31

32 The board is supported by its Quality and Safety
33 Committee which will receive properties from all clinical
34 programs in Eastern Health, both the areas where harm may
35 occur plus also where clinical care is at the standard that
36 it should be, and will look to seek assurance under their
37 obligations that actions are being taken to improve
38 performance.

39

40 An example of what the Quality and Safety Committee
41 will receive is a report that we use called, Appropriate
42 and Effective Care, which is just that, is the care that's
43 provided by this program appropriate and effective, and
44 that will be presented by the Mental Health Program
45 Leadership Team for the Board to consider whether or not
46 they view that any further action needs to be taken with
47 respect to that.

1
2 The information that the Board will receive will be
3 supported by things such as an extensive patient experience
4 report which they receive on a quarterly basis, and that
5 will also include the high rated complaints that are
6 received right across the organisation and the status of
7 those complaints.

8
9 So, the Board has full visibility of those higher
10 order indicators with respect to how appropriate is the
11 care that Eastern Health's providing.

12
13 Q. And so, what occurs, what does the board do if an
14 indicator is not met?

15 A. So, the Board - if I could reflect the proceedings of
16 the board meeting - they will ask me to articulate what is
17 the cause behind the performance, variation, and also what
18 we are doing about it. And if the Board is not satisfied
19 that I can respond to that appropriately, they will ask for
20 further review and analysis of that and for me to report
21 back again next time.

22
23 Q. I'm going to ask you shortly about the Executive level
24 and those who might inform you about operational matters,
25 but can you give an example of, if there is one, of where
26 an indicator in mental health has not been met and the
27 response by the Board?

28 A. I can. I can talk about, at times we have had the
29 indicator for seclusion has not been achieved, we have
30 exceeded the number of times that seclusion has been used,
31 and the Board has sought clarity as to the causes for that,
32 and the immediate action that has been taken from that if
33 it was possible to be done.

34
35 The variance from those indicators is largely
36 patient-specific where it was actually a balance in a
37 clinical decision about the most appropriate place for care
38 for that particular client in that example.

39
40 Q. In terms of the Board's desire or inclination to
41 improve the prioritisation of mental health services, what
42 steps could it take to achieve that outcome?

43 A. The Board - could you just ask the question again,
44 sorry?

45
46 Q. If the Board wants to improve the prioritisation of
47 mental health services, what steps could it take?

1 A. The Board could include that in our annual plan that
2 we have as a health service for what we're going to be
3 doing. It could look to seek further detailed information
4 on the particular topic that they are requesting, and the
5 management team would therefore respond to that to be able
6 to fulfil that. Does that answer your question?

7
8 Q. Yes. Can I also just direct you to some other
9 specific examples that you've given in your statement at
10 paragraph 21: that the steps available to the Board do
11 include actions in the annual SoPs?

12 A. Yep.

13
14 Q. You've raised this, but actions in the annual
15 improvement and innovation plan; communication of its
16 priorities and expectations to the CEO and Executive Team.

17 A. Correct.

18
19 Q. Targeted monitoring and increased reporting, including
20 discussions with senior staff from the mental health
21 program, which you've raised. Then finally, approval of
22 major expenditure on capital works and other initiatives
23 recommended by management?

24 A. Correct.

25
26 Q. So, they are things that are available to the Board to
27 seek to improve the prioritisation of mental health if it
28 so chooses?

29 A. Correct.

30
31 Q. What factors then influence the level of attention
32 given by the Board to mental health services?

33 A. The focus of the Board is an assessment of performance
34 and the level of variation from that. That could be
35 influenced by many factors which include the performance
36 indicators which will be in the Statement of Priorities.

37
38 If we have our performance against internal targets,
39 what is Eastern Health's performance in a particular area
40 against benchmarked peers. It could be related to the
41 patient or community feedback, as well as discussions with
42 staff, management, or in fact from knowledge about
43 comparative need across the system. So, it will come from
44 a variety of different areas that may trigger the Board to
45 ask for further review and analysis.

46
47 Q. One of the factors you mentioned was benchmarking

1 against other services, so how do you share information
2 between services to establish that benchmark or understand
3 it?

4 A. We participate in the Health Roundtable as a
5 benchmarked organisation; however, it does not cover mental
6 health services, and so, the opportunity to have
7 independent benchmarked performance is limited in my
8 experience with mental health.

9

10 Q. Just in terms of what you've mentioned about the level
11 of attention given by the Board and the response that you
12 provided, is it your view that mental health receives no
13 less attention than any other area of the service? Is that
14 your view?

15 A. That is my view.

16

17 Q. And that the attention it receives is commensurate to
18 the need as it arises?

19 A. Correct.

20

21 Q. Can I move to ask you about oversight by the Executive
22 Leadership Team. In your role as CEO, what kinds of
23 regular performance and activity information about Eastern
24 Health's Mental Health Program do you receive?

25 A. So, I receive reports and information based on three
26 domains: timely access to care, and that is largely through
27 our Emergency Departments; the second is with respect to
28 quality and safety and the measures that are reported
29 through our Clinical Executive Committee through to Board
30 quality and safety; and also around financial performance
31 and financial sustainability of the service. They're the
32 three areas that I receive regular reports on.

33

34 The detailed review of that within the Mental Health
35 Program - so I sit at the high level - the program has a
36 detailed scorecard that they review their performance
37 against, against their targets on a regular basis, and that
38 goes into much more granular information for them related
39 to the particulars of their service that they run, and that
40 is the same across all of our clinical programs.

41

42 Q. Can I just ask you about the Executive Director's
43 role. You mentioned SWMMS earlier on, so there's an
44 Executive Director of SWMMS?

45 A. Correct.

46

47 Q. One of the other aspects of the program is having what

1 you describe as a dual model. Can you just explain how
2 that structure works and, I guess, ending with you at the
3 top of that structure?

4 A. Okay. So across our clinical programs we have what we
5 call 43 clinical streams: they are grouped into programs.
6 So, mental health has three streams which are well-known
7 around age: so child and youth, adult and aged, they are
8 called streams in our organisation. That's the Mental
9 Health Program itself.

10

11 Each program has dual leadership: it has a medical
12 leader who is titled our Executive Clinical Director, and a
13 non-medical leader as a Program Director, and they lead
14 that service within the Directorate called SWMMS which has
15 numerous programs within it.

16

17 Q. And so, they share that role of directorship?

18 A. Correct.

19

20 Q. And so, you've talked about, I guess, the detailed
21 reporting: can you just explain at what level that occurs
22 and who is privy to that information?

23 A. So, the information is most granular at the local
24 level, and then it builds up across the organisation. So,
25 the Mental Health Program clearly see all of their
26 performance around those three domains I described earlier.
27 They then report that to their Executive Director through
28 their own governance - the Directorate's governance
29 program, and then some of those come to the Executive, and
30 then further on to the Board in its various sub-committees
31 or straight to the Board.

32

33 So, each area has their own performance measures that
34 they are reviewing on a regular basis, and variance to that
35 is escalated either through a committee or to me via the
36 Executive Director should there be concern about meeting
37 the required performance.

38

39 Q. So, absent not meeting the required performance, you
40 may not receive it?

41 A. Depending on its level, and it is based on the
42 Executive Director's view as to what level of risk not
43 achieving that plays.

44

45 Q. So, that's ultimately a decision that would be made by
46 the Executive Director and whether it then flows through to
47 the Board and to you, or to you and the Board?

1 A. Correct.

2

3 Q. One of the things, and I'll just read this to you from
4 your statement, is that:

5

6 "The responsible Executive Director will
7 escalate performance concerns to me if they
8 see the need to do so. These concerns
9 usually arise from a variance from
10 performance targets or established
11 criteria."

12

13 A. Correct.

14

15 Q. One of the other things that - you may have already
16 just covered this, but there's a daily operating system in
17 place each week day?

18 A. Correct.

19

20 Q. And that is a mechanism by which issues can also be
21 escalated?

22 A. Correct.

23

24 Q. And again, if it's not resolved at a level below
25 yours, it may make its way up to the Board and the CEO?

26 A. It will make its way up to me. It won't make its way
27 to the Board.

28

29 Q. Thank you. I'm going to ask you further down the
30 track about Eastern Health's own KPIs. I'm going to ask
31 you later about that and how they perhaps complement what
32 the Department of Health and Human Services requires, but
33 before moving to that, can I ask you about funding and
34 prioritisation.

35

36 I'll just take you to a portion of your statement, and
37 this is at paragraph 30. One of the questions that was
38 posed to you in preparing that statement was this: what is
39 the scope for you, as the CEO of Eastern Health, to
40 advocate with DHHS for higher funding in mental health in a
41 financial year? Can you just address that question,
42 please?

43 A. So, I have regular forums with the Department to
44 discuss and raise our performance and funding issues that
45 may have occurred in the current financial year or into the
46 future for where we may need to go. It is easier to be
47 able to do that with physical health, because there are

1 much clearer metrics that can be used to demonstrate the
2 need for increased funding, versus in mental health and in
3 alcohol and other drugs, they're not as sophisticated as in
4 physical health, and so, it is a little bit harder to do
5 that.

6
7 Also, the need to liaise directly with those areas
8 within the Department to be able to raise those issues of
9 funding requirements is a little more tenuous and takes a
10 bit longer to be able to do that, because you have to do it
11 with a specific area within the Department, rather than
12 with the area that's called performance and commissioning,
13 which covers the whole health service but it's predominant
14 history has been around physical health.

15
16 Q. So, when you are seeking further funding from the
17 Department of Health and Human Services for mental health,
18 you have to specifically seek that through the mental
19 health channel at the Department?

20 A. Correct.

21
22 Q. That is distinct from the channels that you would
23 normally use to seek a funding increase in physical health?

24 A. Correct.

25
26 Q. In addition to that, there is a further separate
27 channel for alcohol and other drug funding?

28 A. Correct.

29
30 Q. And so, what challenges does that pose for you as a
31 CEO running a whole health organisation as you do?

32 A. So, as I mentioned, it takes longer to do that, and
33 you have to make sure that you are talking with multiple
34 areas of the Department to be able to ensure that
35 communication is occurring with all, whilst the specifics
36 with respect to the conversations and the negotiations
37 you're having with mental health happen there, need to make
38 sure that that's in the context of the overall
39 commissioning and performance of the health service through
40 the other area of - the other branch.

41
42 It does separate it out and also the performance
43 monitoring of the health service, whilst it is intended
44 that all elements of performance of Eastern Health are in
45 one spot, mental health is somewhat separate.

46
47 Q. Can I just take you to a specific part of your

1 statement and this deals with funding growth. This
2 question was posed and this is the answer you gave and I
3 just want to ask you about it at paragraph 33. You were
4 asked:

5
6 "How has the funding that Eastern Health
7 receives for the delivery of physical
8 health services grown over the past ten
9 years compared with the growth of funding
10 it has received for mental health services
11 over the same period?"

12
13 In your answer you say that:

14
15 "Overall funding increases at Eastern
16 Health can be broken down into two
17 categories - mental health and 'non-mental
18 health'. Based on the data available in
19 the DHHS Policy and Funding Guidelines,
20 overall funding from DHHS for Eastern
21 Health increased by 50.87 per cent between
22 the 2009-10 financial year and the 2017-18
23 financial year. The increase in funding
24 during that period for 'non-mental health'
25 services was 52.08 per cent. The increase
26 in funding for mental health services was
27 43.38 per cent."

28
29 So, what do those statistics tell you?

30 A. So, those statistics tell me that the sophistication
31 in being able to quantify the demand for service and
32 therefore the need for increased funding is easier in
33 physical health. It itself is broken down into a number of
34 pockets, but for that purpose we have grouped it up
35 together.

36
37 An example of that is presentations and admissions
38 through an Emergency Department is very easy to quantify
39 and therefore demonstrate demand and need, than some of the
40 mental health indicators, or measures, for demand which are
41 less robust in their form.

42
43 That's what it tells me about its need. The mental
44 health growth has been most pronounced in the last three or
45 so years, and I think that the whole system has experienced
46 that, which is good.

1 Q. So, from what you've said, is it the case that,
2 because it's difficult to demonstrate what the demand is in
3 mental health, that can impact on funding growth?

4 A. Correct.

5
6 Q. Can I ask you, under the heading of "Implementation
7 and reform", paragraph 35 of your statement, and just
8 firstly put a proposition to you which is set out in your
9 statement, which is this:

10
11 "It is understood from Eastern Health's
12 2017-2018 Annual Report and Eastern
13 Health's Strategic Plan 2017-2022, that
14 Eastern Health is meeting, and in most
15 cases exceeding, the majority of its KPIs
16 for mental health."
17

18 Now, first of all, you say in your statement there are
19 three key performance indicators specific to mental health
20 services. Could you just identify what they are?

21 A. So, the three indicators are: the percentage of
22 patients who are re-admitted within 28 days of discharge,
23 the rates of seclusion related to mental health admissions,
24 and the post-discharge follow-up post an inpatient episode,
25 are the three areas and they are replicated across the
26 three age groups within mental health.
27

28 Q. You go on to say in your statement:

29
30 "However, these key performance indicators
31 are not designed to comprehensively address
32 service demand."
33

34 A. Correct.
35

36 Q. They report on those specific matters that you've
37 identified. So, are there measures within Eastern Health
38 that are designed to address service demand?

39 A. We have some measures which go some way to being able
40 to identify whether or not we are meeting demand, and an
41 example of that is our drop-out rate from our telephone
42 triage service. It's not a reliable indicator, because we
43 actually don't know what happens with those calls that
44 drop-out and those people on the end of those calls: do
45 they ring back? Do they go to an Emergency Department? Do
46 they seek treatment elsewhere? So, there's not a level of
47 sophistication around that demand as there has been and is

1 within physical health.

2

3 Q. And, what do you do with that information?

4 A. So, we look at that information to be able to see what
5 improvements can we make to be able to meet that demand,
6 and there's an example in my statement for the Child and
7 Youth Mental Health Service who use that information to
8 change their entry criteria and therefore remove their
9 waiting list.

10

11 Q. Is this service demand information that you've
12 described, the drop-out with calls, communicated to the
13 Department of Health and Human Services in any way?

14 A. No, it's not.

15

16 Q. In relation to prioritisation of capital expenditure
17 at paragraph 51, firstly ask you this: how does Eastern
18 Health undertake service planning to inform capital
19 investment projects? And how does mental health feature in
20 those efforts?

21 A. Eastern Health undertakes service planning in
22 accordance with the Department of Health and Human
23 Services' framework for service and capital planning. It
24 is completed at the location level or what we call the
25 precinct level, and it is based on the service need as
26 demonstrated by previous activity to project into future
27 activity.

28

29 It will be largely focused around the entire
30 population that is accessing services through that
31 location. So, a recent example of that is what we've done
32 with the Maroondah Hospital precinct, which included our
33 services for adult and child and youth mental health in
34 that analysis and, therefore, projections for service
35 demand based on our own internal data.

36

37 Q. And so, in that sense is mental health just competing
38 on a level playing field with other capital investment
39 project needs?

40 A. Yes, it is. We are in the midst of undertaking a
41 specific mental health service plan for across our
42 catchment, which is following the same process that I
43 described, and we've also participated in a Regional Mental
44 Health, Alcohol and Drug and Suicide Prevention Plan which
45 is being undertaken by the Eastern Metro Primary Health
46 Network for their catchment, of which Eastern Health is a
47 large part of that.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

Q. And so, those two initiatives that you've described, are they driven by Eastern Health or by the Department of Health and Human Services?

A. So, the Primary Health Network has driven the latter. The former is a negotiation that we would have with the Department: they provided us with some financial support to be able to undertake the plan. There are other plans that we would do from our own resources.

Q. In terms of Eastern Health prioritising its applications for capital investment projects made to the Victorian Health and Human Services Building Authority, can you just talk the Commissioners through how you prioritise applications?

A. So, I categorise capital into an easy simple way for me to talk about that as far as "Big C", "Middle C" and "Little C". "C" being "Capital". "Big C" are things like the Joan Kirner Hospital, Footscray, Box Hill Hospital, are "Big Cs", and they undergo a rigorous business case to be able to demonstrate the need and the cost, et cetera, that will be delivered through that.

They are done in conjunction with the capital area within the Department and the health service and they are supported financially to undertake those by the Department, or the Building Authority as it's now called.

The "Middle C" are things that would be a particular ward, building a new ward, or a couple of wards. An example that we've had in the past is, we've had our adult inpatient mental health units rebuilt and expanded and a new child and youth mental health building - these are the things over the last 10, 15 years that happened. That's what I call "Middle C".

Then there is "Small C", which will be things like refurbishing a particular area, undertaking some work to reduce the risk of occupational violence and aggression, or creating small service improvements through capital, and they are based on either an invitation to submit or a request.

Q. Can I just ask you do provide a specific example in relation to alcohol and other drugs?

A. That's what I would call a "Small C", and we have recently opened in a refurbished part of a physical health

1 ward a higher intensity detox service which was the
2 instigation of our Exec Clinical Director for Turning
3 Point, who saw the need for greater inpatient
4 detoxification facilities that weren't being met, and so,
5 over a period of time he justified the case for that and we
6 were provided funding to do that and it's opened in the
7 last 12 months.

8
9 Q. As you mentioned before, that is through the alcohol
10 and other drug channel at the Department of Health and
11 Human Services, not mental health and not the physical
12 health arm?

13 A. Correct.

14
15 Q. To what extent has Eastern Health been successful in
16 obtaining funding for capital improvement projects to
17 support its mental health services in recent times?

18 A. So, I've mentioned about the occupational violence and
19 aggression, and a lot of that work has happened both in
20 inpatient and community sites and clinics for mental
21 health.

22
23 We also are in the process of planning to build
24 behavioural assessment rooms in two of our Emergency
25 Departments. We have it in our third Emergency Department
26 already. Another example would be the Psychiatric
27 Assessment and Planning Unit that was built at Maroondah
28 Hospital.

29
30 Q. Do you have any sense of why it is at certain times
31 applications for particularly mental health might be
32 successful or not, other than a strong business case?

33 A. My hypothesis is, it depends on the amount of funds
34 that the Department has available to it to be able to
35 exercise, and then the demand for those funds as to whether
36 they're successful in total, in part, or not at all.

37
38 Q. Do you mean demand from you and other services?

39 A. Correct.

40
41 Q. So you're competing for those funds at various times?

42 A. Correct.

43
44 Q. One of the questions you were asked in preparing your
45 statement was this:

46
47 "Have mental health facilities been given

1 an appropriate level of prioritisation in
2 capital improvement projects within Eastern
3 Health compared to facilities and parts of
4 facilities targeting physical health?"

5
6 And you gave this answer:

7
8 "Eastern Health prioritises mental health
9 facilities in the same way as non-mental
10 health. It is largely based on the
11 identification of risk."
12

13 A. Correct.

14
15 Q. Can you expand on what you mean by that?

16 A. So, the identification of risk would be related to
17 patients or staff, and the general state of the
18 infrastructure that is before it. So, it's a comprehensive
19 risk assessment. It may be as a result, for example, of an
20 incident that has identified an issue, therefore assessed
21 the risk and therefore it's prioritised in that way.
22

23 Each year we undertake a prioritisation process and,
24 where funds are available, we therefore execute the most
25 highest priority items of risk.
26

27 Q. Just a final topic I'd like to cover with you is
28 catchments, and ask you this question: do you have a view
29 about the relevance or appropriateness of geographic
30 catchments in mental health service delivery?

31 A. I think that catchments do have a role to play in
32 mental health service delivery, and the reason for that is,
33 if you have a population you can assess what their needs
34 are and therefore tailor services to be able to meet the
35 specific needs of that catchment.
36

37 Q. And, does that happen?

38 A. The example that I gave about the mental health
39 service plan, we're using our catchment to be able to guide
40 that plan, and also, as I mentioned, the Primary Health
41 Networks catchment is different to ours so they've used
42 their catchment to be able to guide that.
43

44 Q. Sorry, I cut you off. You were saying that it can be
45 helpful?

46 A. It absolutely can be helpful. It would be ideal if
47 the catchments were the same.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

Q. So when you say that, you mean the catchments for physical health and mental health?

A. And mental health.

Q. One of the things you say in your statement is:

"What is more important is to review the services of each catchment on a regular basis to make sure that they are appropriate for the particular community's needs as they change over time."

A. Correct.

Q. So the idea that you might have a stagnant catchment for a long period of time may not be suitable?

A. Correct, and each catchment or part of the catchment will have different needs to each other depending on their population and what their needs are, and so, being able to make sure that you can tailor services to the needs of the particular - in our context, 2,800 square kilometre catchment or subsets of that catchment, is I think a vital aspect of being able to make sure we're delivering the care that the community needs.

Q. One of the things you raise in your statement is the example in the United Kingdom: can you just expand on that?

A. So, the United Kingdom has undertaken numerous different ways of being able to review their catchments, and they have smaller parts of their catchment that they are now planning services around the particular needs of that community.

Their catchment areas can be quite small, and I wouldn't propose that that's what we do, but we consider segments of our catchment to make sure that we are delivering services collectively across all service providers to meet that need.

Q. One of the things, and you say this in your statement, that:

"Finally, there are significant opportunities to connect the system if the information in the system could also be connected."

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

Could you just expand on that, please?

A. Yes. So, in the service system there are multiple players, multiple health providers, multiple social care providers, and the information about clients is not available necessarily to each other in that regard. And so, the person who is the recipient of care is in fact needing to replicate their information or they may in fact fall through some of the gaps between the system because the system's not joined up.

Sharing information will help to assess the health of the community and also to be able to help to plan services, because you can see the services that are provided for each client or groups of clients rather than by service provider and try to match. There's no way of actually being able to join up data right across the system between primary care or for us in tertiary care.

Q. Thank you, Mr Plunkett. Are there any other issues you'd like to raise before I ask the Commissioners if they've got questions for you?

A. No, thank you.

MS COGHLAN: Thank you.

CHAIR: Q. Thank you, Mr Plunkett. I just have a few issues. The first one is: this Royal Commission has heard about the great pressures on the mental health system in Victoria, and you've heard it through other means, it's been described as a broken system, or a system certainly that has very significant demand pressures.

As the CEO of the hospital, and your broad network of services, how do you satisfy yourself about how Eastern Health is managing those service demands?

A. I think it's a really challenging area to be able to, first of all, understand the demand, because Eastern Health does not see the demand that is being experienced by other health providers, and that relates back to the issue about sharing information. So, I can't say whether or not Eastern Health is meeting its demand or not according to what our service profile is.

I know through some of the measures I mentioned before around telephone drop-out, that I would probably estimate or hypothesise that there is missed care or missed access

1 to service through that means.

2

3 I also know through areas such as the work that
4 Turning Point did with Beyond Blue around the prevalence of
5 some conditions being presented through Ambulance Victoria,
6 for example, with respect to men's suicidal thoughts that
7 there is a huge demand for service that, really, the only
8 entry point is through our Emergency Departments.

9

10 So, your question about meeting demand is one part of
11 it, but then there's the appropriate care to meet that
12 demand as well, which at present I don't have an answer for
13 the how or the what, as in, the quantum of what that would
14 look like yet. I can only see what I can see through our
15 performance metrics and I can't satisfy myself that we are
16 meeting demand.

17

18 Q. I did note in your current KPIs, the three main KPIs
19 that are reported regularly to yourself and your Board,
20 focus primarily on inpatient mental health services. How
21 do you maintain visibility over the quality of your
22 community-based mental health services that are being
23 delivered?

24 A. That is where we undertake that through the reports
25 that the Mental Health Program provides through our
26 clinical governance reporting system on the appropriateness
27 and the effectiveness of their care.

28

29 It would be fair to say that there is not
30 sophisticated measures to be able to go to the
31 effectiveness of community-based care. There are some
32 process measures that would go to, say, are we doing the
33 things that we should be doing, rather than how good is it
34 that we're doing it.

35

36 So, I don't know that there's great, from what I can
37 see, great measures there for us to be able to say that the
38 care is as effective. We are relying on clinical leaders
39 to be able to highlight the risks that they see with care
40 that is being provided in their service, and they certainly
41 do that and advocate that through the program leadership
42 where they have concerns about the types or levels of care
43 that are being provided or risks that they are seeing with
44 their clientele.

45

46 Q. We have heard also through this Royal Commission that
47 sometimes access to service depends on where you live. In

1 your catchment areas that are covered by your services, do
2 you know whether the population has access to the same
3 range of services consistently throughout the entire
4 catchment or whether it varies in mental health according
5 to where people live?

6 A. So, I would like to reflect on my role in the eastern
7 metro partnerships, where the community there has told the
8 partnership that there is differences in access to service,
9 and it's not necessarily Eastern Health's services, and
10 there's particular references around access to youth mental
11 health services in the outer east; that there is a paucity
12 of services available and that they are looking for more
13 services and easier to access and navigate services in that
14 region. I know that from that context, not necessarily
15 from Eastern Health's context, and it's not necessarily
16 related to services that we currently provide either.

17
18 CHAIR: Thank you.

19
20 MS COGHLAN: Thank you, Chair. May Mr Plunkett be
21 excused?

22
23 CHAIR: Yes, thank you very much for your evidence today.

24
25 <THE WITNESS WITHDREW

26
27 MS COGHLAN: That concludes the evidence.

28
29 **AT 3.55PM THE COMMISSION WAS ADJOURNED TO**
30 **THURSDAY, 25 JULY 2019 AT 10.00AM**

31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

	<p>1992-1999 [1] - 1602:2 1993 [1] - 1607:47 1996 [2] - 1655:29, 1655:33 1999 [1] - 1655:33</p>	<p>1644:39, 1646:39, 1650:39, 1678:3 3.2 [1] - 1616:9 3.5 [1] - 1644:40 3.55PM [1] - 1695:29 30 [3] - 1622:10, 1627:38, 1684:37 31 [1] - 1633:2 33 [1] - 1686:3 35 [1] - 1687:7 38 [1] - 1603:38</p>	<p>1644:38, 1645:7, 1650:36, 1650:38 80 [1] - 1644:1 80-year-old [1] - 1646:30 80s [1] - 1605:37</p>	<p>1601:4 academic [1] - 1613:41 accept [2] - 1627:1, 1659:41 acceptance [1] - 1657:14 accepted [4] - 1620:20, 1658:29, 1662:37, 1666:6 access [29] - 1624:8, 1628:16, 1629:24, 1629:30, 1631:41, 1634:17, 1634:25, 1641:29, 1659:29, 1659:39, 1659:45, 1660:39, 1660:43, 1661:2, 1661:18, 1665:30, 1666:13, 1666:16, 1667:24, 1667:25, 1677:7, 1677:8, 1682:26, 1693:47, 1694:47, 1695:2, 1695:8, 1695:10, 1695:13 Access [1] - 1634:5 accessibility [1] - 1612:21 accessing [5] - 1624:5, 1661:8, 1669:22, 1669:24, 1688:30 Accident [1] - 1654:17 accommodation [10] - 1630:34, 1630:45, 1631:3, 1646:7, 1646:9, 1646:10, 1646:15, 1646:18, 1647:36, 1654:38 Accommodation [1] - 1631:1 accommodations [2] - 1656:25, 1661:37 accordance [6] - 1624:44, 1628:47, 1629:28, 1674:17, 1676:23, 1688:22 according [3] - 1644:19, 1693:42, 1695:4 accordingly [1] - 1668:9 account [4] - 1645:31, 1645:38, 1645:47, 1649:7 accountability [16] - 1601:39, 1639:26, 1657:32, 1660:5, 1660:7, 1660:15, 1660:22, 1665:36,</p>
<p>'actions' [1] - 1678:43 'non' [2] - 1686:17, 1686:24 'non-mental' [2] - 1686:17, 1686:24 'Supporting' [1] - 1678:46</p>	<p style="text-align: center;">2</p>	<p style="text-align: center;">4</p>	<p style="text-align: center;">9</p>	
<p style="text-align: center;">1</p>	<p>2 [2] - 1646:39, 1666:14 2,800 [2] - 1675:3, 1692:22 2.0 [1] - 1632:31 2.05pm [1] - 1655:18 2.59pm [1] - 1673:4 20 [5] - 1609:31, 1622:10, 1635:46, 1667:7, 1670:34 20-year [1] - 1621:23 200 [1] - 1632:14 2000s [1] - 1606:1 2006 [1] - 1607:40 2008 [1] - 1603:47 2009-10 [1] - 1686:22 2010 [2] - 1641:6, 1643:32 2011 [1] - 1628:29 2012 [1] - 1608:5 2013 [1] - 1600:31 2014 [3] - 1606:34, 1606:36, 1617:8 2015 [3] - 1619:18, 1635:15, 1645:4 2016 [1] - 1673:35 2017 [3] - 1603:47, 1652:19, 1673:16 2017-18 [1] - 1686:22 2017-2018 [1] - 1687:12 2017-2022 [1] - 1687:13 2018 [3] - 1604:32, 1626:30, 1626:34 2019 [3] - 1599:18, 1633:2, 1695:30 21 [1] - 1681:10 24 [2] - 1599:18, 1631:25 24-hour [1] - 1658:45 24/7 [1] - 1619:44 25 [3] - 1615:2, 1615:3, 1695:30 28 [2] - 1659:24, 1687:22</p>	<p style="text-align: center;">5</p>	<p>9,500 [1] - 1675:41 9.1 [2] - 1642:47, 1650:36 90-130 [1] - 1599:12</p>	
<p>1 [2] - 1625:11, 1625:15 1,200 [1] - 1619:33 10 [7] - 1626:34, 1657:4, 1657:15, 1658:27, 1668:5, 1678:33, 1689:34 10,500 [1] - 1675:41 10-year [1] - 1678:2 10.00am [1] - 1599:18 10.00AM [1] - 1695:30 10.11am [1] - 1603:17 100 [2] - 1644:1, 1644:41 11 [1] - 1662:30 12 [4] - 1633:33, 1633:38, 1645:3, 1690:7 12.09pm [1] - 1636:37 12.1 [5] - 1643:5, 1643:7, 1645:4, 1645:7, 1650:26 15 [1] - 1689:34 15-minute [1] - 1636:28 16 [1] - 1632:32 16,000 [2] - 1633:13, 1633:17 17 [1] - 1599:20 175,000 [1] - 1628:15 18 [1] - 1635:47 18/19 [3] - 1678:7, 1678:31, 1678:39 18th [1] - 1636:1 19/20 [2] - 1678:31, 1678:40 1976-1999 [1] - 1655:26 1980s [4] - 1605:24, 1605:30, 1619:33, 1656:23 1988 [1] - 1673:31 1990s [2] - 1605:24, 1661:21 1992 [2] - 1655:29, 1656:40</p>	<p style="text-align: center;">3</p>	<p style="text-align: center;">6</p>	<p style="text-align: center;">A</p>	
<p>1 [2] - 1625:11, 1625:15 1,200 [1] - 1619:33 10 [7] - 1626:34, 1657:4, 1657:15, 1658:27, 1668:5, 1678:33, 1689:34 10,500 [1] - 1675:41 10-year [1] - 1678:2 10.00am [1] - 1599:18 10.00AM [1] - 1695:30 10.11am [1] - 1603:17 100 [2] - 1644:1, 1644:41 11 [1] - 1662:30 12 [4] - 1633:33, 1633:38, 1645:3, 1690:7 12.09pm [1] - 1636:37 12.1 [5] - 1643:5, 1643:7, 1645:4, 1645:7, 1650:26 15 [1] - 1689:34 15-minute [1] - 1636:28 16 [1] - 1632:32 16,000 [2] - 1633:13, 1633:17 17 [1] - 1599:20 175,000 [1] - 1628:15 18 [1] - 1635:47 18/19 [3] - 1678:7, 1678:31, 1678:39 18th [1] - 1636:1 19/20 [2] - 1678:31, 1678:40 1976-1999 [1] - 1655:26 1980s [4] - 1605:24, 1605:30, 1619:33, 1656:23 1988 [1] - 1673:31 1990s [2] - 1605:24, 1661:21 1992 [2] - 1655:29, 1656:40</p>	<p>2 [2] - 1646:39, 1666:14 2,800 [2] - 1675:3, 1692:22 2.0 [1] - 1632:31 2.05pm [1] - 1655:18 2.59pm [1] - 1673:4 20 [5] - 1609:31, 1622:10, 1635:46, 1667:7, 1670:34 20-year [1] - 1621:23 200 [1] - 1632:14 2000s [1] - 1606:1 2006 [1] - 1607:40 2008 [1] - 1603:47 2009-10 [1] - 1686:22 2010 [2] - 1641:6, 1643:32 2011 [1] - 1628:29 2012 [1] - 1608:5 2013 [1] - 1600:31 2014 [3] - 1606:34, 1606:36, 1617:8 2015 [3] - 1619:18, 1635:15, 1645:4 2016 [1] - 1673:35 2017 [3] - 1603:47, 1652:19, 1673:16 2017-18 [1] - 1686:22 2017-2018 [1] - 1687:12 2017-2022 [1] - 1687:13 2018 [3] - 1604:32, 1626:30, 1626:34 2019 [3] - 1599:18, 1633:2, 1695:30 21 [1] - 1681:10 24 [2] - 1599:18, 1631:25 24-hour [1] - 1658:45 24/7 [1] - 1619:44 25 [3] - 1615:2, 1615:3, 1695:30 28 [2] - 1659:24, 1687:22</p>	<p>40 [3] - 1643:17, 1644:37, 1662:21 43 [1] - 1683:5 43.38 [1] - 1686:27</p>	<p>ability [7] - 1620:18, 1623:30, 1639:26, 1670:26, 1678:9, 1678:10, 1678:26 able [59] - 1612:46, 1613:8, 1614:8, 1614:11, 1614:16, 1615:12, 1615:13, 1616:40, 1617:31, 1618:35, 1621:14, 1621:20, 1621:23, 1621:24, 1623:4, 1625:27, 1626:6, 1630:23, 1639:1, 1639:9, 1641:28, 1646:40, 1647:43, 1649:6, 1649:34, 1650:7, 1660:39, 1660:43, 1661:1, 1661:6, 1662:22, 1664:25, 1671:45, 1672:3, 1681:5, 1684:47, 1685:8, 1685:10, 1685:34, 1686:31, 1687:39, 1688:4, 1688:5, 1689:8, 1689:21, 1690:34, 1691:34, 1691:39, 1691:42, 1692:20, 1692:24, 1692:30, 1693:13, 1693:16, 1693:37, 1694:30, 1694:37, 1694:39 absent [1] - 1683:39 absolute [2] - 1645:35, 1645:46 absolutely [8] - 1640:9, 1646:45, 1648:12, 1654:24, 1656:28, 1664:15, 1665:17, 1691:46 abundance [1] -</p>	
<p>1 [2] - 1625:11, 1625:15 1,200 [1] - 1619:33 10 [7] - 1626:34, 1657:4, 1657:15, 1658:27, 1668:5, 1678:33, 1689:34 10,500 [1] - 1675:41 10-year [1] - 1678:2 10.00am [1] - 1599:18 10.00AM [1] - 1695:30 10.11am [1] - 1603:17 100 [2] - 1644:1, 1644:41 11 [1] - 1662:30 12 [4] - 1633:33, 1633:38, 1645:3, 1690:7 12.09pm [1] - 1636:37 12.1 [5] - 1643:5, 1643:7, 1645:4, 1645:7, 1650:26 15 [1] - 1689:34 15-minute [1] - 1636:28 16 [1] - 1632:32 16,000 [2] - 1633:13, 1633:17 17 [1] - 1599:20 175,000 [1] - 1628:15 18 [1] - 1635:47 18/19 [3] - 1678:7, 1678:31, 1678:39 18th [1] - 1636:1 19/20 [2] - 1678:31, 1678:40 1976-1999 [1] - 1655:26 1980s [4] - 1605:24, 1605:30, 1619:33, 1656:23 1988 [1] - 1673:31 1990s [2] - 1605:24, 1661:21 1992 [2] - 1655:29, 1656:40</p>	<p>2 [2] - 1646:39, 1666:14 2,800 [2] - 1675:3, 1692:22 2.0 [1] - 1632:31 2.05pm [1] - 1655:18 2.59pm [1] - 1673:4 20 [5] - 1609:31, 1622:10, 1635:46, 1667:7, 1670:34 20-year [1] - 1621:23 200 [1] - 1632:14 2000s [1] - 1606:1 2006 [1] - 1607:40 2008 [1] - 1603:47 2009-10 [1] - 1686:22 2010 [2] - 1641:6, 1643:32 2011 [1] - 1628:29 2012 [1] - 1608:5 2013 [1] - 1600:31 2014 [3] - 1606:34, 1606:36, 1617:8 2015 [3] - 1619:18, 1635:15, 1645:4 2016 [1] - 1673:35 2017 [3] - 1603:47, 1652:19, 1673:16 2017-18 [1] - 1686:22 2017-2018 [1] - 1687:12 2017-2022 [1] - 1687:13 2018 [3] - 1604:32, 1626:30, 1626:34 2019 [3] - 1599:18, 1633:2, 1695:30 21 [1] - 1681:10 24 [2] - 1599:18, 1631:25 24-hour [1] - 1658:45 24/7 [1] - 1619:44 25 [3] - 1615:2, 1615:3, 1695:30 28 [2] - 1659:24, 1687:22</p>	<p style="text-align: center;">5</p>	<p style="text-align: center;">6</p>	
<p>1 [2] - 1625:11, 1625:15 1,200 [1] - 1619:33 10 [7] - 1626:34, 1657:4, 1657:15, 1658:27, 1668:5, 1678:33, 1689:34 10,500 [1] - 1675:41 10-year [1] - 1678:2 10.00am [1] - 1599:18 10.00AM [1] - 1695:30 10.11am [1] - 1603:17 100 [2] - 1644:1, 1644:41 11 [1] - 1662:30 12 [4] - 1633:33, 1633:38, 1645:3, 1690:7 12.09pm [1] - 1636:37 12.1 [5] - 1643:5, 1643:7, 1645:4, 1645:7, 1650:26 15 [1] - 1689:34 15-minute [1] - 1636:28 16 [1] - 1632:32 16,000 [2] - 1633:13, 1633:17 17 [1] - 1599:20 175,000 [1] - 1628:15 18 [1] - 1635:47 18/19 [3] - 1678:7, 1678:31, 1678:39 18th [1] - 1636:1 19/20 [2] - 1678:31, 1678:40 1976-1999 [1] - 1655:26 1980s [4] - 1605:24, 1605:30, 1619:33, 1656:23 1988 [1] - 1673:31 1990s [2] - 1605:24, 1661:21 1992 [2] - 1655:29, 1656:40</p>	<p>2 [2] - 1646:39, 1666:14 2,800 [2] - 1675:3, 1692:22 2.0 [1] - 1632:31 2.05pm [1] - 1655:18 2.59pm [1] - 1673:4 20 [5] - 1609:31, 1622:10, 1635:46, 1667:7, 1670:34 20-year [1] - 1621:23 200 [1] - 1632:14 2000s [1] - 1606:1 2006 [1] - 1607:40 2008 [1] - 1603:47 2009-10 [1] - 1686:22 2010 [2] - 1641:6, 1643:32 2011 [1] - 1628:29 2012 [1] - 1608:5 2013 [1] - 1600:31 2014 [3] - 1606:34, 1606:36, 1617:8 2015 [3] - 1619:18, 1635:15, 1645:4 2016 [1] - 1673:35 2017 [3] - 1603:47, 1652:19, 1673:16 2017-18 [1] - 1686:22 2017-2018 [1] - 1687:12 2017-2022 [1] - 1687:13 2018 [3] - 1604:32, 1626:30, 1626:34 2019 [3] - 1599:18, 1633:2, 1695:30 21 [1] - 1681:10 24 [2] - 1599:18, 1631:25 24-hour [1] - 1658:45 24/7 [1] - 1619:44 25 [3] - 1615:2, 1615:3, 1695:30 28 [2] - 1659:24, 1687:22</p>	<p style="text-align: center;">7</p>	<p style="text-align: center;">8</p>	
<p>1 [2] - 1625:11, 1625:15 1,200 [1] - 1619:33 10 [7] - 1626:34, 1657:4, 1657:15, 1658:27, 1668:5, 1678:33, 1689:34 10,500 [1] - 1675:41 10-year [1] - 1678:2 10.00am [1] - 1599:18 10.00AM [1] - 1695:30 10.11am [1] - 1603:17 100 [2] - 1644:1, 1644:41 11 [1] - 1662:30 12 [4] - 1633:33, 1633:38, 1645:3, 1690:7 12.09pm [1] - 1636:37 12.1 [5] - 1643:5, 1643:7, 1645:4, 1645:7, 1650:26 15 [1] - 1689:34 15-minute [1] - 1636:28 16 [1] - 1632:32 16,000 [2] - 1633:13, 1633:17 17 [1] - 1599:20 175,000 [1] - 1628:15 18 [1] - 1635:47 18/19 [3] - 1678:7, 1678:31, 1678:39 18th [1] - 1636:1 19/20 [2] - 1678:31, 1678:40 1976-1999 [1] - 1655:26 1980s [4] - 1605:24, 1605:30, 1619:33, 1656:23 1988 [1] - 1673:31 1990s [2] - 1605:24, 1661:21 1992 [2] - 1655:29, 1656:40</p>	<p>2 [2] - 1646:39, 1666:14 2,800 [2] - 1675:3, 1692:22 2.0 [1] - 1632:31 2.05pm [1] - 1655:18 2.59pm [1] - 1673:4 20 [5] - 1609:31, 1622:10, 1635:46, 1667:7, 1670:34 20-year [1] - 1621:23 200 [1] - 1632:14 2000s [1] - 1606:1 2006 [1] - 1607:40 2008 [1] - 1603:47 2009-10 [1] - 1686:22 2010 [2] - 1641:6, 1643:32 2011 [1] - 1628:29 2012 [1] - 1608:5 2013 [1] - 1600:31 2014 [3] - 1606:34, 1606:36, 1617:8 2015 [3] - 1619:18, 1635:15, 1645:4 2016 [1] - 1673:35 2017 [3] - 1603:47, 1652:19, 1673:16 2017-18 [1] - 168</p>			

<p>1668:39, 1668:44, 1668:46, 1669:1, 1669:6, 1669:20, 1669:27</p> <p>accountable [4] - 1648:47, 1649:13, 1669:9, 1669:44</p> <p>accounts [1] - 1653:29</p> <p>achieve [4] - 1606:11, 1620:25, 1668:2, 1680:42</p> <p>achieve/consider [1] - 1617:26</p> <p>achieved [8] - 1610:31, 1613:12, 1613:27, 1613:37, 1613:38, 1614:41, 1679:11, 1680:29</p> <p>achieving [6] - 1619:36, 1638:35, 1646:10, 1649:14, 1669:5, 1683:43</p> <p>acknowledge [1] - 1628:7</p> <p>acquit [1] - 1660:30</p> <p>acquitted [1] - 1665:45</p> <p>acronym [2] - 1604:16, 1676:12</p> <p>ACT [1] - 1636:44</p> <p>Act [10] - 1608:24, 1622:30, 1622:39, 1622:46, 1625:22, 1628:21, 1628:47, 1629:29, 1631:25, 1631:28</p> <p>acting [1] - 1628:44</p> <p>action [4] - 1679:28, 1679:30, 1679:46, 1680:32</p> <p>actions [4] - 1678:1, 1679:37, 1681:11, 1681:14</p> <p>active [1] - 1633:3</p> <p>actively [1] - 1653:28</p> <p>activities [4] - 1609:14, 1623:32, 1648:4, 1669:17</p> <p>activity [14] - 1609:12, 1619:19, 1647:4, 1647:16, 1667:25, 1669:19, 1669:35, 1677:5, 1677:11, 1677:30, 1677:47, 1682:23, 1688:26, 1688:27</p> <p>actuarial [1] - 1633:6</p> <p>actuary [1] - 1628:34</p> <p>Acute [1] - 1673:40</p>	<p>acute [2] - 1653:14, 1675:6</p> <p>add [1] - 1622:1</p> <p>addiction [2] - 1675:36, 1675:37</p> <p>addition [1] - 1685:26</p> <p>address [29] - 1601:22, 1601:28, 1602:28, 1603:1, 1604:23, 1604:27, 1606:13, 1609:14, 1614:16, 1615:19, 1617:23, 1618:42, 1620:44, 1623:8, 1628:9, 1634:6, 1634:14, 1634:24, 1636:14, 1642:3, 1644:40, 1649:8, 1675:17, 1678:38, 1678:44, 1679:29, 1684:41, 1687:31, 1687:38</p> <p>addressed [3] - 1608:36, 1609:27, 1678:39</p> <p>addressing [6] - 1611:8, 1612:31, 1613:23, 1637:21, 1638:26, 1656:8</p> <p>adds [1] - 1645:7</p> <p>adequacy [1] - 1634:34</p> <p>adequate [5] - 1609:19, 1633:24, 1636:11, 1661:39, 1662:14</p> <p>adequately [4] - 1602:7, 1662:6, 1662:7, 1672:8</p> <p>ADJOURNED [1] - 1695:29</p> <p>ADJOURNMENT [2] - 1636:32, 1655:11</p> <p>Adjunct [3] - 1602:12, 1602:16, 1673:2</p> <p>adjusted [1] - 1628:34</p> <p>adjusting [1] - 1668:9</p> <p>adjustment [1] - 1625:24</p> <p>Administration [1] - 1673:19</p> <p>administrative [3] - 1648:16, 1648:18, 1648:26</p> <p>admissions [3] - 1647:11, 1686:37, 1687:23</p> <p>admit [1] - 1670:8</p> <p>admitted [3] - 1646:14, 1654:36,</p>	<p>1687:22</p> <p>adolescents [1] - 1661:13</p> <p>adopt [1] - 1658:31</p> <p>adopted [1] - 1644:32</p> <p>adult [4] - 1631:7, 1683:7, 1688:33, 1689:31</p> <p>advanced [1] - 1664:8</p> <p>advances [4] - 1664:1, 1664:18, 1670:9</p> <p>advantage [1] - 1654:15</p> <p>advantages [4] - 1639:32, 1651:29, 1651:33</p> <p>advert [1] - 1641:14</p> <p>advice [11] - 1604:11, 1608:7, 1628:27, 1628:28, 1628:44, 1631:38, 1639:1, 1639:6, 1639:11, 1639:15, 1650:7</p> <p>advised [1] - 1657:1</p> <p>advising [1] - 1634:12</p> <p>advisor [1] - 1604:22</p> <p>Advisor [2] - 1601:14, 1608:46</p> <p>Advisory [5] - 1604:5, 1604:15, 1636:47, 1637:1, 1637:13</p> <p>advocacy [2] - 1602:9, 1651:22</p> <p>advocate [3] - 1661:24, 1684:40, 1694:41</p> <p>advocating [2] - 1602:28, 1668:30</p> <p>affect [1] - 1664:36</p> <p>affected [1] - 1600:43</p> <p>affects [1] - 1621:28</p> <p>affirmed [2] - 1635:6, 1673:4</p> <p>afflicted [1] - 1600:47</p> <p>afford [1] - 1636:13</p> <p>affordable [1] - 1646:10</p> <p>AFTER [1] - 1655:13</p> <p>afternoon [1] - 1673:1</p> <p>afterwards [1] - 1622:3</p> <p>age [4] - 1631:24, 1662:15, 1683:7, 1687:26</p> <p>Aged [1] - 1655:30</p> <p>aged [3] - 1603:42, 1655:34, 1683:7</p> <p>agencies [3] - 1610:14, 1625:26, 1641:31</p>	<p>agency [24] - 1604:19, 1604:22, 1604:30, 1604:31, 1615:10, 1625:15, 1625:25, 1625:30, 1625:37, 1627:12, 1628:26, 1628:43, 1630:17, 1630:40, 1630:42, 1632:11, 1634:11, 1634:19, 1634:21, 1635:28, 1635:41, 1636:1, 1652:42, 1652:46</p> <p>Agency [3] - 1601:15, 1604:13, 1604:44</p> <p>agency's [2] - 1604:24, 1625:32</p> <p>agenda [2] - 1656:39, 1679:17</p> <p>aggression [2] - 1689:39, 1690:19</p> <p>agnostic [1] - 1644:24</p> <p>ago [3] - 1601:19, 1612:16, 1662:11</p> <p>agree [2] - 1648:35, 1668:38</p> <p>agreed [3] - 1608:2, 1635:36, 1676:22</p> <p>agreement [7] - 1608:23, 1614:20, 1623:12, 1623:20, 1623:36, 1623:45, 1626:12</p> <p>agreements [1] - 1635:15</p> <p>ahead [1] - 1676:31</p> <p>aid [1] - 1645:36</p> <p>aim [1] - 1630:27</p> <p>aiming [3] - 1646:33, 1651:9, 1651:10</p> <p>Airedale [1] - 1656:17</p> <p>alcohol [9] - 1606:39, 1621:6, 1675:7, 1675:29, 1675:36, 1685:3, 1685:27, 1689:45, 1690:9</p> <p>Alcohol [1] - 1688:44</p> <p>Alex [1] - 1599:28</p> <p>aligned [1] - 1611:3</p> <p>aligns [1] - 1676:29</p> <p>Allan [1] - 1599:27</p> <p>allied [1] - 1610:18</p> <p>allocated [2] - 1660:27, 1664:36</p> <p>allocates [1] - 1651:21</p> <p>allocation [2] - 1633:16, 1659:25</p> <p>allow [5] - 1600:11, 1627:46, 1638:10, 1649:38, 1658:30</p>	<p>allowed [1] - 1656:37</p> <p>allowing [1] - 1625:37</p> <p>allows [1] - 1644:16</p> <p>almost [2] - 1619:37, 1658:39</p> <p>alone [2] - 1638:3, 1653:34</p> <p>alternative [1] - 1621:2</p> <p>amazing [1] - 1621:1</p> <p>ambulance [1] - 1653:37</p> <p>Ambulance [1] - 1694:5</p> <p>ambulatory [1] - 1623:23</p> <p>amount [3] - 1656:33, 1675:39, 1690:33</p> <p>analysis [5] - 1614:12, 1617:10, 1680:20, 1681:45, 1688:34</p> <p>Andrew [1] - 1602:39</p> <p>Angliss [1] - 1675:20</p> <p>announced [2] - 1625:15, 1626:35</p> <p>Annual [2] - 1632:13, 1687:12</p> <p>annual [8] - 1639:25, 1674:17, 1677:22, 1677:33, 1678:20, 1681:1, 1681:11, 1681:14</p> <p>answer [12] - 1609:44, 1613:26, 1613:35, 1614:42, 1621:42, 1637:26, 1648:25, 1681:6, 1686:2, 1686:13, 1691:6, 1694:12</p> <p>answered [1] - 1666:39</p> <p>answering [2] - 1605:4, 1624:13</p> <p>anticipated [3] - 1630:26, 1633:9, 1633:36</p> <p>anxiety [4] - 1643:36, 1662:45, 1665:2, 1665:8</p> <p>anyway [1] - 1651:10</p> <p>AO [1] - 1599:27</p> <p>apart [1] - 1678:30</p> <p>appalling [3] - 1656:19, 1659:43, 1664:29</p> <p>appear [1] - 1679:12</p> <p>applicants [1] - 1632:29</p> <p>application [3] - 1624:35, 1632:4,</p>
--	---	---	---	--

<p>1678:1 applications [3] - 1689:12, 1689:15, 1690:31 applied [1] - 1651:5 apply [3] - 1629:8, 1629:10, 1651:14 appointment [1] - 1611:24 appoints [1] - 1674:33 appreciated [1] - 1634:40 appreciation [1] - 1664:13 apprehension [2] - 1660:26, 1661:29 apprehensive [1] - 1661:26 approach [26] - 1606:3, 1606:41, 1620:8, 1620:22, 1621:5, 1623:4, 1624:45, 1626:7, 1626:38, 1627:6, 1630:19, 1630:31, 1630:36, 1637:46, 1638:36, 1640:43, 1641:43, 1642:23, 1646:43, 1649:34, 1653:5, 1658:9, 1658:14, 1658:21, 1658:38, 1658:39 approaches [1] - 1640:24 appropriate [17] - 1600:14, 1601:27, 1627:23, 1654:39, 1661:9, 1661:19, 1665:30, 1666:45, 1667:13, 1667:25, 1667:37, 1679:43, 1680:10, 1680:37, 1691:1, 1692:11, 1694:11 Appropriate [1] - 1679:41 appropriately [3] - 1665:23, 1672:23, 1680:19 appropriateness [2] - 1691:29, 1694:26 approval [4] - 1604:42, 1634:20, 1677:16, 1681:21 approved [4] - 1633:3, 1674:12, 1674:13, 1674:34 Ararat [1] - 1656:17 arbitrarily [1] - 1607:6 architecture [1] -</p>	<p>1605:22 Area [2] - 1669:30, 1679:19 area [20] - 1612:6, 1618:33, 1619:18, 1620:38, 1655:21, 1657:6, 1657:14, 1659:40, 1667:33, 1670:28, 1678:19, 1681:39, 1682:13, 1683:33, 1685:11, 1685:12, 1685:40, 1689:24, 1689:38, 1693:37 areas [33] - 1605:4, 1605:14, 1609:43, 1612:46, 1613:8, 1613:27, 1613:30, 1613:32, 1613:37, 1613:46, 1614:46, 1624:47, 1657:21, 1657:28, 1664:2, 1664:10, 1664:16, 1670:6, 1670:13, 1670:18, 1670:25, 1675:44, 1679:34, 1681:44, 1682:32, 1685:7, 1685:34, 1687:25, 1692:35, 1694:3, 1695:1 argue [3] - 1663:31, 1664:9, 1669:1 argument [2] - 1663:33, 1663:47 arise [1] - 1684:9 arises [1] - 1682:18 arising [2] - 1620:42, 1664:26 arm [1] - 1690:12 Armytage [1] - 1599:26 arose [1] - 1607:29 arrangements [6] - 1606:43, 1607:8, 1625:4, 1625:19, 1638:9, 1641:38 array [1] - 1602:24 arrived [1] - 1657:46 articulate [3] - 1609:45, 1616:41, 1680:16 articulated [1] - 1668:6 Arts [1] - 1603:28 aside [1] - 1678:31 aspect [3] - 1604:18, 1678:19, 1692:24 aspects [6] - 1656:15, 1659:37, 1665:39, 1669:24, 1671:16,</p>	<p>1682:47 assess [3] - 1644:17, 1691:33, 1693:12 assessed [1] - 1691:20 assessment [6] - 1631:36, 1632:3, 1657:47, 1681:33, 1690:24, 1691:19 Assessment [2] - 1659:26, 1690:27 assessments [2] - 1615:28, 1633:6 assist [3] - 1616:41, 1634:27, 1674:16 assisted [1] - 1657:25 Assisting [1] - 1599:33 associated [3] - 1608:20, 1608:31, 1628:31 assumes [1] - 1646:3 assuming [1] - 1650:42 assurance [1] - 1679:36 AT [2] - 1695:29, 1695:30 atrophied [1] - 1602:6 attached [1] - 1652:39 attempt [6] - 1605:24, 1606:16, 1606:21, 1606:27, 1607:43, 1615:38 attempts [3] - 1605:32, 1606:13, 1615:3 attention [13] - 1609:9, 1609:37, 1614:47, 1616:30, 1637:38, 1638:10, 1639:38, 1639:45, 1656:39, 1681:31, 1682:11, 1682:13, 1682:17 attract [2] - 1670:27, 1671:44 attraction [1] - 1667:36 attributes [1] - 1649:42 Auditor [2] - 1602:39, 1602:40 Auditor-General [1] - 1602:39 Auditor-General's [1] - 1602:40 audits [2] - 1602:41, 1602:42 Austin [1] - 1673:27</p>	<p>Australia [31] - 1600:32, 1604:1, 1604:26, 1604:28, 1606:20, 1606:24, 1611:19, 1612:13, 1615:41, 1616:2, 1616:38, 1617:28, 1618:29, 1619:36, 1620:33, 1622:20, 1626:32, 1643:46, 1644:10, 1645:19, 1646:27, 1651:26, 1651:37, 1651:45, 1652:2, 1652:3, 1653:20, 1662:8, 1662:12, 1664:9 Australia's [1] - 1664:44 Australian [12] - 1600:35, 1601:36, 1623:11, 1628:13, 1632:12, 1636:47, 1637:1, 1637:6, 1642:46, 1651:20, 1663:17, 1673:15 Australians [2] - 1600:43, 1629:20 authority [1] - 1638:4 Authority [2] - 1689:13, 1689:27 authors [2] - 1600:32, 1600:45 automate [1] - 1648:26 availability [2] - 1630:45, 1646:24 available [20] - 1611:37, 1612:6, 1612:10, 1612:12, 1612:40, 1612:45, 1619:44, 1624:9, 1626:17, 1629:39, 1636:12, 1646:19, 1647:47, 1681:10, 1681:26, 1686:18, 1690:34, 1691:24, 1693:6, 1695:12 average [3] - 1643:40, 1643:41, 1645:36 aware [2] - 1645:22, 1657:18 awareness [1] - 1611:7 awash [1] - 1601:7</p>	<p>background [2] - 1603:24, 1656:31 backtrack [1] - 1639:31 balance [7] - 1609:35, 1617:11, 1617:26, 1630:10, 1648:46, 1657:3, 1680:36 balanced [3] - 1649:3, 1662:22, 1672:26 Ballarat [1] - 1656:17 Bank [1] - 1656:44 barriers [1] - 1618:12 base [7] - 1613:2, 1613:9, 1613:44, 1614:32, 1625:13, 1630:12, 1659:31 based [46] - 1601:18, 1605:26, 1605:43, 1606:4, 1606:8, 1613:28, 1613:36, 1614:36, 1620:15, 1622:23, 1622:28, 1626:46, 1628:27, 1628:39, 1630:18, 1631:20, 1633:12, 1654:2, 1654:6, 1654:22, 1658:40, 1659:16, 1659:25, 1661:32, 1662:13, 1662:14, 1666:3, 1666:11, 1666:22, 1666:27, 1666:29, 1667:3, 1667:4, 1675:25, 1682:25, 1683:41, 1688:25, 1688:35, 1689:41, 1691:10, 1694:22, 1694:31 Based [1] - 1686:18 basis [7] - 1614:31, 1663:12, 1677:22, 1680:4, 1682:37, 1683:34, 1692:10 Batten [1] - 1599:36 beast [1] - 1651:3 became [6] - 1656:25, 1656:41, 1657:1, 1657:13, 1657:18, 1671:34 become [6] - 1660:19, 1660:42, 1661:36, 1666:35, 1668:20, 1672:5 becomes [1] - 1670:19 bed [6] - 1605:43, 1617:29, 1619:33, 1658:40, 1659:16, 1662:14 bed-based [4] -</p>
		B		
		<p>Bacchus [1] - 1649:20 Bachelor [2] - 1603:28, 1603:31</p>		

<p>1605:43, 1658:40, 1659:16, 1662:14 beds [11] - 1619:43, 1620:47, 1640:19, 1647:8, 1647:12, 1659:25, 1666:13, 1666:16, 1667:8, 1667:9, 1669:34 behaviour [1] - 1660:7 behavioural [2] - 1665:23, 1690:24 behind [2] - 1601:29, 1680:17 beings [1] - 1668:20 below [1] - 1684:24 benchmark [1] - 1682:2 benchmarked [3] - 1681:40, 1682:5, 1682:7 benchmarking [1] - 1681:47 benchmarks [4] - 1644:12, 1644:19, 1644:20, 1644:32 benefit [1] - 1616:14 Benefits [1] - 1607:41 Bernadette [1] - 1599:29 beside [1] - 1646:29 best [12] - 1617:17, 1622:6, 1628:44, 1638:44, 1639:10, 1643:40, 1643:45, 1644:4, 1652:36, 1666:26, 1672:9, 1672:19 better [26] - 1601:2, 1612:9, 1612:10, 1612:17, 1618:3, 1619:29, 1620:28, 1627:40, 1629:15, 1657:39, 1657:47, 1659:1, 1659:28, 1662:1, 1662:36, 1664:24, 1665:18, 1666:36, 1667:10, 1668:27, 1669:29, 1670:29, 1670:40, 1672:10, 1672:33 Better [2] - 1657:26, 1657:45 between [25] - 1601:43, 1602:2, 1603:47, 1609:35, 1619:10, 1620:17, 1621:6, 1623:12, 1623:39, 1640:12, 1640:43, 1641:19, 1641:31, 1644:31,</p>	<p>1646:24, 1648:47, 1649:30, 1655:33, 1661:7, 1662:30, 1663:4, 1682:2, 1686:21, 1693:9, 1693:17 beyond [2] - 1660:24, 1675:4 Beyond [3] - 1618:28, 1662:44, 1694:4 big [2] - 1626:18, 1653:16 Big [3] - 1689:17, 1689:18, 1689:20 bilateral [2] - 1626:12, 1641:38 billion [18] - 1616:9, 1616:14, 1642:47, 1643:9, 1644:38, 1644:39, 1644:40, 1645:7, 1645:8, 1646:39, 1650:36, 1650:38, 1650:39 bit [18] - 1604:34, 1609:40, 1628:12, 1634:10, 1638:39, 1639:6, 1639:44, 1641:7, 1657:42, 1663:44, 1664:15, 1668:18, 1668:36, 1670:19, 1672:29, 1685:4, 1685:10 black [1] - 1663:44 block [3] - 1622:25, 1625:42, 1631:4 blocks [1] - 1671:5 Blue [3] - 1618:28, 1662:44, 1694:4 Board [38] - 1604:12, 1608:46, 1609:10, 1627:22, 1674:3, 1674:12, 1674:13, 1674:29, 1674:33, 1674:38, 1679:15, 1679:16, 1679:18, 1679:20, 1679:21, 1679:45, 1680:2, 1680:9, 1680:15, 1680:18, 1680:27, 1680:31, 1680:43, 1680:46, 1681:1, 1681:26, 1681:32, 1681:33, 1681:44, 1682:11, 1682:29, 1683:30, 1683:31, 1683:47, 1684:25, 1684:27, 1694:19 board [10] - 1638:7, 1653:13, 1655:45, 1670:3, 1670:4,</p>	<p>1676:26, 1679:32, 1680:13, 1680:16, 1681:10 Board's [2] - 1679:24, 1680:40 boarding [2] - 1656:24, 1661:35 bodies [3] - 1641:2, 1663:21 body [3] - 1627:31, 1650:17, 1653:9 bolster [1] - 1602:9 bolstering [1] - 1626:23 bottom [1] - 1618:41 bound [2] - 1658:35, 1666:27 boundary [1] - 1632:20 Box [3] - 1675:4, 1675:19, 1689:19 branch [1] - 1685:40 break [2] - 1636:28, 1655:7 briefly [2] - 1622:17, 1643:28 brightest [1] - 1670:27 bring [16] - 1609:36, 1612:44, 1613:16, 1616:5, 1616:29, 1617:33, 1627:23, 1630:18, 1632:1, 1639:44, 1641:44, 1642:27, 1643:7, 1645:10, 1649:27, 1657:2 bringing [4] - 1626:36, 1626:37, 1638:24, 1639:38 brings [1] - 1604:16 Brisbane [1] - 1649:37 broad [6] - 1637:45, 1638:18, 1640:11, 1673:47, 1674:24, 1693:34 broader [9] - 1615:44, 1616:35, 1628:45, 1651:15, 1654:2, 1654:16, 1658:32, 1658:42, 1676:44 broadly [7] - 1602:27, 1617:38, 1625:18, 1634:31, 1653:44, 1658:29, 1673:46 broke [1] - 1607:5 broken [3] - 1686:16, 1686:33, 1693:31 brought [3] - 1643:38, 1660:4, 1677:15 Brown [9] - 1601:33,</p>	<p>1601:39, 1636:34, 1636:39, 1637:26, 1650:21, 1650:22, 1655:2, 1655:5 brown [1] - 1601:44 BROWN [1] - 1636:37 budget [14] - 1642:37, 1643:2, 1644:45, 1651:33, 1651:47, 1654:17, 1657:3, 1661:15, 1662:29, 1662:31, 1665:37, 1665:42, 1665:47, 1677:33 budgetary [2] - 1658:20, 1658:22 build [12] - 1607:43, 1608:23, 1612:35, 1613:43, 1617:22, 1621:14, 1659:16, 1666:44, 1667:4, 1670:20, 1670:26, 1690:23 building [8] - 1605:36, 1606:7, 1618:34, 1627:45, 1667:9, 1671:5, 1689:30, 1689:33 Building [2] - 1689:13, 1689:27 buildings [1] - 1657:21 builds [1] - 1683:24 built [3] - 1619:34, 1620:34, 1690:27 bullying [1] - 1618:18 burden [9] - 1643:5, 1645:2, 1646:19, 1648:15, 1648:24, 1662:26, 1662:29, 1662:33, 1668:3 Bureau [1] - 1628:13 bureaucracies [2] - 1616:33, 1617:3 bureaucratic [1] - 1611:3 bureaucrats [1] - 1613:20 Business [2] - 1673:19, 1673:22 business [3] - 1610:17, 1689:20, 1690:32 buy [1] - 1626:4</p>	<p>Cabinet [2] - 1638:23, 1638:24 Cairns [1] - 1632:13 calculation [1] - 1643:6 calculations [2] - 1645:6, 1645:16 campaign [1] - 1614:6 cancer [3] - 1610:8, 1613:40, 1621:27 capacity [8] - 1610:39, 1627:45, 1639:40, 1651:34, 1660:24, 1667:35, 1670:20, 1670:26 capital [18] - 1602:20, 1631:2, 1631:6, 1631:10, 1657:26, 1657:29, 1666:44, 1681:22, 1688:16, 1688:18, 1688:23, 1688:38, 1689:12, 1689:16, 1689:24, 1689:40, 1690:16, 1691:2 Capital [2] - 1601:36, 1637:6 Capital" [1] - 1689:18 capped [2] - 1622:42, 1623:3 captured [1] - 1639:4 Care [2] - 1655:30, 1679:42 care [43] - 1602:14, 1602:27, 1602:33, 1603:42, 1607:38, 1612:1, 1617:19, 1620:10, 1620:27, 1623:25, 1637:41, 1640:15, 1642:30, 1649:9, 1650:5, 1655:34, 1657:47, 1658:46, 1659:6, 1661:3, 1661:6, 1661:9, 1666:11, 1666:12, 1674:5, 1675:6, 1679:35, 1679:42, 1680:11, 1680:37, 1682:26, 1692:24, 1693:4, 1693:7, 1693:17, 1693:18, 1693:47, 1694:11, 1694:27, 1694:31, 1694:38, 1694:39, 1694:42 career [1] - 1655:21 careful [1] - 1645:37 carer [4] - 1616:39, 1617:20, 1641:27, 1650:16</p>
			C	
			C" [2] - 1689:18, 1689:35	

<p>carers [10] - 1600:46, 1607:4, 1616:1, 1616:8, 1616:13, 1616:22, 1629:35, 1641:12, 1648:19, 1649:16</p> <p>caring [2] - 1616:7, 1616:18</p> <p>case [7] - 1602:10, 1609:45, 1621:23, 1687:1, 1689:20, 1690:5, 1690:32</p> <p>cases [1] - 1687:15</p> <p>CAT [3] - 1671:28, 1671:42, 1672:1</p> <p>catalyst [1] - 1639:44</p> <p>catchment [25] - 1659:19, 1674:46, 1675:1, 1675:2, 1675:10, 1675:11, 1675:12, 1675:27, 1688:42, 1688:46, 1691:35, 1691:39, 1691:41, 1691:42, 1692:9, 1692:16, 1692:18, 1692:23, 1692:31, 1692:35, 1692:37, 1695:1, 1695:4</p> <p>catchments [6] - 1691:28, 1691:30, 1691:31, 1691:47, 1692:2, 1692:30</p> <p>categories [3] - 1608:23, 1630:42, 1686:17</p> <p>categorise [1] - 1689:16</p> <p>category [1] - 1630:8</p> <p>CATTS [1] - 1671:34</p> <p>caused [1] - 1607:1</p> <p>causes [3] - 1600:27, 1602:43, 1680:31</p> <p>caution [2] - 1633:13, 1652:35</p> <p>cautious [2] - 1648:14, 1651:23</p> <p>caveat [1] - 1648:13</p> <p>cent [28] - 1627:38, 1642:37, 1643:2, 1643:5, 1643:7, 1643:8, 1643:17, 1644:1, 1644:2, 1644:5, 1644:37, 1644:41, 1644:45, 1644:46, 1645:3, 1645:7, 1650:26, 1657:4, 1657:15, 1658:27, 1662:21, 1662:28, 1662:30,</p>	<p>1686:21, 1686:25, 1686:27</p> <p>cent-plus [2] - 1643:17, 1644:37</p> <p>central [4] - 1620:31, 1650:14, 1652:42, 1652:46</p> <p>centrally [3] - 1659:14, 1660:8, 1660:12</p> <p>Centre [1] - 1675:21</p> <p>centre [4] - 1649:21, 1649:28, 1649:30, 1649:37</p> <p>centred [3] - 1606:41, 1620:26, 1659:44</p> <p>Centres [1] - 1606:18</p> <p>centres [4] - 1619:44, 1621:33, 1621:36, 1640:18</p> <p>CEO [12] - 1603:47, 1652:27, 1673:46, 1674:2, 1674:33, 1674:38, 1681:16, 1682:22, 1684:25, 1684:39, 1685:31, 1693:34</p> <p>certain [3] - 1659:41, 1663:5, 1690:30</p> <p>certainly [24] - 1605:15, 1606:2, 1606:24, 1607:20, 1607:33, 1608:43, 1611:12, 1611:22, 1615:9, 1621:43, 1624:25, 1625:10, 1625:25, 1638:13, 1639:3, 1641:19, 1643:24, 1645:22, 1645:31, 1651:37, 1651:45, 1664:7, 1693:31, 1694:40</p> <p>certificate [1] - 1673:26</p> <p>cetera [12] - 1640:16, 1640:39, 1641:3, 1641:10, 1643:36, 1647:12, 1647:28, 1648:41, 1649:10, 1650:37, 1652:2, 1689:21</p> <p>Chain [1] - 1666:9</p> <p>Chair [5] - 1599:26, 1602:32, 1636:19, 1637:13, 1695:20</p> <p>CHAIR [14] - 1632:44, 1636:17, 1636:22, 1636:30, 1653:46, 1654:47, 1655:4, 1655:9, 1671:23,</p>	<p>1672:39, 1672:43, 1693:27, 1695:18, 1695:23</p> <p>chair [7] - 1628:3, 1636:27, 1636:47, 1650:21, 1655:41, 1655:45, 1671:20</p> <p>chaired [1] - 1638:22</p> <p>chairing [1] - 1604:14</p> <p>challenge [10] - 1614:20, 1615:13, 1619:6, 1619:21, 1628:46, 1643:41, 1646:11, 1649:31, 1651:42, 1657:13</p> <p>challenges [22] - 1600:20, 1601:22, 1601:46, 1602:28, 1612:24, 1612:29, 1612:37, 1612:44, 1613:19, 1613:33, 1614:27, 1615:40, 1617:27, 1617:37, 1618:11, 1618:45, 1624:3, 1637:33, 1648:34, 1651:43, 1663:6, 1685:30</p> <p>challenging [4] - 1657:5, 1657:16, 1658:26, 1693:37</p> <p>change [21] - 1610:2, 1610:27, 1611:4, 1611:41, 1613:24, 1615:6, 1626:18, 1630:10, 1632:37, 1641:15, 1641:36, 1647:39, 1651:36, 1657:44, 1658:33, 1663:11, 1668:24, 1668:26, 1668:28, 1688:8, 1692:12</p> <p>changed [8] - 1638:39, 1640:26, 1652:45, 1658:9, 1658:10, 1679:5, 1679:6, 1679:8</p> <p>changes [7] - 1609:47, 1611:45, 1624:9, 1625:11, 1640:47, 1658:31, 1668:25</p> <p>changing [3] - 1612:47, 1624:27, 1633:24</p> <p>channel [3] - 1685:19, 1685:27, 1690:10</p> <p>channels [1] - 1685:22</p> <p>characteristics [1] - 1645:39</p>	<p>chicken [1] - 1670:19</p> <p>Chief [21] - 1601:34, 1601:36, 1601:37, 1602:12, 1602:23, 1606:19, 1607:33, 1612:13, 1619:28, 1620:23, 1624:25, 1635:31, 1636:44, 1637:6, 1637:17, 1650:2, 1650:11, 1673:11, 1673:34, 1673:41</p> <p>chief [1] - 1637:3</p> <p>Child [1] - 1688:6</p> <p>child [5] - 1653:37, 1665:7, 1683:7, 1688:33, 1689:33</p> <p>children [2] - 1661:14, 1661:18</p> <p>Children's [6] - 1655:46, 1661:12, 1665:6, 1665:19, 1669:46, 1670:11</p> <p>Childrens [1] - 1669:38</p> <p>choice [5] - 1607:7, 1607:9, 1622:24, 1641:27, 1679:5</p> <p>choices [2] - 1624:44, 1625:34</p> <p>choose [1] - 1626:4</p> <p>chooses [1] - 1681:28</p> <p>choosing [2] - 1629:10, 1630:45</p> <p>chronic [2] - 1664:45, 1664:46</p> <p>circumstances [4] - 1656:37, 1659:13, 1666:20</p> <p>Cities [2] - 1657:26, 1657:45</p> <p>cities [1] - 1621:19</p> <p>citizenship [1] - 1622:8</p> <p>city [2] - 1619:32, 1659:11</p> <p>claim [1] - 1621:9</p> <p>clarify [3] - 1604:35, 1632:46, 1675:35</p> <p>clarity [5] - 1632:19, 1641:17, 1641:22, 1652:7, 1680:31</p> <p>class [1] - 1600:37</p> <p>clear [8] - 1609:10, 1612:45, 1613:28, 1615:14, 1617:45, 1640:9, 1660:5, 1670:5</p> <p>clearer [1] - 1685:1</p> <p>clearly [18] - 1608:10,</p>	<p>1609:17, 1614:22, 1616:25, 1616:27, 1618:26, 1618:46, 1619:17, 1621:44, 1622:21, 1622:43, 1623:3, 1624:47, 1625:7, 1631:28, 1634:1, 1642:21, 1683:25</p> <p>client [3] - 1622:24, 1680:38, 1693:15</p> <p>clientele [1] - 1694:44</p> <p>clients [2] - 1693:5, 1693:15</p> <p>clinic [1] - 1675:30</p> <p>clinical [29] - 1605:47, 1619:10, 1620:3, 1621:41, 1622:1, 1622:2, 1650:5, 1650:19, 1651:25, 1652:30, 1653:19, 1653:20, 1654:28, 1654:40, 1658:4, 1675:35, 1675:44, 1675:47, 1676:6, 1679:33, 1679:35, 1680:37, 1682:40, 1683:4, 1683:5, 1694:26, 1694:38</p> <p>Clinical [3] - 1682:29, 1683:12, 1690:2</p> <p>clinician [1] - 1650:3</p> <p>clinicians [5] - 1648:15, 1648:24, 1660:33, 1666:12, 1670:3</p> <p>clinics [2] - 1677:8, 1690:20</p> <p>close [1] - 1657:23</p> <p>closed [1] - 1619:33</p> <p>closely [2] - 1623:37, 1657:9</p> <p>closing [1] - 1677:23</p> <p>co [3] - 1600:32, 1620:6, 1667:2</p> <p>co-authors [1] - 1600:32</p> <p>co-location [1] - 1667:2</p> <p>co-operatives [1] - 1620:6</p> <p>COAG [1] - 1619:18</p> <p>coalesced [1] - 1658:14</p> <p>COCKRAM [2] - 1631:14, 1632:42</p> <p>Cockram [1] - 1599:28</p> <p>COGLAN [10] - 1603:14, 1603:19, 1628:3, 1636:19,</p>
--	---	--	---	--

<p>1636:27, 1673:1, 1673:6, 1693:25, 1695:20, 1695:27 Coghlan [2] - 1599:35, 1603:12 cognisant [1] - 1624:13 coherent [2] - 1614:16, 1617:34 cohort [2] - 1633:22, 1633:25 coincidence [1] - 1657:44 collapse [1] - 1656:44 colleague [1] - 1657:8 colleagues [2] - 1657:46, 1660:2 collect [1] - 1648:1 collected [1] - 1648:37 collection [4] - 1648:15, 1648:23, 1648:32, 1648:41 collections [1] - 1648:27 collectively [1] - 1692:38 College [1] - 1632:12 combination [1] - 1649:39 combined [2] - 1631:33, 1672:11 coming [9] - 1610:24, 1611:14, 1617:18, 1626:42, 1629:1, 1629:12, 1646:29, 1650:8, 1663:45 commence [1] - 1674:21 commenced [1] - 1673:35 commencing [1] - 1605:17 commensurate [1] - 1682:17 comment [13] - 1609:22, 1617:36, 1624:11, 1625:29, 1627:27, 1628:19, 1629:42, 1630:5, 1632:23, 1634:4, 1646:22, 1652:20, 1670:32 comments [3] - 1614:18, 1628:18 commercial [1] - 1603:43 Commission [47] - 1600:17, 1600:25, 1601:35, 1603:20,</p>	<p>1608:6, 1609:32, 1611:23, 1614:11, 1615:32, 1617:8, 1617:14, 1617:37, 1619:40, 1620:39, 1624:3, 1624:11, 1628:1, 1628:27, 1628:33, 1628:45, 1633:16, 1635:5, 1635:11, 1637:14, 1637:18, 1638:34, 1639:16, 1639:22, 1639:29, 1639:32, 1639:34, 1650:16, 1651:21, 1652:27, 1652:38, 1652:39, 1653:26, 1653:42, 1654:12, 1655:42, 1663:23, 1668:35, 1670:43, 1671:26, 1673:7, 1693:28, 1694:46 COMMISSION [2] - 1599:5, 1695:29 Commission's [4] - 1614:47, 1616:30, 1639:20, 1647:45 commissioned [1] - 1616:6 COMMISSIONER [5] - 1628:6, 1631:14, 1632:42, 1650:24, 1653:2 Commissioner [5] - 1628:19, 1631:22, 1655:37, 1655:38, 1663:22 Commissioner's [1] - 1629:7 Commissioners [10] - 1600:1, 1613:39, 1628:4, 1638:36, 1650:22, 1655:15, 1671:21, 1676:38, 1689:14, 1693:21 commissioning [2] - 1685:12, 1685:39 Commissions [5] - 1638:14, 1638:15, 1638:40, 1651:18, 1653:23 commit [1] - 1608:29 commitment [1] - 1633:43 committed [7] - 1626:20, 1626:36, 1626:37, 1626:41, 1627:4, 1627:12, 1635:40 Committee [4] -</p>	<p>1604:15, 1679:33, 1679:40, 1682:29 committee [3] - 1638:28, 1650:17, 1683:35 committees [2] - 1638:22, 1683:30 commodity [1] - 1620:15 commodity-based [1] - 1620:15 common [4] - 1614:9, 1643:35, 1643:36 commonly [1] - 1601:45 Commonwealth [48] - 1601:21, 1601:43, 1603:6, 1605:9, 1605:11, 1606:29, 1606:33, 1607:16, 1607:20, 1607:21, 1607:23, 1607:30, 1607:44, 1608:1, 1608:7, 1608:29, 1608:40, 1610:40, 1611:28, 1611:46, 1617:40, 1622:34, 1623:12, 1624:17, 1624:31, 1624:36, 1625:47, 1627:11, 1629:46, 1633:34, 1640:4, 1640:10, 1640:14, 1640:22, 1640:30, 1640:40, 1641:1, 1641:8, 1641:39, 1642:4, 1642:6, 1649:10, 1650:31, 1650:39, 1650:42, 1650:43, 1670:24 Commonwealth's [1] - 1650:44 Commonwealth/ state [1] - 1635:14 communicate [1] - 1639:9 communicated [1] - 1688:12 communication [3] - 1641:31, 1681:15, 1685:35 communities [4] - 1608:42, 1621:31, 1659:15 Community [1] - 1607:30 community [77] - 1601:18, 1604:4, 1604:17, 1605:26, 1605:43, 1606:8,</p>	<p>1606:37, 1606:44, 1607:24, 1607:37, 1608:19, 1611:2, 1611:43, 1614:22, 1614:23, 1616:35, 1619:43, 1621:11, 1621:13, 1621:15, 1621:24, 1621:33, 1621:36, 1622:22, 1623:33, 1626:28, 1633:34, 1640:18, 1647:12, 1647:37, 1653:14, 1654:6, 1654:22, 1654:24, 1654:27, 1654:30, 1654:33, 1654:39, 1656:30, 1656:32, 1658:30, 1658:32, 1658:42, 1659:25, 1661:22, 1661:29, 1661:30, 1661:32, 1661:47, 1662:13, 1662:46, 1663:5, 1663:10, 1663:35, 1663:38, 1666:3, 1666:27, 1666:29, 1667:3, 1667:4, 1667:9, 1667:24, 1675:5, 1675:7, 1675:25, 1675:26, 1681:41, 1690:20, 1692:25, 1692:33, 1693:13, 1694:22, 1694:31, 1695:7 community's [2] - 1668:41, 1692:11 community-based [17] - 1601:18, 1605:26, 1605:43, 1606:8, 1654:6, 1654:22, 1659:25, 1661:32, 1662:13, 1666:3, 1666:27, 1666:29, 1667:3, 1667:4, 1675:25, 1694:22, 1694:31 community-held [1] - 1663:5 Company [1] - 1673:15 comparable [1] - 1661:32 comparative [1] - 1681:43 compare [1] - 1666:23 compared [3] - 1676:19, 1686:9, 1691:3 compares [2] - 1644:43, 1662:26</p>	<p>comparison [2] - 1613:46, 1614:1 compass [1] - 1674:1 compelling [1] - 1600:2 competency [1] - 1632:25 competing [5] - 1610:3, 1610:10, 1637:34, 1688:37, 1690:41 competitive [2] - 1606:42, 1670:17 complain [1] - 1625:44 complaints [2] - 1680:5, 1680:7 complement [1] - 1684:31 complete [1] - 1678:1 completed [2] - 1676:42, 1688:24 completely [2] - 1662:40, 1665:29 complex [16] - 1600:39, 1610:13, 1616:47, 1629:10, 1635:6, 1635:42, 1636:8, 1637:33, 1640:8, 1641:15, 1641:16, 1652:32, 1656:32, 1660:38, 1661:1, 1661:4 complexity [7] - 1609:36, 1610:26, 1610:27, 1610:33, 1640:6, 1640:46, 1660:36 complicated [2] - 1601:42, 1641:45 complimentary [1] - 1621:44 component [1] - 1668:39 compounding [1] - 1600:19 comprehensive [8] - 1611:33, 1613:20, 1613:44, 1617:10, 1619:43, 1632:45, 1679:20, 1691:18 comprehensively [1] - 1687:31 compromised [1] - 1661:8 concentrated [1] - 1656:39 concept [5] - 1606:42, 1607:9, 1621:11, 1663:3, 1669:10</p>
--	--	--	---	--

<p>concern [10] - 1647:27, 1651:43, 1653:47, 1654:5, 1654:21, 1656:30, 1660:35, 1660:37, 1672:4, 1683:36</p> <p>concerned [4] - 1615:10, 1635:28, 1661:47, 1663:29</p> <p>concerns [7] - 1625:6, 1628:10, 1647:27, 1671:39, 1684:7, 1684:8, 1694:42</p> <p>concerted [1] - 1653:18</p> <p>conclude [1] - 1671:32</p> <p>concludes [1] - 1695:27</p> <p>conclusions [1] - 1670:36</p> <p>concrete [1] - 1658:47</p> <p>condition [6] - 1600:47, 1601:1, 1627:40, 1631:29, 1632:38, 1665:7</p> <p>conditions [5] - 1608:24, 1608:25, 1622:14, 1629:38, 1694:5</p> <p>Conference [1] - 1632:13</p> <p>confidence [1] - 1615:16</p> <p>confident [1] - 1661:45</p> <p>confronted [1] - 1665:10</p> <p>confused [1] - 1652:33</p> <p>confusion [2] - 1607:3, 1632:7</p> <p>conjunction [2] - 1642:4, 1689:24</p> <p>connect [1] - 1692:45</p> <p>connected [2] - 1627:43, 1692:47</p> <p>connectedness [2] - 1648:3, 1667:26</p> <p>connection [3] - 1607:6, 1620:17, 1663:4</p> <p>connections [1] - 1646:43</p> <p>cons [2] - 1652:12, 1652:43</p> <p>conscious [5] - 1608:38, 1624:20, 1632:6, 1632:11, 1660:13</p>	<p>consequence [1] - 1637:44</p> <p>consequences [2] - 1607:13, 1616:17</p> <p>consider [4] - 1605:7, 1617:41, 1679:45, 1692:36</p> <p>considerable [1] - 1619:19</p> <p>consideration [4] - 1614:27, 1622:21, 1634:2, 1645:45</p> <p>considerations [1] - 1654:7</p> <p>considered [4] - 1618:6, 1619:4, 1632:28, 1641:42</p> <p>considering [4] - 1609:33, 1614:31, 1615:44, 1634:26</p> <p>consistency [1] - 1649:33</p> <p>consistent [4] - 1658:5, 1660:30, 1678:35, 1679:7</p> <p>consistently [2] - 1667:7, 1695:3</p> <p>constant [1] - 1668:37</p> <p>constantly [3] - 1664:18, 1666:7, 1666:34</p> <p>constellation [1] - 1658:2</p> <p>construct [1] - 1657:37</p> <p>consultation [1] - 1652:1</p> <p>consultations [4] - 1604:30, 1608:18, 1626:31</p> <p>consumer [6] - 1603:9, 1622:26, 1625:1, 1632:34, 1641:27, 1650:15</p> <p>consumers [11] - 1600:46, 1624:43, 1633:22, 1634:41, 1635:7, 1641:12, 1648:19, 1649:15, 1666:31, 1666:35</p> <p>contact [6] - 1631:47, 1632:29, 1634:20, 1647:36, 1648:19, 1664:30</p> <p>contacted [1] - 1634:16</p> <p>contacting [1] - 1634:19</p> <p>contained [1] - 1605:27</p>	<p>contemplates [1] - 1601:31</p> <p>contemporary [6] - 1612:20, 1612:35, 1626:45, 1627:6, 1630:18, 1636:4</p> <p>context [13] - 1601:25, 1619:24, 1623:1, 1624:31, 1631:5, 1631:21, 1637:30, 1646:22, 1668:44, 1685:38, 1692:22, 1695:14, 1695:15</p> <p>contextualise [1] - 1624:14</p> <p>continually [1] - 1639:45</p> <p>continue [2] - 1618:36, 1667:46</p> <p>continues [1] - 1663:30</p> <p>continuing [2] - 1617:28, 1633:47</p> <p>continuity [2] - 1612:1, 1624:37</p> <p>Continuity [1] - 1633:42</p> <p>continuous [1] - 1653:28</p> <p>contrast [2] - 1609:19, 1666:23</p> <p>contribute [2] - 1627:47, 1640:5</p> <p>contributing [4] - 1616:14, 1616:26, 1616:27, 1627:47</p> <p>Contributing [1] - 1617:9</p> <p>contribution [6] - 1610:23, 1616:1, 1616:8, 1616:25, 1654:16, 1656:35</p> <p>control [4] - 1616:34, 1622:24, 1622:26, 1625:46</p> <p>convenient [2] - 1636:27, 1655:7</p> <p>conversations [1] - 1685:36</p> <p>cooperative [1] - 1656:44</p> <p>coordination [1] - 1641:20</p> <p>core [1] - 1649:42</p> <p>corporate [1] - 1676:5</p> <p>corporations [1] - 1610:15</p> <p>correct [53] - 1603:26, 1603:29, 1603:36, 1603:45, 1604:39,</p>	<p>1605:46, 1607:39, 1628:32, 1634:8, 1637:19, 1673:12, 1673:17, 1673:20, 1673:24, 1673:28, 1673:32, 1673:36, 1674:10, 1674:18, 1674:31, 1674:36, 1674:39, 1675:13, 1675:31, 1675:35, 1676:24, 1676:32, 1676:36, 1677:17, 1677:39, 1678:28, 1679:13, 1681:17, 1681:24, 1681:29, 1682:19, 1682:45, 1683:18, 1684:1, 1684:13, 1684:18, 1684:22, 1685:20, 1685:24, 1685:28, 1687:4, 1687:34, 1690:13, 1690:39, 1690:42, 1691:13, 1692:14, 1692:18</p> <p>corrected [1] - 1615:2</p> <p>corrections [1] - 1610:38</p> <p>cost [9] - 1636:13, 1642:16, 1657:24, 1658:1, 1658:3, 1658:4, 1660:23, 1663:16, 1689:21</p> <p>costing [1] - 1662:20</p> <p>costs [3] - 1616:7, 1658:5, 1658:10</p> <p>cottage [1] - 1605:37</p> <p>Council [5] - 1623:11, 1636:47, 1637:1, 1637:13, 1655:26</p> <p>counsel [1] - 1629:6</p> <p>Counsel [1] - 1599:33</p> <p>counsel's [1] - 1614:17</p> <p>country [9] - 1608:33, 1611:30, 1614:7, 1627:8, 1635:31, 1639:42, 1648:29, 1663:27, 1670:13</p> <p>couple [10] - 1617:1, 1628:10, 1632:45, 1641:1, 1642:14, 1651:42, 1658:37, 1662:16, 1670:42, 1689:30</p> <p>courageous [1] - 1639:10</p> <p>course [8] - 1600:25, 1604:36, 1609:40, 1624:2, 1643:23, 1646:9, 1653:16,</p>	<p>1654:31</p> <p>cover [2] - 1682:5, 1691:27</p> <p>coverage [4] - 1633:9, 1644:9, 1644:41, 1660:11</p> <p>covered [2] - 1684:16, 1695:1</p> <p>covering [1] - 1662:15</p> <p>covers [2] - 1675:3, 1685:13</p> <p>cracks [1] - 1624:7</p> <p>create [1] - 1600:10</p> <p>created [1] - 1607:2</p> <p>creating [2] - 1618:17, 1689:40</p> <p>creation [1] - 1671:28</p> <p>crisis [7] - 1619:45, 1620:19, 1621:2, 1666:14, 1672:9, 1672:27, 1672:31</p> <p>Crisis [1] - 1659:26</p> <p>criteria [11] - 1622:30, 1622:46, 1628:21, 1629:31, 1631:15, 1631:25, 1632:24, 1633:15, 1659:41, 1684:11, 1688:8</p> <p>critical [2] - 1617:20, 1669:14</p> <p>critique [3] - 1609:5, 1625:35, 1631:36</p> <p>cross [2] - 1637:46, 1638:21</p> <p>cross-sectional [1] - 1637:46</p> <p>cross-sectorial [1] - 1638:21</p> <p>crucial [1] - 1637:31</p> <p>Cs [1] - 1689:20</p> <p>current [23] - 1604:9, 1604:11, 1605:19, 1605:22, 1608:45, 1609:10, 1612:5, 1615:20, 1615:33, 1617:46, 1632:38, 1633:44, 1642:6, 1642:44, 1643:7, 1643:31, 1644:37, 1644:44, 1672:37, 1673:34, 1684:45, 1694:18</p> <p>cut [1] - 1691:44</p> <p>cutting [1] - 1606:25</p> <p>cutting-edge [1] - 1606:25</p> <p>cycle [1] - 1677:33</p>
---	---	---	---	---

D				
<p>daily [3] - 1619:13, 1623:33, 1684:16</p> <p>data [20] - 1628:13, 1647:41, 1647:43, 1647:46, 1648:2, 1648:9, 1648:12, 1648:15, 1648:23, 1648:31, 1648:32, 1648:35, 1648:41, 1648:42, 1649:27, 1677:5, 1677:6, 1686:18, 1688:35, 1693:17</p> <p>data's [1] - 1647:47</p> <p>date [1] - 1635:44</p> <p>daunt [1] - 1635:44</p> <p>daunting [1] - 1635:12</p> <p>David [3] - 1602:12, 1603:4, 1673:2</p> <p>DAVID [1] - 1673:4</p> <p>Day-to-Day [1] - 1607:32</p> <p>day-to-day [2] - 1633:46, 1641:9</p> <p>Daylesford [4] - 1656:24, 1656:28, 1661:28, 1661:42</p> <p>days [5] - 1600:23, 1601:11, 1660:38, 1663:18, 1687:22</p> <p>de [6] - 1605:17, 1656:22, 1656:38, 1661:22, 1661:30, 1671:27</p> <p>de-institutionalisation [6] - 1605:17, 1656:22, 1656:38, 1661:22, 1661:30, 1671:27</p> <p>deal [10] - 1606:21, 1616:24, 1621:20, 1621:30, 1627:9, 1629:19, 1631:11, 1635:37, 1636:13, 1656:29</p> <p>dealing [3] - 1621:2, 1630:28, 1631:10</p> <p>deals [1] - 1686:1</p> <p>dealt [3] - 1619:44, 1622:20, 1627:11</p> <p>decade [1] - 1640:26</p> <p>decades [5] - 1600:36, 1602:8, 1605:10, 1613:43, 1641:1</p> <p>decamping [1] - 1656:26</p>	<p>decide [2] - 1624:29, 1624:43</p> <p>decided [2] - 1606:36, 1624:27</p> <p>decision [8] - 1625:46, 1652:14, 1657:22, 1657:31, 1660:13, 1663:39, 1680:37, 1683:45</p> <p>decision-making [1] - 1625:46</p> <p>decisions [3] - 1625:43, 1651:35, 1659:33</p> <p>declared [1] - 1642:2</p> <p>decreasing [1] - 1651:13</p> <p>deep [1] - 1634:2</p> <p>define [2] - 1608:2, 1609:33</p> <p>defined [2] - 1628:1, 1633:28</p> <p>definition [2] - 1631:17, 1671:43</p> <p>definitions [1] - 1648:35</p> <p>degree [1] - 1649:24</p> <p>delayed [1] - 1646:15</p> <p>deliberate [10] - 1605:24, 1605:31, 1606:3, 1606:13, 1606:16, 1606:27, 1606:40, 1607:43, 1624:20, 1626:7</p> <p>deliberately [1] - 1624:19</p> <p>deliberations [2] - 1617:15, 1627:16</p> <p>deliver [8] - 1608:22, 1626:6, 1643:45, 1648:47, 1649:13, 1674:5, 1674:8, 1674:16</p> <p>deliverable [1] - 1678:45</p> <p>delivered [6] - 1611:28, 1631:26, 1649:13, 1676:41, 1689:22, 1694:23</p> <p>delivering [9] - 1619:35, 1647:31, 1666:22, 1668:26, 1668:47, 1669:40, 1674:3, 1692:24, 1692:38</p> <p>delivers [1] - 1602:23</p> <p>delivery [13] - 1602:14, 1602:29, 1605:4, 1606:43, 1609:42, 1611:27,</p>	<p>1622:43, 1649:35, 1674:45, 1678:23, 1686:7, 1691:30, 1691:32</p> <p>demand [27] - 1600:10, 1617:28, 1620:46, 1623:5, 1663:45, 1665:21, 1686:31, 1686:39, 1686:40, 1687:2, 1687:32, 1687:38, 1687:40, 1687:47, 1688:5, 1688:11, 1688:35, 1690:35, 1690:38, 1693:32, 1693:38, 1693:39, 1693:42, 1694:7, 1694:10, 1694:12, 1694:16</p> <p>demands [2] - 1610:10, 1693:36</p> <p>demise [1] - 1656:43</p> <p>demographics [1] - 1645:39</p> <p>demonstrate [4] - 1685:1, 1686:39, 1687:2, 1689:21</p> <p>demonstrated [1] - 1688:26</p> <p>demonstration [1] - 1620:37</p> <p>denigrate [1] - 1672:16</p> <p>Department [33] - 1600:12, 1602:46, 1603:5, 1604:26, 1604:27, 1605:16, 1606:35, 1608:47, 1610:41, 1610:42, 1633:36, 1635:29, 1638:23, 1649:44, 1652:4, 1652:42, 1654:36, 1665:20, 1665:26, 1665:29, 1665:32, 1667:2, 1674:34, 1677:37, 1684:32, 1685:17, 1686:38, 1687:45, 1688:13, 1688:22, 1689:3, 1690:10, 1690:25</p> <p>department [19] - 1606:3, 1606:36, 1635:30, 1649:2, 1650:7, 1669:42, 1677:2, 1677:33, 1677:34, 1678:14, 1684:43, 1685:8, 1685:11, 1685:19, 1685:34, 1689:7,</p>	<p>1689:25, 1689:26, 1690:34</p> <p>departments [9] - 1617:6, 1638:5, 1638:25, 1639:27, 1648:34, 1648:40, 1653:43, 1654:18, 1665:44</p> <p>Departments [6] - 1652:1, 1653:14, 1677:8, 1682:27, 1690:25, 1694:8</p> <p>departure [1] - 1622:42</p> <p>depression [3] - 1643:35, 1662:45, 1665:2</p> <p>describe [5] - 1601:39, 1603:6, 1604:9, 1613:6, 1683:1</p> <p>described [9] - 1659:42, 1675:10, 1678:12, 1678:30, 1683:26, 1688:12, 1688:43, 1689:2, 1693:31</p> <p>describing [2] - 1632:35, 1632:36</p> <p>design [16] - 1601:28, 1605:18, 1609:34, 1612:38, 1616:42, 1617:39, 1618:9, 1619:26, 1620:34, 1620:38, 1626:42, 1630:23, 1634:30, 1635:42, 1636:5</p> <p>designated [1] - 1660:11</p> <p>designed [6] - 1624:42, 1628:20, 1634:39, 1644:18, 1687:31, 1687:38</p> <p>designing [1] - 1600:28</p> <p>desire [1] - 1680:40</p> <p>desired [1] - 1656:33</p> <p>despair [1] - 1664:16</p> <p>despite [1] - 1600:45</p> <p>detail [3] - 1609:16, 1634:11, 1675:1</p> <p>detailed [7] - 1614:12, 1662:16, 1668:11, 1681:3, 1682:34, 1682:36, 1683:20</p> <p>details [1] - 1624:12</p> <p>deteriorating [1] - 1664:27</p> <p>deterioration [1] - 1646:13</p>	<p>determinants [1] - 1637:42</p> <p>determine [3] - 1623:14, 1626:1, 1679:27</p> <p>determined [1] - 1657:10</p> <p>determining [1] - 1677:42</p> <p>detox [1] - 1690:1</p> <p>detoxification [1] - 1690:4</p> <p>detriment [1] - 1659:34</p> <p>devastating [1] - 1600:42</p> <p>develop [19] - 1606:40, 1608:40, 1613:9, 1614:19, 1627:5, 1636:9, 1641:23, 1653:23, 1658:42, 1664:25, 1665:22, 1665:28, 1665:30, 1666:30, 1669:32, 1669:42, 1671:3, 1672:11, 1672:30</p> <p>developed [8] - 1619:43, 1620:5, 1620:22, 1643:31, 1643:32, 1643:33, 1653:5, 1677:15</p> <p>developing [3] - 1640:37, 1667:32, 1669:38</p> <p>development [12] - 1616:3, 1616:39, 1635:22, 1657:29, 1659:19, 1661:32, 1667:31, 1667:36, 1668:24, 1668:31, 1670:29, 1671:7</p> <p>devolved [5] - 1648:46, 1649:4, 1649:31, 1649:39, 1660:26</p> <p>DHHS [6] - 1669:28, 1678:34, 1679:2, 1684:40, 1686:19, 1686:20</p> <p>DHHS's [2] - 1678:10, 1678:26</p> <p>diabetes [1] - 1665:2</p> <p>diagnosed [1] - 1660:47</p> <p>diagnoses [1] - 1664:47</p> <p>diagnosis [2] - 1631:39, 1664:46</p> <p>dialogue [1] - 1618:16</p>

<p>dictate [1] - 1659:44 dictates [1] - 1663:30 differ [1] - 1638:16 difference [3] - 1642:18, 1647:32 differences [1] - 1695:8 different [32] - 1607:7, 1608:41, 1609:35, 1610:3, 1623:40, 1627:3, 1627:8, 1627:10, 1635:47, 1638:16, 1639:16, 1639:43, 1640:3, 1640:5, 1644:9, 1648:36, 1648:45, 1649:9, 1649:23, 1651:3, 1654:7, 1654:43, 1658:14, 1658:21, 1658:38, 1660:21, 1662:15, 1665:33, 1681:44, 1691:41, 1692:19, 1692:30 differentiation [1] - 1601:43 differently [2] - 1642:10, 1660:23 differs [1] - 1675:11 difficult [9] - 1610:2, 1613:14, 1617:32, 1618:5, 1620:25, 1635:12, 1642:43, 1660:21, 1687:2 difficulties [7] - 1613:4, 1617:2, 1617:25, 1624:4, 1627:1, 1628:38, 1658:23 difficulty [1] - 1661:8 Diploma [1] - 1673:22 direct [1] - 1681:8 directing [1] - 1679:16 directions [2] - 1674:3, 1676:44 directly [3] - 1619:40, 1665:16, 1685:7 Director [10] - 1637:10, 1673:40, 1682:44, 1683:12, 1683:13, 1683:27, 1683:36, 1683:46, 1684:6, 1690:2 Director's [2] - 1682:42, 1683:42 Directorate [4] - 1676:3, 1676:5, 1676:11, 1683:14 Directorate's [1] - 1683:28</p>	<p>Directorates [3] - 1675:47, 1676:6, 1676:7 Directors [2] - 1673:16, 1674:30 directorship [1] - 1683:17 disabilities [5] - 1608:16, 1608:20, 1608:31, 1628:31, 1630:29 Disability [7] - 1601:15, 1604:13, 1604:44, 1608:11, 1612:1, 1623:10, 1631:1 disability [28] - 1603:42, 1604:24, 1609:6, 1609:9, 1609:11, 1609:13, 1614:2, 1614:8, 1622:20, 1622:30, 1622:45, 1623:3, 1624:22, 1627:34, 1627:39, 1627:46, 1630:19, 1630:32, 1631:18, 1631:24, 1631:26, 1631:41, 1631:46, 1632:9, 1632:24, 1632:27, 1646:9, 1650:45 disadvantage [1] - 1654:15 disadvantages [1] - 1651:30 disappear [1] - 1671:14 disappointing [1] - 1600:41 disaster [1] - 1654:44 discharge [5] - 1646:15, 1654:37, 1654:38, 1687:22, 1687:24 disclosed [1] - 1648:40 discretion [1] - 1679:25 discrimination [1] - 1621:20 discriminatory [1] - 1618:18 discuss [1] - 1684:44 discussion [3] - 1615:24, 1632:16, 1642:13 discussions [5] - 1625:26, 1641:45, 1643:13, 1681:20, 1681:41</p>	<p>disease [8] - 1610:9, 1643:5, 1645:2, 1662:27, 1662:29, 1662:33, 1668:4, 1670:18 disorder [2] - 1601:1, 1675:34 disorders [1] - 1643:39 disruption [2] - 1607:2, 1624:19 distinct [2] - 1651:21, 1685:22 distress [1] - 1611:15 distribution [2] - 1657:40, 1659:22 districts [1] - 1659:24 diverse [7] - 1609:47, 1610:19, 1610:22, 1610:46, 1614:3, 1614:7, 1626:5 diversification [2] - 1625:31, 1625:33 diversion [1] - 1623:27 diversity [3] - 1607:19, 1611:41, 1614:22 divide [1] - 1616:12 divided [2] - 1659:23, 1675:44 division [1] - 1640:11 doctor [1] - 1632:44 dollars [1] - 1659:23 domain [1] - 1678:45 domains [2] - 1682:26, 1683:26 done [17] - 1620:2, 1626:1, 1633:7, 1634:16, 1639:10, 1643:14, 1662:44, 1663:23, 1667:6, 1670:36, 1670:46, 1677:15, 1677:44, 1677:46, 1680:33, 1688:31, 1689:24 door [1] - 1639:46 doubt [1] - 1638:34 down [9] - 1600:38, 1605:23, 1645:37, 1646:29, 1663:3, 1667:17, 1684:29, 1686:16, 1686:33 Dr [19] - 1599:28, 1601:14, 1601:26, 1601:33, 1601:39, 1601:44, 1603:14, 1603:19, 1628:3, 1631:14, 1636:19, 1636:23, 1636:34,</p>	<p>1636:39, 1637:26, 1650:21, 1650:22, 1655:2, 1655:5 drag [1] - 1666:7 dramatically [1] - 1663:12 draw [1] - 1614:46 dream [1] - 1621:22 drift [3] - 1660:27, 1660:33, 1660:36 drill [1] - 1663:3 drive [5] - 1639:14, 1651:35, 1666:32, 1678:9, 1678:10 driven [5] - 1607:24, 1610:40, 1677:27, 1689:3, 1689:5 driver [1] - 1666:36 drivers [3] - 1613:24, 1616:45, 1664:8 driving [2] - 1625:39, 1657:43 drop [4] - 1687:41, 1687:44, 1688:12, 1693:46 drop-out [4] - 1687:41, 1687:44, 1688:12, 1693:46 drug [6] - 1606:39, 1621:6, 1675:7, 1675:30, 1685:27, 1690:10 Drug [1] - 1688:44 drugs [3] - 1675:37, 1685:3, 1689:45 dual [2] - 1683:1, 1683:11 Duckett's [1] - 1649:20 due [2] - 1609:40, 1651:26 during [5] - 1608:18, 1633:19, 1633:25, 1661:41, 1686:24 dynamics [1] - 1616:32</p>	<p>1686:32, 1695:13 east [1] - 1695:11 Eastern [51] - 1602:13, 1602:15, 1673:11, 1673:39, 1674:3, 1674:23, 1674:25, 1674:29, 1674:41, 1675:2, 1675:18, 1675:39, 1676:9, 1676:19, 1676:29, 1676:43, 1677:2, 1677:41, 1677:43, 1677:45, 1678:9, 1679:16, 1679:19, 1679:34, 1680:11, 1681:39, 1682:23, 1684:30, 1684:39, 1685:44, 1686:6, 1686:15, 1686:20, 1687:11, 1687:12, 1687:14, 1687:37, 1688:17, 1688:21, 1688:45, 1688:46, 1689:3, 1689:11, 1690:15, 1691:2, 1691:8, 1693:35, 1693:38, 1693:42, 1695:9, 1695:15 eastern [2] - 1602:15, 1695:6 easy [4] - 1648:42, 1649:4, 1686:38, 1689:16 economic [14] - 1611:8, 1611:12, 1611:29, 1616:7, 1616:10, 1616:14, 1616:17, 1623:34, 1634:36, 1663:19, 1663:25, 1663:27, 1663:33, 1664:8 economically [1] - 1663:39 economics [1] - 1622:5 economy [6] - 1656:42, 1656:45, 1663:17, 1663:30, 1664:2, 1664:8 edge [1] - 1606:25 educated [1] - 1667:37 education [5] - 1620:1, 1664:3, 1664:7, 1667:26, 1675:36 effective [9] - 1609:33, 1615:16, 1644:7, 1644:8, 1644:12,</p>
			E	
			<p>ear [2] - 1639:23, 1650:6 early [13] - 1604:32, 1605:18, 1605:24, 1609:5, 1623:24, 1640:39, 1641:6, 1642:28, 1656:23, 1660:37, 1661:21, 1664:23 easier [3] - 1684:46,</p>	

<p>1644:18, 1649:1, 1679:43, 1694:38 Effective [1] - 1679:42 effectively [5] - 1607:36, 1609:2, 1612:42, 1615:34, 1638:42 effectiveness [3] - 1615:38, 1694:27, 1694:31 efficacious [1] - 1622:10 efficiency [1] - 1615:39 effort [2] - 1628:9, 1653:18 efforts [1] - 1688:20 egg [1] - 1670:20 either [8] - 1622:7, 1630:45, 1667:2, 1672:36, 1676:42, 1683:35, 1689:41, 1695:16 elaborate [5] - 1611:9, 1613:28, 1646:26, 1660:46, 1677:19 elective [1] - 1677:29 electorate [2] - 1656:16, 1656:24 electronic [2] - 1648:27, 1648:28 element [8] - 1611:25, 1616:40, 1619:47, 1622:29, 1626:27, 1627:24, 1653:7, 1660:5 elements [27] - 1605:22, 1605:25, 1605:33, 1605:42, 1605:43, 1609:35, 1610:46, 1611:34, 1614:7, 1614:21, 1617:22, 1617:33, 1617:43, 1619:41, 1620:13, 1620:34, 1620:35, 1621:22, 1622:12, 1622:23, 1623:18, 1626:41, 1631:23, 1633:23, 1636:14, 1658:37, 1685:44 eligibility [8] - 1622:46, 1626:1, 1630:39, 1632:39, 1633:21, 1633:30, 1633:44, 1633:46 eligibility" [1] - 1631:17 eligible [8] - 1622:31, 1624:33, 1624:35,</p>	<p>1629:9, 1631:15, 1633:15, 1633:22, 1634:15 elsewhere [2] - 1625:2, 1687:46 Emergency [17] - 1652:1, 1652:4, 1653:14, 1654:17, 1654:36, 1665:20, 1665:26, 1665:29, 1665:32, 1667:2, 1677:7, 1682:27, 1686:38, 1687:45, 1690:24, 1690:25, 1694:8 emergency [3] - 1617:5, 1665:44, 1677:7 emerging [2] - 1635:33, 1635:35 emotional [1] - 1616:26 emphasise [1] - 1627:32 emphasised [1] - 1647:2 employ [1] - 1625:37 employed [3] - 1604:38, 1668:29 employees [1] - 1618:38 employer [1] - 1618:36 employers [4] - 1618:16, 1618:25, 1618:27, 1618:37 employment [6] - 1615:4, 1615:7, 1620:2, 1622:7, 1647:36, 1667:26 empower [1] - 1666:35 enable [2] - 1623:31, 1666:31 enabled [1] - 1671:16 encompass [1] - 1609:13 encompasses [1] - 1675:18 encountered [2] - 1624:5, 1668:17 encourage [1] - 1632:30 encouraged [2] - 1621:32, 1624:25 encouraging [1] - 1606:4 end [6] - 1601:10, 1640:44, 1641:24, 1661:41, 1677:23,</p>	<p>1687:44 ending [1] - 1683:2 endless [1] - 1671:12 engaged [1] - 1635:11 engagement [2] - 1622:8, 1637:29 engaging [3] - 1641:33, 1641:38, 1649:15 enjoy [1] - 1663:31 enormous [4] - 1656:33, 1661:8, 1662:30, 1662:46 enormously [2] - 1657:5, 1657:25 ensure [11] - 1609:2, 1618:42, 1621:21, 1623:39, 1629:22, 1629:37, 1646:41, 1659:22, 1660:38, 1663:30, 1685:34 ensuring [2] - 1649:15, 1667:46 enter [1] - 1665:28 entire [2] - 1688:29, 1695:3 entirely [1] - 1654:8 entitled [2] - 1668:41, 1669:40 entry [4] - 1667:1, 1672:32, 1688:8, 1694:8 envelope [4] - 1645:6, 1645:16, 1645:17, 1650:29 envelope-type [1] - 1645:6 environment [2] - 1601:6, 1660:21 environments [1] - 1606:22 envisaged [3] - 1608:15, 1645:12, 1671:42 epidemiology [1] - 1643:34 episode [4] - 1640:38, 1644:5, 1648:39, 1687:24 episodic [3] - 1626:38, 1631:31, 1631:32 equally [3] - 1647:38, 1649:34, 1672:36 equates [1] - 1668:3 equity [1] - 1600:10 error [1] - 1671:6 escalate [1] - 1684:7 escalated [2] - 1683:35, 1684:21</p>	<p>essential [1] - 1660:1 essentially [7] - 1605:38, 1622:29, 1628:39, 1631:24, 1638:22, 1642:3, 1676:34 establish [1] - 1682:2 established [5] - 1618:26, 1638:14, 1638:41, 1659:26, 1684:10 establishing [1] - 1633:20 establishment [2] - 1605:35, 1608:5 estimate [1] - 1693:46 estimates [1] - 1628:45 estimation [1] - 1628:39 et [12] - 1640:16, 1640:39, 1641:3, 1641:10, 1643:36, 1647:12, 1647:28, 1648:41, 1649:10, 1650:37, 1652:2, 1689:21 evaluated [1] - 1669:16 evaluation [2] - 1668:37, 1669:18 evaluator [1] - 1669:11 eventually [1] - 1627:22 everyday [1] - 1653:32 evidence [37] - 1600:2, 1601:21, 1602:35, 1602:41, 1604:36, 1609:23, 1613:2, 1613:9, 1613:28, 1613:36, 1614:32, 1614:39, 1615:6, 1615:32, 1616:6, 1624:2, 1624:4, 1624:11, 1627:35, 1628:6, 1629:23, 1631:45, 1632:4, 1635:6, 1636:22, 1650:25, 1651:31, 1653:3, 1653:9, 1654:11, 1655:4, 1668:34, 1669:23, 1670:29, 1672:44, 1695:23, 1695:27 evidence-based [2] - 1613:28, 1613:36 evident [1] - 1651:45 evolution [3] -</p>	<p>1634:31, 1671:26, 1671:40 exactly [1] - 1642:43 examination [1] - 1663:16 examined [4] - 1603:17, 1636:37, 1655:18, 1673:4 example [39] - 1606:16, 1607:13, 1611:46, 1613:38, 1615:44, 1615:46, 1615:47, 1630:31, 1635:14, 1635:20, 1640:14, 1642:34, 1645:25, 1645:42, 1646:6, 1646:19, 1647:17, 1648:2, 1651:14, 1651:47, 1654:32, 1661:11, 1665:19, 1677:47, 1679:40, 1680:25, 1680:38, 1686:37, 1687:41, 1688:6, 1688:31, 1689:31, 1689:44, 1690:26, 1691:19, 1691:38, 1692:28, 1694:6 examples [5] - 1605:46, 1606:27, 1667:16, 1677:9, 1681:9 exceeded [1] - 1680:30 exceeding [1] - 1687:15 excellent [2] - 1616:24, 1650:24 exclude [1] - 1632:39 excused [4] - 1636:20, 1655:2, 1672:41, 1695:21 Exec [3] - 1619:28, 1624:25, 1690:2 execute [1] - 1691:24 Executive [27] - 1601:35, 1601:36, 1602:13, 1602:23, 1606:20, 1607:33, 1612:13, 1620:23, 1636:44, 1637:17, 1673:11, 1673:34, 1673:40, 1679:30, 1680:23, 1681:16, 1682:21, 1682:29, 1682:42, 1682:44, 1683:12, 1683:27, 1683:29, 1683:36, 1683:42, 1683:46, 1684:6</p>
--	---	--	---	---

<p>Executives [1] - 1635:31</p> <p>exercise [3] - 1650:30, 1662:16, 1690:35</p> <p>existing [1] - 1633:29</p> <p>exists [2] - 1644:33, 1675:16</p> <p>expand [4] - 1667:47, 1691:15, 1692:28, 1693:2</p> <p>expanded [1] - 1689:32</p> <p>expansion [3] - 1607:41, 1665:22, 1667:34</p> <p>expect [1] - 1669:41</p> <p>expectancy [1] - 1647:35</p> <p>expectation [1] - 1633:7</p> <p>expectations [1] - 1681:16</p> <p>expected [1] - 1633:10</p> <p>expended [1] - 1657:20</p> <p>expenditure [19] - 1643:7, 1643:16, 1644:47, 1645:27, 1650:35, 1651:36, 1651:46, 1657:4, 1657:11, 1657:15, 1657:20, 1658:6, 1658:27, 1658:39, 1660:30, 1665:45, 1668:3, 1681:22, 1688:16</p> <p>expenditures [1] - 1615:21</p> <p>experience [35] - 1601:11, 1601:25, 1603:24, 1603:38, 1605:5, 1605:8, 1608:42, 1611:1, 1615:40, 1616:38, 1617:1, 1625:41, 1627:33, 1637:32, 1638:2, 1639:9, 1640:7, 1640:12, 1644:5, 1646:7, 1647:18, 1647:42, 1653:11, 1653:24, 1653:27, 1653:32, 1659:35, 1661:28, 1663:11, 1671:35, 1671:45, 1678:31, 1679:1, 1680:3, 1682:8</p> <p>experienced [8] - 1648:39, 1650:3, 1652:31, 1668:18,</p>	<p>1671:44, 1672:11, 1686:45, 1693:39</p> <p>experiences [4] - 1656:19, 1666:5, 1672:3, 1672:21</p> <p>experiencing [9] - 1629:7, 1647:23, 1656:42, 1659:28, 1662:1, 1664:45, 1665:3, 1665:8, 1665:28</p> <p>Expert [1] - 1604:5</p> <p>expert [5] - 1612:4, 1613:40, 1628:28, 1629:2, 1629:3</p> <p>expertise [1] - 1671:45</p> <p>experts [2] - 1604:5, 1643:38</p> <p>explain [10] - 1601:46, 1602:6, 1602:8, 1619:27, 1629:34, 1631:35, 1633:27, 1643:28, 1683:1, 1683:21</p> <p>explanation [1] - 1634:32</p> <p>explicit [1] - 1665:45</p> <p>explicitly [1] - 1672:22</p> <p>exploring [1] - 1629:13</p> <p>exposed [1] - 1656:14</p> <p>express [2] - 1604:36, 1656:2</p> <p>expressed [1] - 1627:3</p> <p>extend [1] - 1665:20</p> <p>extension [1] - 1633:37</p> <p>extensive [3] - 1601:25, 1622:21, 1680:3</p> <p>extent [2] - 1634:46, 1690:15</p> <p>extra [2] - 1643:9, 1646:39</p> <p>extraordinarily [2] - 1610:19, 1612:8</p>	<p>1658:22</p> <p>facilitate [3] - 1629:30, 1634:24, 1665:23</p> <p>facilities [7] - 1657:23, 1666:45, 1690:4, 1690:47, 1691:3, 1691:4, 1691:9</p> <p>fact [14] - 1602:5, 1628:12, 1630:27, 1639:5, 1640:38, 1647:19, 1648:17, 1657:23, 1657:37, 1661:46, 1666:15, 1681:42, 1693:7, 1693:8</p> <p>factor [3] - 1610:12, 1611:6, 1632:40</p> <p>factors [9] - 1637:42, 1645:32, 1645:34, 1645:47, 1657:43, 1658:2, 1681:31, 1681:35, 1681:47</p> <p>failings [1] - 1602:43</p> <p>fair [2] - 1670:21, 1694:29</p> <p>fairly [3] - 1656:42, 1666:6, 1670:6</p> <p>fall [2] - 1637:44, 1693:9</p> <p>falling [2] - 1607:38, 1624:7</p> <p>falls [1] - 1643:24</p> <p>families [12] - 1605:38, 1607:4, 1616:1, 1616:8, 1616:13, 1616:26, 1629:35, 1634:42, 1635:7, 1661:18, 1662:2, 1669:40</p> <p>family [6] - 1607:26, 1616:22, 1616:39, 1617:19, 1648:3, 1672:15</p> <p>far [5] - 1613:40, 1636:4, 1649:36, 1653:7, 1689:17</p> <p>farmer [1] - 1646:30</p> <p>fascinating [1] - 1621:35</p> <p>fashion [1] - 1654:25</p> <p>fast [1] - 1606:34</p> <p>fast-forward [1] - 1606:34</p> <p>fatigue [1] - 1668:16</p> <p>favours [1] - 1670:18</p> <p>fearless [1] - 1639:1</p> <p>feature [3] - 1626:29, 1629:6, 1688:19</p> <p>features [2] - 1615:20,</p>	<p>1621:35</p> <p>February [1] - 1625:11</p> <p>Federal [9] - 1604:5, 1605:3, 1625:23, 1626:11, 1633:43, 1635:21, 1657:25, 1657:45, 1670:15</p> <p>federally [1] - 1631:20</p> <p>federally-based [1] - 1631:20</p> <p>feedback [4] - 1615:26, 1625:17, 1635:39, 1681:41</p> <p>Felicity [1] - 1602:22</p> <p>FELS [2] - 1628:6, 1650:24</p> <p>Fels [3] - 1599:27, 1632:47, 1650:27</p> <p>Fels' [1] - 1654:11</p> <p>felt [3] - 1616:4, 1625:42, 1656:31</p> <p>few [5] - 1600:23, 1621:30, 1633:28, 1651:19, 1693:27</p> <p>field [2] - 1661:25, 1688:38</p> <p>figure [7] - 1628:29, 1633:13, 1633:17, 1642:39, 1642:43, 1645:5, 1662:23</p> <p>figures [6] - 1633:8, 1633:16, 1642:46, 1643:15, 1644:4, 1650:43</p> <p>final [5] - 1611:32, 1619:6, 1635:4, 1677:16, 1691:27</p> <p>finalising [1] - 1627:20</p> <p>Finally [1] - 1692:44</p> <p>finally [3] - 1603:9, 1652:38, 1681:21</p> <p>Finance [1] - 1603:6</p> <p>finances [2] - 1647:28, 1657:2</p> <p>financial [14] - 1616:27, 1618:40, 1677:23, 1677:32, 1678:32, 1678:39, 1679:11, 1682:30, 1682:31, 1684:41, 1684:45, 1686:22, 1686:23, 1689:7</p> <p>financially [2] - 1674:6, 1689:26</p> <p>financing [1] - 1625:4</p> <p>findings [1] - 1602:42</p> <p>Fiona [1] - 1599:36</p> <p>First [8] - 1637:30, 1637:40, 1638:3,</p>	<p>1638:11, 1638:17, 1638:22, 1638:45, 1639:24</p> <p>first [33] - 1603:12, 1603:14, 1607:47, 1609:46, 1619:27, 1620:47, 1623:8, 1624:17, 1625:11, 1628:37, 1631:45, 1632:46, 1633:30, 1637:29, 1639:23, 1643:33, 1646:44, 1650:25, 1656:13, 1656:15, 1657:8, 1664:7, 1666:41, 1667:8, 1671:1, 1671:4, 1672:5, 1672:30, 1676:17, 1676:22, 1687:18, 1693:28, 1693:38</p> <p>firstly [3] - 1622:17, 1687:8, 1688:17</p> <p>fit [4] - 1630:34, 1641:34, 1676:10, 1676:44</p> <p>fits [3] - 1666:19, 1676:11, 1676:12</p> <p>five [10] - 1607:46, 1611:10, 1612:15, 1618:13, 1629:34, 1629:43, 1667:41, 1667:45, 1668:4, 1669:15</p> <p>fix [1] - 1645:20</p> <p>Fletcher [1] - 1626:35</p> <p>flows [1] - 1683:46</p> <p>focus [23] - 1605:47, 1606:10, 1607:23, 1609:36, 1610:38, 1611:11, 1611:24, 1616:44, 1617:4, 1618:29, 1620:3, 1620:4, 1620:26, 1622:25, 1623:29, 1631:16, 1642:27, 1647:7, 1647:34, 1678:15, 1678:35, 1681:33, 1694:20</p> <p>focused [8] - 1602:35, 1606:7, 1608:16, 1610:36, 1642:30, 1676:1, 1679:23, 1688:29</p> <p>follow [4] - 1623:26, 1653:46, 1672:24, 1687:24</p> <p>follow-up [2] - 1653:46, 1687:24</p> <p>following [4] - 1634:18, 1654:8,</p>
	F			
	<p>face [9] - 1601:22, 1612:25, 1612:30, 1613:19, 1617:27, 1618:12, 1648:19, 1663:6</p> <p>face-to-face [1] - 1648:19</p> <p>faced [2] - 1609:31,</p>			

<p>1673:14, 1688:42 follows [1] - 1609:46 Footscray [1] - 1689:19 force [1] - 1672:23 forces [3] - 1656:37, 1665:15, 1666:16 foresee [1] - 1654:31 foreseeable [1] - 1664:5 forget [1] - 1668:36 form [2] - 1644:6, 1686:41 formal [1] - 1606:5 format [3] - 1643:32, 1679:4, 1679:8 formed [1] - 1677:24 former [6] - 1652:27, 1655:41, 1656:23, 1661:35, 1661:40, 1689:6 forms [2] - 1628:14, 1669:11 formula [1] - 1651:6 formulate [1] - 1614:8 fortunately [2] - 1665:19, 1670:23 forums [1] - 1684:43 forward [10] - 1606:34, 1609:34, 1614:13, 1615:11, 1615:15, 1625:45, 1639:15, 1641:39, 1641:43, 1662:5 foundation [2] - 1600:19, 1602:44 foundations [3] - 1600:7, 1600:29, 1603:2 four [2] - 1616:12, 1620:19 fourth [2] - 1610:35, 1621:11 fractures [1] - 1600:24 fragmentation [4] - 1640:6, 1640:44, 1652:6, 1652:31 fragmented [1] - 1641:17 framework [1] - 1688:23 Framework [8] - 1604:7, 1643:11, 1643:22, 1643:29, 1645:13, 1645:20, 1645:26, 1646:23 frank [1] - 1639:1 frankly [2] - 1637:39, 1662:37 fraught [1] - 1641:46</p>	<p>free [1] - 1648:18 freely [1] - 1670:7 frequently [1] - 1666:13 Friday [2] - 1603:4, 1603:10 frontline [5] - 1659:27, 1671:37, 1671:40, 1671:43, 1672:15 fulfil [6] - 1660:24, 1674:2, 1676:43, 1677:2, 1678:13, 1681:6 full [9] - 1611:36, 1616:45, 1616:46, 1623:5, 1628:35, 1630:39, 1632:1, 1664:13, 1680:9 fully [1] - 1607:20 function [3] - 1600:8, 1638:41, 1638:44 functional [2] - 1623:30, 1627:29 functioning [1] - 1601:40 fund [4] - 1603:7, 1646:8, 1654:1, 1654:14 fundamental [8] - 1613:23, 1617:39, 1622:19, 1662:39, 1668:24, 1668:28, 1668:31, 1668:35 fundamentally [1] - 1672:31 funded [10] - 1610:22, 1622:31, 1625:42, 1641:2, 1654:43, 1662:6, 1662:7, 1665:20, 1669:35, 1670:16 fundholder [2] - 1652:15, 1654:13 fundholders [2] - 1654:30, 1654:43 funding [6] - 1600:9, 1602:6, 1602:19, 1602:20, 1602:29, 1605:35, 1607:44, 1608:31, 1614:28, 1615:11, 1622:25, 1624:42, 1625:16, 1625:36, 1626:6, 1626:29, 1629:46, 1630:47, 1631:2, 1631:5, 1633:37, 1644:17, 1644:31, 1644:32, 1645:11, 1646:2, 1646:3, 1646:24, 1651:38,</p>	<p>1657:45, 1658:28, 1660:29, 1660:41, 1662:26, 1662:28, 1662:36, 1663:7, 1665:43, 1670:21, 1671:13, 1677:11, 1678:20, 1684:33, 1684:40, 1684:44, 1685:2, 1685:9, 1685:16, 1685:23, 1685:27, 1686:1, 1686:6, 1686:9, 1686:15, 1686:20, 1686:23, 1686:26, 1686:32, 1687:3, 1690:6, 1690:16 Funding [1] - 1686:19 funds [10] - 1616:22, 1640:15, 1651:21, 1652:36, 1657:27, 1657:29, 1690:33, 1690:35, 1690:41, 1691:24 future [10] - 1600:26, 1601:2, 1601:7, 1612:39, 1617:34, 1628:41, 1634:46, 1664:5, 1684:46, 1688:26 future-proof [1] - 1601:7 <p style="text-align: center;">G</p> gap [4] - 1625:35, 1628:18, 1644:31, 1662:30 gaps [12] - 1600:18, 1603:1, 1603:2, 1609:26, 1622:43, 1624:10, 1641:10, 1642:24, 1643:15, 1644:40, 1646:24, 1693:9 gardens [1] - 1657:21 gee [1] - 1646:30 general [13] - 1642:12, 1651:44, 1651:47, 1656:45, 1657:30, 1659:42, 1660:28, 1661:15, 1665:42, 1665:46, 1665:47, 1676:17, 1691:17 General [1] - 1602:39 General's [1] - 1602:40 generally [7] - 1638:18, 1658:46, 1661:1, 1661:3, 1661:6, 1663:29,</p>	<p>1663:43 generated [1] - 1656:29 generation [1] - 1609:37 generational [1] - 1668:5 generations [1] - 1608:41 geographic [2] - 1659:40, 1691:29 geographical [1] - 1613:30 geographically [1] - 1671:18 Georgina [1] - 1599:35 GERARD [1] - 1603:17 Gerry [3] - 1601:14, 1603:14, 1612:14 given [14] - 1610:46, 1615:44, 1620:15, 1635:14, 1635:33, 1635:34, 1638:10, 1644:6, 1663:35, 1679:2, 1681:9, 1681:32, 1682:11, 1690:47 goals [1] - 1631:44 governance [17] - 1600:9, 1601:12, 1601:39, 1602:17, 1604:41, 1648:46, 1649:5, 1651:25, 1652:30, 1655:22, 1660:1, 1660:27, 1674:22, 1674:28, 1683:28, 1694:26 government [7] - 1600:40, 1601:5, 1601:20, 1603:43, 1605:35, 1605:36, 1605:41, 1606:2, 1610:4, 1610:10, 1610:22, 1610:30, 1612:15, 1613:4, 1614:4, 1614:9, 1614:12, 1614:21, 1615:1, 1615:14, 1616:33, 1617:3, 1617:38, 1622:22, 1623:43, 1624:27, 1624:40, 1626:35, 1626:41, 1637:27, 1638:5, 1638:19, 1638:25, 1639:4, 1639:11, 1639:27, 1639:38, 1640:5, 1640:21, 1642:2, 1642:45, 1643:1,</p>	<p>1644:38, 1644:44, 1644:46, 1647:45, 1648:33, 1650:36, 1651:16, 1651:39, 1652:13, 1653:17, 1653:30, 1653:31, 1653:43, 1656:31, 1656:41, 1657:1, 1657:11, 1657:15, 1658:30, 1663:8, 1663:32, 1663:42, 1664:9, 1676:19, 1676:30, 1676:43, 1676:45, 1677:1, 1678:14 Government [29] - 1600:18, 1601:30, 1602:2, 1605:8, 1605:9, 1605:34, 1607:41, 1608:7, 1608:29, 1608:39, 1608:40, 1615:21, 1618:26, 1618:35, 1623:9, 1623:12, 1625:47, 1626:12, 1627:12, 1631:6, 1633:43, 1640:23, 1640:30, 1641:8, 1656:46, 1657:25, 1657:45, 1670:16 government's [1] - 1639:46 Government's [2] - 1604:5, 1607:17 Governments [3] - 1603:7, 1623:13, 1624:18 governments [18] - 1601:22, 1604:47, 1605:2, 1610:1, 1610:35, 1610:44, 1612:25, 1612:30, 1613:20, 1618:12, 1618:15, 1623:45, 1642:8, 1646:36, 1663:6, 1663:10, 1663:29, 1663:38 GPs [3] - 1610:17, 1631:38, 1640:15 graduate [1] - 1673:15 Graduate [1] - 1673:22 graduated [1] - 1673:32 graduates [1] - 1672:2 grant [2] - 1631:4, 1670:17 grants [1] - 1625:43 granular [2] - 1682:38, 1683:23</p>
--	--	--	--	---

<p>grapple [1] - 1665:15</p> <p>great [4] - 1656:29, 1693:29, 1694:36, 1694:37</p> <p>greater [5] - 1602:29, 1611:24, 1618:15, 1630:20, 1690:3</p> <p>Greaves [1] - 1602:39</p> <p>greyness [1] - 1640:12</p> <p>ground [2] - 1640:25, 1641:4</p> <p>Group [3] - 1604:15, 1615:24, 1627:19</p> <p>group [13] - 1604:25, 1608:23, 1615:7, 1615:27, 1627:14, 1627:18, 1629:13, 1634:15, 1635:37, 1643:38, 1661:7, 1662:11</p> <p>grouped [2] - 1683:5, 1686:34</p> <p>groups [6] - 1606:6, 1609:9, 1610:3, 1662:15, 1687:26, 1693:15</p> <p>grow [2] - 1633:7, 1663:30</p> <p>growing [3] - 1611:11, 1619:1, 1653:8</p> <p>grown [1] - 1686:8</p> <p>growth [8] - 1608:30, 1660:41, 1664:45, 1665:21, 1686:1, 1686:9, 1686:44, 1687:3</p> <p>guarantee [1] - 1624:41</p> <p>guaranteed [1] - 1624:36</p> <p>guess [26] - 1610:30, 1621:40, 1630:32, 1637:32, 1639:34, 1640:22, 1641:6, 1642:17, 1643:32, 1646:12, 1647:7, 1647:34, 1649:24, 1649:33, 1650:30, 1651:35, 1651:42, 1652:13, 1656:15, 1656:40, 1660:17, 1660:31, 1670:4, 1671:11, 1683:2, 1683:20</p> <p>guest [1] - 1661:36</p> <p>guidance [1] - 1627:25</p> <p>guide [4] - 1645:46, 1646:2, 1691:39,</p>	<p>1691:42</p> <p>guidelines [5] - 1615:11, 1677:21, 1677:36, 1677:37, 1678:21</p> <p>Guidelines [1] - 1686:19</p> <p style="text-align: center;">H</p> <p>half [2] - 1661:38, 1670:38</p> <p>Hall [1] - 1599:11</p> <p>hallmarks [1] - 1649:3</p> <p>hands [1] - 1624:28</p> <p>happy [4] - 1609:16, 1625:43, 1634:19, 1635:40</p> <p>hard [7] - 1607:18, 1610:44, 1611:2, 1611:40, 1612:7, 1629:33, 1634:6</p> <p>harder [2] - 1666:16, 1685:4</p> <p>hardly [1] - 1661:39</p> <p>harm [1] - 1679:34</p> <p>head [1] - 1656:40</p> <p>heading [1] - 1687:6</p> <p>Healesville [2] - 1675:4, 1675:22</p> <p>Health [143] - 1600:12, 1601:15, 1601:35, 1601:36, 1602:13, 1602:15, 1602:23, 1602:26, 1602:32, 1602:47, 1604:6, 1604:14, 1604:26, 1604:27, 1604:28, 1604:29, 1605:16, 1606:35, 1607:30, 1608:6, 1609:1, 1610:41, 1611:19, 1611:45, 1615:23, 1617:8, 1617:18, 1618:29, 1620:36, 1621:44, 1624:34, 1626:32, 1627:13, 1627:19, 1628:1, 1633:36, 1635:29, 1635:33, 1636:44, 1637:1, 1637:10, 1637:14, 1637:18, 1638:3, 1638:14, 1638:15, 1638:17, 1638:33, 1638:44, 1639:3, 1642:6, 1642:34, 1642:36, 1642:46, 1643:2, 1643:11, 1643:21, 1643:23, 1643:24,</p>	<p>1643:29, 1645:12, 1645:20, 1645:26, 1646:23, 1649:45, 1651:18, 1651:20, 1652:25, 1652:27, 1652:42, 1653:22, 1654:12, 1655:34, 1655:37, 1655:41, 1657:9, 1663:23, 1669:30, 1673:11, 1673:27, 1673:39, 1673:40, 1674:14, 1674:23, 1674:29, 1674:35, 1674:41, 1675:18, 1675:21, 1675:22, 1675:39, 1676:9, 1676:19, 1676:29, 1676:43, 1677:2, 1677:37, 1677:41, 1677:43, 1677:45, 1679:16, 1679:19, 1679:34, 1679:44, 1682:4, 1682:24, 1682:34, 1683:9, 1683:25, 1684:32, 1684:39, 1685:17, 1685:44, 1686:6, 1686:16, 1686:21, 1687:14, 1687:37, 1688:7, 1688:13, 1688:18, 1688:21, 1688:22, 1688:44, 1688:45, 1688:46, 1689:3, 1689:4, 1689:5, 1689:11, 1689:13, 1690:10, 1690:15, 1691:3, 1691:8, 1691:40, 1693:36, 1693:38, 1693:42, 1694:25</p> <p>HEALTH [1] - 1599:5</p> <p>health [351] - 1600:5, 1600:8, 1600:20, 1600:31, 1600:35, 1601:3, 1601:5, 1601:12, 1601:16, 1601:20, 1601:23, 1601:26, 1601:27, 1601:34, 1601:40, 1601:41, 1601:45, 1602:3, 1602:7, 1602:14, 1602:17, 1602:19, 1602:24, 1602:25, 1602:30, 1602:33, 1602:37, 1602:41, 1603:1, 1603:7, 1603:42, 1604:4, 1604:17, 1604:47, 1605:2, 1605:10, 1605:23,</p>	<p>1606:37, 1606:45, 1607:3, 1607:24, 1607:26, 1607:42, 1607:43, 1607:46, 1608:3, 1608:8, 1608:13, 1608:14, 1608:21, 1608:32, 1608:43, 1609:27, 1609:42, 1610:1, 1610:7, 1610:9, 1610:12, 1610:18, 1610:25, 1610:37, 1610:40, 1611:8, 1611:12, 1611:26, 1611:43, 1612:25, 1612:31, 1612:41, 1613:7, 1613:8, 1613:32, 1613:37, 1615:5, 1615:28, 1616:2, 1616:9, 1616:13, 1616:15, 1616:22, 1616:34, 1616:45, 1617:45, 1618:17, 1618:41, 1619:8, 1619:11, 1619:12, 1619:31, 1619:34, 1620:11, 1620:16, 1620:37, 1621:6, 1621:12, 1621:29, 1621:38, 1622:13, 1622:14, 1622:38, 1623:20, 1623:37, 1623:44, 1624:23, 1624:32, 1625:18, 1626:27, 1626:28, 1626:39, 1627:33, 1627:40, 1628:8, 1629:21, 1629:35, 1631:37, 1631:42, 1633:34, 1634:32, 1634:41, 1635:17, 1636:43, 1637:27, 1637:33, 1637:34, 1637:40, 1637:41, 1637:42, 1637:43, 1637:44, 1637:45, 1637:47, 1638:26, 1640:6, 1640:18, 1640:28, 1641:43, 1642:5, 1642:23, 1642:26, 1642:27, 1642:38, 1642:47, 1643:46, 1644:45, 1644:46, 1645:3, 1645:21, 1646:3, 1646:8, 1646:20, 1646:28, 1647:21, 1647:24, 1647:35, 1647:38, 1648:28, 1648:47, 1650:35, 1650:37,</p>	<p>1650:44, 1651:11, 1651:25, 1651:44, 1651:46, 1651:47, 1652:21, 1652:29, 1653:34, 1653:39, 1654:1, 1654:2, 1654:3, 1654:15, 1654:16, 1654:17, 1654:22, 1655:22, 1656:14, 1657:12, 1657:14, 1657:34, 1657:35, 1657:36, 1658:45, 1659:5, 1659:7, 1659:14, 1659:23, 1659:35, 1659:42, 1660:28, 1660:44, 1661:1, 1661:2, 1661:4, 1661:12, 1661:15, 1661:16, 1661:37, 1661:40, 1662:2, 1662:6, 1662:12, 1662:21, 1662:27, 1662:29, 1662:31, 1662:32, 1662:35, 1662:38, 1662:39, 1662:40, 1662:43, 1663:7, 1663:17, 1663:26, 1663:40, 1663:42, 1663:43, 1664:3, 1664:7, 1664:14, 1664:16, 1664:19, 1664:24, 1664:30, 1664:33, 1664:35, 1664:40, 1664:41, 1665:1, 1665:10, 1665:14, 1665:24, 1665:36, 1665:38, 1665:40, 1666:41, 1667:6, 1667:27, 1667:35, 1668:19, 1669:15, 1669:24, 1669:28, 1669:35, 1669:43, 1670:5, 1670:12, 1670:14, 1670:25, 1670:35, 1671:41, 1672:12, 1672:18, 1675:6, 1675:7, 1675:11, 1675:12, 1675:26, 1676:2, 1676:4, 1677:23, 1677:42, 1677:46, 1678:2, 1678:11, 1678:13, 1678:15, 1678:16, 1678:24, 1678:42, 1678:43, 1680:26, 1680:41, 1680:47, 1681:2, 1681:20, 1681:27, 1681:32, 1682:6,</p>
---	--	--	--	---

<p>1682:8, 1682:12, 1683:6, 1684:40, 1684:47, 1685:2, 1685:4, 1685:13, 1685:14, 1685:17, 1685:19, 1685:23, 1685:31, 1685:37, 1685:39, 1685:43, 1685:45, 1686:8, 1686:10, 1686:17, 1686:26, 1686:33, 1686:40, 1686:44, 1687:3, 1687:16, 1687:19, 1687:23, 1687:26, 1688:1, 1688:19, 1688:33, 1688:37, 1688:41, 1689:25, 1689:32, 1689:33, 1689:47, 1690:11, 1690:12, 1690:17, 1690:21, 1690:31, 1690:47, 1691:4, 1691:8, 1691:10, 1691:30, 1691:32, 1691:38, 1692:3, 1692:4, 1693:4, 1693:12, 1693:29, 1693:40, 1694:20, 1694:22, 1695:4, 1695:11 health^[2] - 1686:18, 1686:24 Health's^[13] - 1674:3, 1674:25, 1675:2, 1678:9, 1679:19, 1680:11, 1681:39, 1682:24, 1684:30, 1687:11, 1687:13, 1695:9, 1695:15 healthcare^[4] - 1655:22, 1666:3, 1666:11, 1674:44 healthy^[3] - 1640:35, 1640:36, 1678:46 hear^[4] - 1601:10, 1602:22, 1603:4, 1603:9 heard^[14] - 1609:23, 1624:4, 1624:11, 1626:13, 1635:5, 1635:10, 1636:15, 1639:2, 1650:18, 1668:34, 1693:28, 1693:30, 1694:46 hearing^[4] - 1639:8, 1639:37, 1653:26, 1653:29 heart^[2] - 1610:9, 1613:40 held^[6] - 1601:33,</p>	<p>1604:37, 1652:36, 1663:5, 1669:44, 1673:40 hell^[1] - 1612:16 help^[9] - 1616:41, 1620:29, 1625:8, 1631:17, 1636:2, 1639:29, 1651:35, 1693:12, 1693:13 helped^[1] - 1638:14 Helpers^[2] - 1607:31, 1633:45 helpers^[1] - 1641:9 helpful^[4] - 1635:16, 1648:6, 1691:45, 1691:46 helping^[3] - 1612:21, 1618:22, 1620:5 helps^[1] - 1650:1 heterogeneity^[1] - 1627:33 high^[4] - 1645:43, 1674:5, 1680:5, 1682:35 higher^[4] - 1625:13, 1680:9, 1684:40, 1690:1 highest^[1] - 1691:25 highlight^[3] - 1611:18, 1612:32, 1694:39 highlighted^[3] - 1618:12, 1649:19, 1656:18 highly^[3] - 1614:22, 1664:47, 1669:14 Hill^[3] - 1675:4, 1675:19, 1689:19 hinder^[1] - 1629:23 historic^[2] - 1634:31, 1658:38 historical^[8] - 1601:20, 1605:27, 1607:5, 1622:25, 1624:20, 1625:41, 1627:3, 1628:40 historically^[14] - 1606:38, 1608:30, 1611:7, 1611:28, 1618:23, 1634:40, 1640:17, 1640:22, 1640:29, 1647:6, 1658:39, 1663:37, 1670:16, 1678:32 history^[12] - 1600:31, 1600:35, 1601:16, 1609:30, 1614:3, 1614:45, 1626:20, 1631:39, 1659:10, 1659:13, 1666:28,</p>	<p>1685:14 hits^[1] - 1666:14 hold^[4] - 1636:43, 1654:5, 1654:21, 1673:38 holding^[3] - 1651:33, 1654:1, 1654:14 hole^[1] - 1663:44 home^[1] - 1666:11 home-based^[1] - 1666:11 homeless^[2] - 1630:32, 1630:38 homelessness^[1] - 1621:10 HoNOS^[1] - 1632:30 Honourable^[1] - 1602:1 hope^[6] - 1601:1, 1613:16, 1651:12, 1656:33, 1670:43, 1671:43 hopefully^[1] - 1668:26 Hospital^[13] - 1655:46, 1661:12, 1665:6, 1665:19, 1669:46, 1675:19, 1675:20, 1675:22, 1688:32, 1689:19, 1690:28 hospital^[24] - 1606:4, 1610:37, 1615:26, 1617:29, 1619:34, 1619:42, 1620:47, 1623:27, 1646:14, 1654:2, 1654:22, 1654:35, 1657:30, 1659:17, 1660:4, 1665:46, 1666:22, 1666:29, 1667:11, 1667:12, 1667:14, 1669:47, 1670:5, 1693:34 hospital-based^[3] - 1654:2, 1654:22, 1666:29 hospitalisation^[2] - 1606:22, 1654:26 hospitals^[12] - 1605:28, 1610:16, 1617:5, 1640:17, 1654:24, 1656:16, 1666:4, 1666:7, 1669:30, 1669:35, 1675:17, 1675:19 host^[2] - 1649:22, 1670:46 house^[1] - 1600:28 houses^[3] - 1656:24,</p>	<p>1661:36 housing^[8] - 1621:21, 1631:5, 1631:6, 1646:11, 1646:12, 1647:28, 1656:44, 1667:25 Housing^[1] - 1655:30 Howard^[1] - 1607:40 huge^[3] - 1648:16, 1667:33, 1694:7 Human^[12] - 1600:12, 1602:47, 1606:35, 1674:35, 1677:38, 1684:32, 1685:17, 1688:13, 1688:22, 1689:4, 1689:13, 1690:11 human^[4] - 1609:20, 1668:20, 1672:26, 1672:27 hypothesis^[1] - 1690:33 hypothesise^[1] - 1693:47</p>	<p>1628:14, 1628:31, 1631:32, 1640:37, 1643:4, 1643:35, 1644:6, 1648:39, 1663:6, 1664:45, 1664:46, 1672:25 illnesses^[2] - 1644:10, 1662:47 imaginative^[1] - 1672:30 immediate^[3] - 1619:7, 1659:29, 1680:32 impact^[13] - 1600:20, 1611:12, 1611:15, 1614:40, 1627:45, 1631:32, 1632:8, 1634:36, 1637:43, 1639:18, 1639:47, 1656:46, 1687:3 impacted^[1] - 1625:1 impacts^[1] - 1618:41 impairment^[1] - 1627:29 implementation^[6] - 1600:39, 1601:8, 1604:41, 1608:35, 1624:3, 1624:10 Implementation^[1] - 1687:6 implementations^[1] - 1606:34 implemented^[1] - 1640:25 implementing^[4] - 1625:22, 1626:10, 1663:13, 1670:39 importance^[2] - 1617:20, 1647:3 important^[35] - 1604:18, 1605:33, 1610:26, 1612:39, 1615:12, 1616:29, 1616:31, 1617:15, 1618:16, 1620:10, 1620:13, 1620:35, 1623:44, 1627:32, 1637:26, 1639:46, 1642:19, 1646:7, 1647:5, 1647:23, 1647:38, 1648:43, 1650:12, 1650:14, 1653:7, 1653:25, 1653:42, 1657:31, 1657:37, 1666:47, 1667:46, 1668:39, 1670:28, 1672:36, 1692:8 impose^[1] - 1648:14 imposing^[1] -</p>
--	---	--	---	---

<p>1648:24</p> <p>improve [12] - 1602:19, 1615:4, 1615:12, 1620:29, 1641:37, 1642:25, 1651:11, 1657:11, 1679:37, 1680:41, 1680:46, 1681:27</p> <p>improved [7] - 1605:39, 1630:33, 1642:33, 1647:20, 1647:22, 1648:24, 1668:42</p> <p>improvement [6] - 1627:28, 1660:14, 1666:36, 1681:15, 1690:16, 1691:2</p> <p>improvements [5] - 1601:31, 1604:31, 1612:31, 1688:5, 1689:40</p> <p>improving [2] - 1637:47, 1667:27</p> <p>inadequate [1] - 1600:38</p> <p>inappropriate [2] - 1660:7, 1665:27</p> <p>incident [1] - 1691:20</p> <p>incidentally [1] - 1650:41</p> <p>incidents [1] - 1649:20</p> <p>inclination [1] - 1680:40</p> <p>include [8] - 1603:42, 1677:45, 1678:26, 1679:24, 1680:5, 1681:1, 1681:11, 1681:35</p> <p>included [6] - 1608:21, 1677:47, 1678:4, 1678:42, 1679:23, 1688:32</p> <p>includes [6] - 1602:15, 1615:45, 1644:24, 1650:45, 1675:1, 1677:6</p> <p>including [15] - 1601:5, 1601:34, 1602:19, 1603:2, 1623:22, 1623:30, 1624:22, 1625:18, 1636:44, 1652:18, 1655:25, 1662:36, 1663:7, 1665:36, 1681:19</p> <p>inclusion [2] - 1608:12, 1621:15</p> <p>inclusive [1] - 1616:39</p> <p>inconceivable [1] -</p>	<p>1665:6</p> <p>increase [10] - 1625:15, 1629:37, 1646:19, 1651:38, 1652:6, 1653:18, 1668:40, 1685:23, 1686:23, 1686:25</p> <p>increased [5] - 1640:47, 1681:19, 1685:2, 1686:21, 1686:32</p> <p>increases [1] - 1686:15</p> <p>increasing [1] - 1652:3</p> <p>increasingly [1] - 1648:28</p> <p>indeed [9] - 1630:22, 1642:18, 1644:26, 1646:36, 1647:18, 1651:3, 1651:45, 1652:44, 1671:42</p> <p>independence [4] - 1638:43, 1639:24, 1649:24, 1649:38</p> <p>Independent [1] - 1630:43</p> <p>independent [10] - 1608:7, 1638:42, 1639:26, 1651:22, 1652:38, 1652:47, 1667:19, 1667:20, 1669:10, 1682:7</p> <p>indicate [2] - 1648:2, 1678:14</p> <p>indicated [1] - 1646:3</p> <p>indicates [1] - 1611:1</p> <p>indicating [1] - 1625:26</p> <p>indications [1] - 1664:26</p> <p>indicator [4] - 1680:14, 1680:26, 1680:29, 1687:42</p> <p>indicators [9] - 1601:44, 1664:23, 1680:10, 1680:35, 1681:36, 1686:40, 1687:19, 1687:21, 1687:30</p> <p>indigenous [1] - 1645:44</p> <p>individual [3] - 1620:17, 1649:25, 1672:15</p> <p>individualised [1] - 1606:41</p> <p>individuals [4] - 1624:28, 1631:11, 1648:7, 1667:28</p>	<p>industry [11] - 1600:46, 1605:37, 1611:11, 1611:13, 1611:14, 1611:15, 1611:39, 1614:44, 1618:40, 1625:18, 1656:43</p> <p>inefficiencies [1] - 1615:20</p> <p>ineligible [1] - 1633:47</p> <p>inequity [1] - 1600:10</p> <p>inevitable [1] - 1617:14</p> <p>inevitably [1] - 1641:45</p> <p>infill [1] - 1657:28</p> <p>influence [4] - 1610:39, 1618:35, 1646:13, 1681:31</p> <p>influenced [1] - 1681:35</p> <p>inform [5] - 1600:13, 1629:16, 1632:32, 1680:24, 1688:18</p> <p>informal [1] - 1617:21</p> <p>information [32] - 1600:11, 1611:36, 1612:10, 1630:37, 1630:38, 1634:7, 1635:22, 1635:34, 1635:35, 1635:45, 1635:46, 1649:27, 1666:31, 1677:7, 1680:2, 1681:3, 1682:1, 1682:23, 1682:25, 1682:38, 1683:22, 1683:23, 1688:3, 1688:4, 1688:7, 1688:11, 1692:46, 1693:5, 1693:8, 1693:12, 1693:41</p> <p>informed [5] - 1600:26, 1611:40, 1613:39, 1621:43, 1629:21</p> <p>informing [1] - 1650:10</p> <p>infrastructure [6] - 1600:13, 1600:14, 1658:6, 1658:9, 1658:10, 1691:18</p> <p>ingredients [1] - 1613:7</p> <p>inhibit [1] - 1647:41</p> <p>initial [1] - 1628:19</p> <p>initiated [1] - 1604:31</p> <p>initiative [5] - 1607:1, 1607:8, 1607:14,</p>	<p>1622:35, 1669:47</p> <p>Initiatives [1] - 1633:42</p> <p>initiatives [17] - 1604:22, 1607:19, 1607:29, 1607:40, 1614:44, 1615:17, 1618:34, 1618:37, 1629:30, 1629:46, 1630:3, 1634:27, 1635:20, 1635:27, 1681:22, 1689:2</p> <p>injection [1] - 1666:44</p> <p>inner [1] - 1659:11</p> <p>inner-city [1] - 1659:11</p> <p>innovation [7] - 1605:32, 1605:41, 1606:17, 1608:21, 1666:26, 1666:36, 1681:15</p> <p>innovations [1] - 1605:47</p> <p>innovative [1] - 1672:29</p> <p>inpatient [10] - 1623:23, 1654:31, 1654:37, 1661:13, 1687:24, 1689:32, 1690:3, 1690:20, 1694:20</p> <p>input [1] - 1677:41</p> <p>inquiries [1] - 1663:24</p> <p>inquiry [1] - 1663:22</p> <p>instance [1] - 1671:15</p> <p>instead [1] - 1631:3</p> <p>instigation [1] - 1690:2</p> <p>Institute [3] - 1642:46, 1670:12, 1673:15</p> <p>institutionalisation [7] - 1602:5, 1605:17, 1656:22, 1656:38, 1661:22, 1661:30, 1671:27</p> <p>institutionalised [1] - 1660:20</p> <p>institutions [5] - 1656:20, 1656:27, 1658:41, 1659:11, 1661:40</p> <p>instrument [1] - 1632:31</p> <p>instruments [1] - 1632:30</p> <p>Insurance [5] - 1601:15, 1604:13, 1604:44, 1608:11, 1623:11</p> <p>insurance [4] -</p>	<p>1622:28, 1627:44, 1633:21, 1650:37</p> <p>integral [1] - 1659:17</p> <p>integrated [7] - 1605:26, 1606:8, 1619:16, 1621:5, 1621:7, 1654:25, 1662:22</p> <p>intelligent [1] - 1648:9</p> <p>intended [3] - 1607:1, 1615:35, 1685:43</p> <p>intense [1] - 1630:44</p> <p>intensity [1] - 1690:1</p> <p>intensive [2] - 1664:4, 1664:5</p> <p>intent [4] - 1607:8, 1624:40, 1625:23, 1626:11</p> <p>intention [5] - 1601:28, 1619:17, 1622:17, 1622:44, 1642:2</p> <p>interaction [1] - 1659:2</p> <p>interest [1] - 1620:40</p> <p>interested [3] - 1620:39, 1641:36, 1670:43</p> <p>interesting [2] - 1621:11, 1663:47</p> <p>interestingly [1] - 1644:43</p> <p>interface [1] - 1653:38</p> <p>interim [1] - 1633:24</p> <p>internal [4] - 1602:17, 1645:24, 1681:38, 1688:35</p> <p>internally [1] - 1669:38</p> <p>international [4] - 1611:1, 1617:16, 1617:17, 1627:34</p> <p>internationally [2] - 1615:41, 1639:42</p> <p>interpret [1] - 1650:8</p> <p>interrelated [2] - 1657:35, 1664:44</p> <p>intervening [1] - 1640:36</p> <p>intervention [2] - 1623:24, 1642:28</p> <p>interventions [2] - 1613:10, 1642:28</p> <p>intimately [1] - 1643:13</p> <p>INTO [1] - 1599:5</p> <p>introduce [4] - 1603:10, 1606:41, 1607:9, 1626:45</p> <p>introduced [2] -</p>
---	--	--	---	---

<p>1625:10, 1657:26 introducing [2] - 1625:12, 1626:25 invest [7] - 1627:44, 1646:41, 1663:25, 1663:33, 1667:30, 1667:32, 1667:36 invested [1] - 1614:47 investment [15] - 1602:29, 1615:15, 1615:33, 1627:29, 1642:42, 1642:45, 1643:16, 1643:19, 1643:25, 1664:10, 1668:7, 1668:40, 1688:19, 1688:38, 1689:12 invitation [1] - 1689:41 involved [16] - 1602:18, 1602:28, 1604:25, 1607:34, 1610:27, 1614:10, 1614:44, 1615:23, 1621:32, 1622:35, 1635:8, 1643:13, 1644:35, 1652:23, 1666:8 involvement [2] - 1606:19, 1626:21 involves [2] - 1611:29, 1622:23 irrational [1] - 1662:41 isolated [1] - 1659:13 isolation [2] - 1621:30, 1621:37 issue [39] - 1607:18, 1610:35, 1612:17, 1615:10, 1615:22, 1615:32, 1616:35, 1617:10, 1617:19, 1619:1, 1620:36, 1621:1, 1621:29, 1630:21, 1631:26, 1632:47, 1633:32, 1634:39, 1635:4, 1635:29, 1636:1, 1636:6, 1637:47, 1646:5, 1646:28, 1653:46, 1658:45, 1661:1, 1662:38, 1665:1, 1665:10, 1665:18, 1665:24, 1672:18, 1674:28, 1677:36, 1691:20, 1693:40 issued [2] - 1677:22, 1677:37 issues [63] - 1604:40, 1606:14, 1607:3,</p>	<p>1607:27, 1607:36, 1608:8, 1608:36, 1608:42, 1609:14, 1609:20, 1610:8, 1611:9, 1614:19, 1615:5, 1616:21, 1619:3, 1619:45, 1620:24, 1621:2, 1622:38, 1624:2, 1624:15, 1625:45, 1626:22, 1626:26, 1629:27, 1631:18, 1631:30, 1632:45, 1634:14, 1634:30, 1634:41, 1636:14, 1637:34, 1637:40, 1637:44, 1638:26, 1639:37, 1643:46, 1646:8, 1647:24, 1648:37, 1650:11, 1653:39, 1654:31, 1656:14, 1659:7, 1659:35, 1661:15, 1662:2, 1662:31, 1663:17, 1664:16, 1664:19, 1664:26, 1665:24, 1671:8, 1671:24, 1684:20, 1684:44, 1685:8, 1693:20, 1693:28 it'll [1] - 1630:1 Italy [5] - 1618:10, 1619:26, 1619:32, 1621:18 item [3] - 1627:24, 1678:16, 1679:4 items [14] - 1625:16, 1626:5, 1676:42, 1676:47, 1677:1, 1677:25, 1677:29, 1678:13, 1678:23, 1679:17, 1679:23, 1679:24, 1691:25 itself [8] - 1622:41, 1628:26, 1628:43, 1630:20, 1669:47, 1679:21, 1683:9, 1686:33</p>	<p>join [1] - 1693:17 joined [6] - 1640:43, 1649:8, 1650:32, 1650:34, 1670:4, 1693:10 judged [2] - 1630:22, 1633:47 judgment [4] - 1618:4, 1632:3, 1635:1, 1636:10 judgments [2] - 1632:20, 1632:32 JULY [1] - 1695:30 July [3] - 1599:18, 1625:15, 1673:35 jurisdiction [2] - 1638:16, 1639:41 jurisdictions [5] - 1638:13, 1641:44, 1643:14, 1645:23, 1648:36 justice [1] - 1610:38 justified [1] - 1690:5 justify [1] - 1615:14</p>	<p>Kingdom [2] - 1692:28, 1692:29 Kirner [1] - 1689:19 knocking [1] - 1639:46 knowing [1] - 1647:38 knowledge [7] - 1613:44, 1614:1, 1630:12, 1645:19, 1678:34, 1678:35, 1681:42 KNOWLES [1] - 1655:18 Knowles [10] - 1602:1, 1602:4, 1602:8, 1655:16, 1655:20, 1656:13, 1671:20, 1671:24, 1672:41, 1672:44 known [5] - 1612:15, 1634:14, 1646:25, 1652:26, 1683:6 knows [1] - 1646:28 KPIs [4] - 1684:30, 1687:15, 1694:18 KPMG [1] - 1611:19 Kruk [1] - 1652:26 Kym [1] - 1602:46</p>	<p>1628:16, 1629:41, 1668:4 last [12] - 1609:31, 1611:10, 1613:18, 1633:33, 1640:26, 1659:42, 1667:7, 1670:34, 1678:7, 1686:44, 1689:34, 1690:7 late [2] - 1605:23, 1605:37 latest [2] - 1642:45, 1645:4 latter [1] - 1689:5 lead [4] - 1659:19, 1660:14, 1664:24, 1683:13 leader [7] - 1600:11, 1602:36, 1602:47, 1619:30, 1649:43, 1683:12, 1683:13 leaders [1] - 1694:38 Leadership [2] - 1679:45, 1682:22 leadership [8] - 1601:12, 1601:33, 1602:35, 1608:1, 1649:43, 1650:5, 1683:11, 1694:41 leading [3] - 1606:25, 1663:8, 1668:42 learn [1] - 1615:40 learning [1] - 1620:30 learnt [1] - 1615:26 least [5] - 1627:38, 1628:16, 1636:11, 1662:21, 1673:30 leave [1] - 1678:31 led [3] - 1652:26, 1670:3, 1671:9 left [2] - 1609:26, 1656:33 legacy [1] - 1605:27 legislation [3] - 1617:46, 1631:23 legislative [1] - 1676:23 Legislative [1] - 1655:26 less [8] - 1610:38, 1624:9, 1648:17, 1658:6, 1661:4, 1669:23, 1682:13, 1686:41 lesser [1] - 1658:1 letter [1] - 1634:13 level [55] - 1605:11, 1623:38, 1625:12, 1625:13, 1625:36, 1626:15, 1626:21,</p>
			K	
		<p>keep [5] - 1611:40, 1619:29, 1663:44, 1667:14, 1670:37 keeping [2] - 1640:35, 1674:23 keeps [1] - 1663:45 Kennett [1] - 1602:2 key [18] - 1605:25, 1609:18, 1616:39, 1617:4, 1617:6, 1617:22, 1619:3, 1620:8, 1622:23, 1626:3, 1627:5, 1627:12, 1627:15, 1634:34, 1636:14, 1646:5, 1687:19, 1687:30 kilometre [1] - 1692:22 kilometres [1] - 1675:3 kind [16] - 1640:11, 1640:23, 1640:24, 1640:43, 1641:2, 1641:6, 1641:29, 1641:32, 1641:33, 1642:13, 1642:38, 1642:39, 1642:44, 1649:31, 1650:17, 1668:11 kinds [2] - 1663:5, 1682:22</p>	L	
	J			
	<p>James [1] - 1675:20 January [1] - 1673:16 Jennifer [1] - 1602:32 jigsaw [1] - 1641:33 Joan [1] - 1689:19 jobs [1] - 1620:5 JOHN [1] - 1673:4 John [2] - 1600:32, 1614:18</p>			

<p>1627:28, 1635:25, 1641:2, 1642:12, 1642:44, 1644:17, 1644:18, 1644:32, 1644:33, 1644:44, 1645:11, 1645:27, 1646:2, 1646:32, 1647:15, 1649:12, 1649:33, 1650:15, 1650:30, 1651:43, 1654:33, 1668:44, 1668:45, 1669:2, 1669:3, 1669:5, 1669:27, 1672:2, 1672:3, 1674:24, 1679:2, 1679:5, 1680:23, 1681:31, 1681:34, 1682:10, 1682:35, 1683:21, 1683:24, 1683:41, 1683:42, 1684:24, 1687:46, 1688:24, 1688:25, 1688:38, 1691:1</p> <p>levels [13] - 1601:21, 1605:3, 1606:12, 1610:5, 1610:22, 1617:1, 1623:43, 1640:5, 1640:21, 1644:9, 1668:45, 1677:11, 1694:42</p> <p>levers [4] - 1610:29, 1616:36, 1669:5, 1669:9</p> <p>liaise [1] - 1685:7</p> <p>liaison [1] - 1652:1</p> <p>Liaison [1] - 1615:23</p> <p>Liberal [1] - 1635:21</p> <p>life [11] - 1612:16, 1623:33, 1623:34, 1624:37, 1626:3, 1627:47, 1634:1, 1647:20, 1647:32, 1647:35, 1653:32</p> <p>Life [2] - 1617:9, 1632:31</p> <p>lights [1] - 1665:27</p> <p>likelihood [1] - 1631:40</p> <p>likely [4] - 1629:9, 1646:12, 1657:36, 1664:47</p> <p>limited [5] - 1623:4, 1623:26, 1671:35, 1677:29, 1682:7</p> <p>line [4] - 1618:41, 1635:22, 1635:46, 1672:5</p> <p>lines [1] - 1632:20</p> <p>link [1] - 1636:7</p>	<p>linked [1] - 1623:26</p> <p>Lisa [1] - 1599:34</p> <p>list [4] - 1620:20, 1677:6, 1677:30, 1688:9</p> <p>listened [3] - 1624:12, 1626:36, 1639:17</p> <p>listening [1] - 1653:28</p> <p>lists [1] - 1622:43</p> <p>literature [2] - 1617:16, 1627:35</p> <p>live [4] - 1620:30, 1667:24, 1694:47, 1695:5</p> <p>lived [4] - 1639:8, 1653:10, 1653:23, 1653:27</p> <p>lives [3] - 1621:28, 1627:46, 1653:39</p> <p>living [6] - 1619:13, 1633:46, 1641:10, 1663:31, 1667:19, 1667:21</p> <p>Living [2] - 1607:32, 1630:43</p> <p>load [2] - 1648:16, 1648:18</p> <p>loading [1] - 1645:43</p> <p>lobbying [1] - 1613:42</p> <p>local [17] - 1606:4, 1623:38, 1645:31, 1645:34, 1645:39, 1649:7, 1649:12, 1649:35, 1656:28, 1657:32, 1660:3, 1660:5, 1660:14, 1660:22, 1669:27, 1683:23</p> <p>locality [1] - 1671:7</p> <p>locally [1] - 1669:1</p> <p>located [3] - 1659:15, 1675:24, 1676:5</p> <p>location [3] - 1667:2, 1688:24, 1688:31</p> <p>logistical [1] - 1620:24</p> <p>longstanding [1] - 1615:22</p> <p>look [40] - 1608:36, 1609:29, 1611:41, 1611:42, 1613:21, 1614:34, 1614:39, 1614:45, 1617:2, 1617:16, 1619:16, 1626:44, 1629:14, 1631:37, 1631:45, 1638:25, 1638:37, 1638:38, 1640:8, 1641:41, 1642:14, 1645:22, 1645:33,</p>	<p>1646:27, 1647:6, 1647:9, 1650:1, 1651:8, 1652:13, 1653:6, 1653:25, 1662:13, 1666:34, 1666:40, 1670:47, 1672:17, 1679:36, 1681:3, 1688:4, 1694:14</p> <p>looked [4] - 1626:47, 1642:44, 1652:19, 1662:11</p> <p>looking [15] - 1612:6, 1619:28, 1627:20, 1629:29, 1630:17, 1639:41, 1642:24, 1643:12, 1644:8, 1648:31, 1649:22, 1649:23, 1662:13, 1668:40, 1695:12</p> <p>looks [1] - 1617:43</p> <p>loose [1] - 1661:41</p> <p>loss [1] - 1656:44</p> <p>lost [1] - 1663:18</p> <p>lovely [1] - 1640:9</p> <p>lower [3] - 1657:24, 1658:3, 1658:4</p> <p>lunch [1] - 1655:7</p> <p>LUNCH [1] - 1655:13</p> <p>LUNCHEON [1] - 1655:11</p>	<p>majority [2] - 1658:44, 1687:15</p> <p>malaise [1] - 1656:45</p> <p>manage [6] - 1600:13, 1610:2, 1617:29, 1626:13, 1634:2, 1670:47</p> <p>managed [4] - 1660:8, 1660:11, 1660:12, 1668:29</p> <p>Management [2] - 1608:47, 1673:22</p> <p>management [11] - 1604:12, 1612:17, 1627:21, 1627:40, 1649:1, 1660:4, 1660:23, 1681:5, 1681:23, 1681:42</p> <p>manager [1] - 1652:9</p> <p>Manager [1] - 1649:44</p> <p>managers [1] - 1665:15</p> <p>managing [4] - 1620:24, 1621:7, 1665:18, 1693:36</p> <p>mandate [2] - 1606:5, 1638:18</p> <p>mandatory [3] - 1676:42, 1677:1, 1678:12</p> <p>manufacturing [1] - 1656:43</p> <p>March [1] - 1633:2</p> <p>Marie [1] - 1657:8</p> <p>market [5] - 1625:25, 1625:27, 1625:30, 1625:31, 1625:39</p> <p>marketplace [1] - 1625:34</p> <p>Maroondah [3] - 1675:20, 1688:32, 1690:27</p> <p>Marsh [1] - 1649:20</p> <p>Martine [1] - 1603:4</p> <p>Mascie [1] - 1652:19</p> <p>Mascie-Taylor [1] - 1652:19</p> <p>Master [1] - 1673:19</p> <p>match [1] - 1693:16</p> <p>matching [1] - 1648:42</p> <p>matter [3] - 1614:26, 1614:29, 1620:1</p> <p>matters [3] - 1620:2, 1680:24, 1687:36</p> <p>MBS [2] - 1607:44, 1640:15</p> <p>McSherry [2] - 1599:29, 1653:2</p> <p>mean [10] - 1638:13,</p>	<p>1638:28, 1647:6, 1653:39, 1653:40, 1654:8, 1661:5, 1690:38, 1691:15, 1692:2</p> <p>meaning [1] - 1637:30</p> <p>meaningful [4] - 1622:8, 1647:44, 1648:5, 1648:7</p> <p>means [5] - 1627:31, 1653:31, 1668:7, 1693:30, 1694:1</p> <p>meant [2] - 1659:10, 1659:27</p> <p>measurable [3] - 1667:45, 1668:12, 1669:12</p> <p>Measure [1] - 1612:2</p> <p>measure [6] - 1600:12, 1601:45, 1658:20, 1669:33, 1669:34, 1669:39</p> <p>measures [18] - 1602:9, 1614:41, 1639:22, 1641:9, 1647:47, 1665:41, 1666:30, 1669:42, 1679:22, 1682:28, 1683:33, 1686:40, 1687:37, 1687:39, 1693:45, 1694:30, 1694:32, 1694:37</p> <p>measuring [5] - 1601:46, 1647:1, 1647:3, 1668:8, 1669:22</p> <p>mechanism [4] - 1604:18, 1631:10, 1635:19, 1684:20</p> <p>mechanisms [4] - 1600:9, 1601:40, 1618:27, 1634:24</p> <p>media [1] - 1609:23</p> <p>medical [2] - 1683:11, 1683:13</p> <p>Medical [1] - 1607:41</p> <p>medicine [1] - 1675:37</p> <p>meet [11] - 1622:45, 1629:30, 1630:39, 1654:34, 1659:40, 1661:6, 1665:40, 1688:5, 1691:34, 1692:39, 1694:11</p> <p>meeting [10] - 1622:44, 1679:21, 1680:16, 1683:36, 1683:39, 1687:14, 1687:40, 1693:42, 1694:10, 1694:16</p>
M		<p>magnitude [2] - 1642:41, 1644:30</p> <p>main [2] - 1675:44, 1694:18</p> <p>mainstream [1] - 1662:38</p> <p>mainstreamed [1] - 1602:3</p> <p>mainstreaming [4] - 1656:38, 1658:36, 1661:23, 1661:31</p> <p>maintain [1] - 1694:21</p> <p>maintaining [1] - 1657:21</p> <p>maintenance [2] - 1658:7, 1658:11</p> <p>major [17] - 1602:33, 1604:17, 1605:34, 1611:46, 1617:2, 1620:19, 1624:19, 1627:32, 1627:36, 1635:1, 1642:4, 1646:11, 1657:43, 1658:33, 1659:12, 1664:8, 1681:22</p>	<p>majority [2] - 1658:44, 1687:15</p> <p>malaise [1] - 1656:45</p> <p>manage [6] - 1600:13, 1610:2, 1617:29, 1626:13, 1634:2, 1670:47</p> <p>managed [4] - 1660:8, 1660:11, 1660:12, 1668:29</p> <p>Management [2] - 1608:47, 1673:22</p> <p>management [11] - 1604:12, 1612:17, 1627:21, 1627:40, 1649:1, 1660:4, 1660:23, 1681:5, 1681:23, 1681:42</p> <p>manager [1] - 1652:9</p> <p>Manager [1] - 1649:44</p> <p>managers [1] - 1665:15</p> <p>managing [4] - 1620:24, 1621:7, 1665:18, 1693:36</p> <p>mandate [2] - 1606:5, 1638:18</p> <p>mandatory [3] - 1676:42, 1677:1, 1678:12</p> <p>manufacturing [1] - 1656:43</p> <p>March [1] - 1633:2</p> <p>Marie [1] - 1657:8</p> <p>market [5] - 1625:25, 1625:27, 1625:30, 1625:31, 1625:39</p> <p>marketplace [1] - 1625:34</p> <p>Maroondah [3] - 1675:20, 1688:32, 1690:27</p> <p>Marsh [1] - 1649:20</p> <p>Martine [1] - 1603:4</p> <p>Mascie [1] - 1652:19</p> <p>Mascie-Taylor [1] - 1652:19</p> <p>Master [1] - 1673:19</p> <p>match [1] - 1693:16</p> <p>matching [1] - 1648:42</p> <p>matter [3] - 1614:26, 1614:29, 1620:1</p> <p>matters [3] - 1620:2, 1680:24, 1687:36</p> <p>MBS [2] - 1607:44, 1640:15</p> <p>McSherry [2] - 1599:29, 1653:2</p> <p>mean [10] - 1638:13,</p>	<p>1638:28, 1647:6, 1653:39, 1653:40, 1654:8, 1661:5, 1690:38, 1691:15, 1692:2</p> <p>meaning [1] - 1637:30</p> <p>meaningful [4] - 1622:8, 1647:44, 1648:5, 1648:7</p> <p>means [5] - 1627:31, 1653:31, 1668:7, 1693:30, 1694:1</p> <p>meant [2] - 1659:10, 1659:27</p> <p>measurable [3] - 1667:45, 1668:12, 1669:12</p> <p>Measure [1] - 1612:2</p> <p>measure [6] - 1600:12, 1601:45, 1658:20, 1669:33, 1669:34, 1669:39</p> <p>measures [18] - 1602:9, 1614:41, 1639:22, 1641:9, 1647:47, 1665:41, 1666:30, 1669:42, 1679:22, 1682:28, 1683:33, 1686:40, 1687:37, 1687:39, 1693:45, 1694:30, 1694:32, 1694:37</p> <p>measuring [5] - 1601:46, 1647:1, 1647:3, 1668:8, 1669:22</p> <p>mechanism [4] - 1604:18, 1631:10, 1635:19, 1684:20</p> <p>mechanisms [4] - 1600:9, 1601:40, 1618:27, 1634:24</p> <p>media [1] - 1609:23</p> <p>medical [2] - 1683:11, 1683:13</p> <p>Medical [1] - 1607:41</p> <p>medicine [1] - 1675:37</p> <p>meet [11] - 1622:45, 1629:30, 1630:39, 1654:34, 1659:40, 1661:6, 1665:40, 1688:5, 1691:34, 1692:39, 1694:11</p> <p>meeting [10] - 1622:44, 1679:21, 1680:16, 1683:36, 1683:39, 1687:14, 1687:40, 1693:42, 1694:10, 1694:16</p>

<p>meets [4] - 1622:29, 1628:21, 1633:14, 1649:35</p> <p>Melbourne [6] - 1599:11, 1599:13, 1603:35, 1649:37, 1655:46, 1659:11</p> <p>Melbourne's [2] - 1602:14, 1602:34</p> <p>Member [1] - 1656:13</p> <p>member [2] - 1634:20, 1655:25</p> <p>members [1] - 1607:26</p> <p>men's [1] - 1694:6</p> <p>Mendoza [2] - 1600:32, 1614:18</p> <p>MENTAL [1] - 1599:5</p> <p>Mental [50] - 1601:14, 1601:35, 1602:15, 1604:6, 1604:14, 1604:26, 1604:28, 1604:29, 1607:30, 1608:6, 1611:19, 1615:23, 1617:8, 1618:28, 1626:32, 1627:13, 1627:19, 1628:1, 1637:10, 1637:13, 1637:17, 1638:14, 1638:15, 1638:33, 1643:11, 1643:21, 1643:29, 1645:12, 1645:20, 1645:25, 1646:23, 1651:18, 1651:20, 1652:27, 1653:22, 1654:12, 1655:37, 1655:41, 1663:23, 1669:30, 1676:9, 1679:19, 1679:44, 1682:24, 1682:34, 1683:8, 1683:25, 1688:7, 1688:43, 1694:25</p> <p>mental [297] - 1600:5, 1600:8, 1600:20, 1600:31, 1600:35, 1600:43, 1601:3, 1601:4, 1601:12, 1601:16, 1601:20, 1601:23, 1601:26, 1601:27, 1601:34, 1601:40, 1601:41, 1601:45, 1602:3, 1602:7, 1602:17, 1602:19, 1602:24, 1602:25, 1602:29, 1602:36, 1602:41, 1603:1, 1603:7, 1603:42, 1604:4,</p>	<p>1604:17, 1604:47, 1605:1, 1605:10, 1605:23, 1606:37, 1606:45, 1607:3, 1607:24, 1607:26, 1607:42, 1607:46, 1608:3, 1608:8, 1608:13, 1608:14, 1608:20, 1608:32, 1608:42, 1609:3, 1609:8, 1609:26, 1609:41, 1610:1, 1610:7, 1610:9, 1610:12, 1610:25, 1610:37, 1610:39, 1611:8, 1611:12, 1611:15, 1611:26, 1611:43, 1612:25, 1612:31, 1612:41, 1613:7, 1615:4, 1615:28, 1616:2, 1616:9, 1616:13, 1616:15, 1616:22, 1616:34, 1616:45, 1617:44, 1618:17, 1618:21, 1618:22, 1618:38, 1618:41, 1619:8, 1619:10, 1619:11, 1619:31, 1619:34, 1620:11, 1620:16, 1620:31, 1620:37, 1621:6, 1621:12, 1621:29, 1621:37, 1622:7, 1622:13, 1622:14, 1622:38, 1623:22, 1623:32, 1623:37, 1623:44, 1624:22, 1624:32, 1625:18, 1626:26, 1626:28, 1626:38, 1627:33, 1627:40, 1628:8, 1628:14, 1628:31, 1629:20, 1631:32, 1633:34, 1634:31, 1634:41, 1635:17, 1636:43, 1637:27, 1637:34, 1637:40, 1637:43, 1637:44, 1637:47, 1638:26, 1640:6, 1640:28, 1640:37, 1641:43, 1642:5, 1642:23, 1642:26, 1642:27, 1642:47, 1643:4, 1643:35, 1643:46, 1644:5, 1644:10, 1644:44, 1645:2, 1645:21, 1646:8, 1646:13, 1646:20, 1646:28, 1647:21,</p>	<p>1647:23, 1647:38, 1648:39, 1650:35, 1650:44, 1651:25, 1651:44, 1651:46, 1652:21, 1652:29, 1653:39, 1654:1, 1654:2, 1654:15, 1654:16, 1654:22, 1655:21, 1656:14, 1656:16, 1656:27, 1657:12, 1657:14, 1657:34, 1657:35, 1658:45, 1659:7, 1659:22, 1659:35, 1660:28, 1660:44, 1661:1, 1661:2, 1661:4, 1661:12, 1661:15, 1661:16, 1661:37, 1661:40, 1662:1, 1662:6, 1662:12, 1662:20, 1662:27, 1662:32, 1662:35, 1662:39, 1662:43, 1663:5, 1663:7, 1663:17, 1663:26, 1663:40, 1663:43, 1664:14, 1664:16, 1664:19, 1664:30, 1664:35, 1664:41, 1664:47, 1665:14, 1665:24, 1665:36, 1665:37, 1665:40, 1666:3, 1666:41, 1667:6, 1667:34, 1668:19, 1669:15, 1669:24, 1669:28, 1669:35, 1670:5, 1670:12, 1670:14, 1670:24, 1670:35, 1671:41, 1672:12, 1672:18, 1675:7, 1675:11, 1675:25, 1676:4, 1677:42, 1677:46, 1678:2, 1678:11, 1678:16, 1678:24, 1678:42, 1680:26, 1680:41, 1680:47, 1681:20, 1681:27, 1681:32, 1682:5, 1682:8, 1682:12, 1683:6, 1684:40, 1685:2, 1685:17, 1685:18, 1685:37, 1685:45, 1686:10, 1686:17, 1686:24, 1686:26, 1686:40, 1686:43, 1687:3, 1687:16, 1687:19, 1687:23, 1687:26, 1688:19, 1688:33,</p>	<p>1688:37, 1688:41, 1689:32, 1689:33, 1690:11, 1690:17, 1690:20, 1690:31, 1690:47, 1691:8, 1691:9, 1691:30, 1691:32, 1691:38, 1692:3, 1692:4, 1693:29, 1694:20, 1694:22, 1695:4, 1695:10</p> <p>mentally [2] - 1618:22, 1640:35</p> <p>mention [1] - 1611:6</p> <p>mentioned [18] - 1620:43, 1622:37, 1624:1, 1629:14, 1631:14, 1634:26, 1661:28, 1662:32, 1671:30, 1676:43, 1681:47, 1682:10, 1682:43, 1685:32, 1690:9, 1690:18, 1691:40, 1693:45</p> <p>mentors [1] - 1641:9</p> <p>Mentors [2] - 1607:31, 1633:45</p> <p>message [1] - 1634:11</p> <p>met [6] - 1635:29, 1635:30, 1659:6, 1680:14, 1680:26, 1690:4</p> <p>methodology [1] - 1616:10</p> <p>metrics [2] - 1685:1, 1694:15</p> <p>Metro [1] - 1688:45</p> <p>metro [1] - 1695:7</p> <p>metropolitan [1] - 1657:28</p> <p>MICHAEL [1] - 1603:17</p> <p>micro [1] - 1649:1</p> <p>micro-management [1] - 1649:1</p> <p>mid-2000s [1] - 1607:22</p> <p>middle [1] - 1604:12</p> <p>Middle [3] - 1689:17, 1689:29, 1689:35</p> <p>midst [3] - 1627:20, 1628:22, 1688:40</p> <p>Midwifery [1] - 1673:41</p> <p>might [34] - 1612:6, 1614:21, 1617:26, 1618:3, 1619:23, 1619:29, 1620:40, 1632:38, 1638:36, 1639:27, 1641:7,</p>	<p>1645:5, 1645:27, 1648:27, 1650:10, 1656:34, 1657:42, 1658:26, 1660:17, 1662:13, 1663:35, 1663:38, 1663:41, 1665:39, 1667:9, 1667:44, 1669:1, 1670:44, 1671:14, 1672:10, 1680:24, 1690:31, 1692:16</p> <p>millions [1] - 1600:42</p> <p>MIND [6] - 1603:47, 1606:20, 1607:33, 1612:12, 1616:2, 1616:38</p> <p>mind [4] - 1613:38, 1618:9, 1654:43, 1663:42</p> <p>minds [1] - 1670:27</p> <p>minimise [2] - 1627:45, 1654:26</p> <p>Minister [24] - 1602:1, 1626:34, 1626:35, 1637:29, 1637:30, 1637:38, 1637:39, 1637:40, 1638:3, 1638:4, 1638:11, 1638:12, 1638:17, 1638:24, 1639:24, 1642:6, 1650:6, 1651:27, 1655:29, 1655:33, 1657:9, 1664:40, 1674:13</p> <p>Minister's [3] - 1637:1, 1638:22, 1638:45</p> <p>Ministers [4] - 1613:5, 1636:47, 1639:23, 1657:6</p> <p>Ministry [1] - 1652:39</p> <p>missed [2] - 1693:47</p> <p>mistake [1] - 1650:42</p> <p>mistakes [1] - 1601:2</p> <p>mix [5] - 1612:47, 1617:11, 1617:26, 1666:23, 1666:28</p> <p>mixture [1] - 1619:10</p> <p>model [11] - 1602:27, 1606:25, 1619:29, 1626:29, 1645:11, 1651:20, 1660:1, 1660:3, 1660:27, 1666:19, 1683:1</p> <p>modelling [2] - 1617:18, 1634:46</p> <p>models [2] - 1614:15, 1614:35</p> <p>modern [3] - 1612:20, 1657:23, 1662:12</p>
--	--	---	---	--

<p>moment [17] - 1606:33, 1609:41, 1619:10, 1619:19, 1623:7, 1627:16, 1627:19, 1628:43, 1628:46, 1629:2, 1629:13, 1632:27, 1633:33, 1644:4, 1650:26, 1658:15, 1669:33</p> <p>Monash [3] - 1603:28, 1603:31, 1673:23</p> <p>money [9] - 1610:23, 1612:45, 1624:28, 1624:32, 1630:44, 1633:38, 1647:30, 1660:27, 1670:39</p> <p>monitor [3] - 1600:13, 1642:17, 1679:18</p> <p>monitoring [6] - 1602:17, 1639:7, 1648:10, 1652:8, 1681:19, 1685:43</p> <p>month [3] - 1600:2, 1601:4, 1679:20</p> <p>months [4] - 1620:19, 1633:33, 1633:38, 1690:7</p> <p>morning [2] - 1600:1, 1666:14</p> <p>most [17] - 1604:16, 1607:47, 1608:30, 1609:33, 1620:46, 1638:42, 1647:23, 1659:10, 1660:38, 1665:26, 1671:44, 1672:23, 1680:37, 1683:23, 1686:44, 1687:14, 1691:24</p> <p>mothers [1] - 1607:25</p> <p>motivating [1] - 1663:34</p> <p>move [8] - 1606:32, 1612:24, 1613:17, 1618:4, 1618:14, 1622:16, 1641:39, 1682:21</p> <p>moved [3] - 1605:26, 1607:6, 1649:4</p> <p>moves [1] - 1622:24</p> <p>moving [3] - 1614:13, 1660:21, 1684:33</p> <p>MS [20] - 1600:1, 1603:14, 1603:19, 1628:3, 1636:19, 1636:27, 1636:34, 1636:39, 1650:21, 1655:2, 1655:7, 1655:15, 1655:20, 1671:20, 1672:41,</p>	<p>1673:1, 1673:6, 1693:25, 1695:20, 1695:27</p> <p>multiple [4] - 1685:33, 1693:3, 1693:4</p> <p>multiplications [1] - 1651:15</p> <p>Murdoch [1] - 1670:11</p> <p>must [4] - 1600:8, 1659:40, 1676:42, 1678:13</p>	<p>NDIA [12] - 1604:15, 1604:42, 1622:16, 1625:7, 1626:29, 1627:19, 1627:21, 1627:22, 1630:2, 1631:9, 1633:11, 1635:30</p> <p>NDIA's [1] - 1604:18</p> <p>NDIS [32] - 1601:29, 1601:30, 1604:31, 1607:10, 1608:21, 1608:24, 1608:30, 1609:2, 1614:2, 1614:3, 1614:7, 1619:9, 1619:12, 1619:24, 1622:16, 1622:18, 1622:19, 1623:9, 1623:14, 1623:27, 1623:36, 1624:33, 1624:35, 1628:7, 1629:47, 1630:35, 1630:36, 1635:15, 1635:22, 1641:14, 1646:8</p> <p>NDIS-specific [1] - 1619:24</p> <p>near [1] - 1668:3</p> <p>necessarily [15] - 1604:37, 1615:35, 1641:17, 1641:32, 1647:21, 1651:8, 1651:14, 1654:44, 1663:34, 1666:5, 1667:12, 1693:6, 1695:9, 1695:14, 1695:15</p> <p>necessary [1] - 1622:31</p> <p>need [96] - 1606:21, 1608:23, 1609:20, 1609:27, 1611:3, 1612:7, 1612:35, 1613:2, 1615:2, 1616:4, 1616:40, 1616:44, 1617:22, 1617:31, 1617:33, 1617:40, 1618:15, 1619:3, 1629:15, 1629:33, 1629:42, 1630:8, 1630:10, 1630:16, 1630:22, 1633:23, 1634:40, 1634:46, 1635:18, 1635:23, 1636:4, 1636:5, 1637:45, 1638:3, 1638:47, 1639:5, 1639:13, 1639:47, 1640:31, 1640:34, 1641:29, 1641:30, 1642:15,</p>	<p>1642:22, 1642:33, 1645:38, 1646:36, 1646:40, 1647:28, 1648:12, 1648:14, 1648:31, 1649:12, 1649:34, 1649:36, 1649:38, 1651:13, 1651:23, 1653:18, 1654:24, 1654:26, 1654:34, 1658:32, 1659:2, 1661:46, 1662:32, 1663:33, 1664:17, 1665:40, 1666:44, 1667:9, 1667:12, 1667:23, 1667:24, 1667:25, 1667:31, 1667:32, 1667:41, 1668:11, 1671:3, 1672:29, 1681:43, 1682:18, 1684:8, 1684:46, 1685:2, 1685:7, 1685:37, 1686:32, 1686:39, 1686:43, 1688:25, 1689:21, 1690:3, 1692:39</p> <p>needed [9] - 1602:26, 1602:35, 1614:4, 1642:15, 1642:21, 1652:21, 1652:29, 1658:41, 1659:6</p> <p>needing [3] - 1613:36, 1626:16, 1693:8</p> <p>needs [42] - 1608:43, 1612:20, 1618:6, 1620:16, 1622:45, 1628:41, 1629:28, 1630:44, 1637:37, 1639:37, 1640:42, 1645:44, 1645:46, 1648:12, 1648:46, 1649:7, 1649:18, 1649:33, 1650:6, 1650:18, 1656:32, 1659:5, 1660:38, 1661:3, 1661:4, 1661:5, 1661:7, 1664:41, 1665:31, 1668:6, 1668:46, 1679:46, 1688:39, 1691:33, 1691:35, 1692:12, 1692:19, 1692:20, 1692:21, 1692:25, 1692:32</p> <p>neglected [1] - 1657:14</p> <p>negotiation [2] - 1677:28, 1689:6</p> <p>negotiations [2] - 1641:44, 1685:36</p>	<p>nervous [1] - 1671:11</p> <p>nervousness [1] - 1660:32</p> <p>network [2] - 1606:8, 1693:34</p> <p>Network [2] - 1688:46, 1689:5</p> <p>Networks [4] - 1611:45, 1624:34, 1635:33, 1691:41</p> <p>networks [4] - 1606:4, 1617:21, 1618:36, 1620:1</p> <p>never [2] - 1659:41, 1662:19</p> <p>New [3] - 1627:10, 1632:12, 1643:33</p> <p>new [17] - 1600:28, 1611:47, 1612:38, 1613:21, 1614:27, 1624:21, 1624:41, 1624:45, 1625:12, 1626:29, 1628:24, 1657:30, 1657:37, 1659:16, 1670:23, 1689:30, 1689:33</p> <p>Newstart [1] - 1646:10</p> <p>next [13] - 1600:23, 1601:11, 1609:37, 1615:19, 1616:44, 1618:45, 1629:34, 1630:26, 1633:41, 1636:34, 1655:15, 1673:1, 1680:21</p> <p>NGO [4] - 1606:1, 1620:24, 1640:47, 1641:2</p> <p>NGOs [1] - 1606:4</p> <p>Nichols [1] - 1599:34</p> <p>NICHOLS [10] - 1600:1, 1636:34, 1636:39, 1650:21, 1655:2, 1655:7, 1655:15, 1655:20, 1671:20, 1672:41</p> <p>nine [4] - 1601:10, 1627:2, 1641:44, 1674:30</p> <p>nobody [1] - 1645:26</p> <p>nobody's [1] - 1646:11</p> <p>noise [1] - 1665:27</p> <p>non [15] - 1603:43, 1605:35, 1605:36, 1612:15, 1615:1, 1629:47, 1643:23, 1646:3, 1651:39, 1653:17, 1653:20, 1654:28, 1654:40, 1683:13, 1691:9</p>
	N			
	<p>national [24] - 1604:30, 1607:46, 1608:2, 1608:18, 1610:4, 1622:36, 1623:1, 1626:14, 1626:31, 1627:6, 1627:36, 1632:3, 1633:9, 1633:17, 1635:22, 1640:23, 1640:24, 1641:2, 1641:42, 1644:33, 1644:44, 1648:33, 1666:9, 1669:15</p> <p>National [27] - 1601:15, 1601:35, 1604:6, 1604:13, 1604:14, 1604:15, 1604:29, 1604:43, 1608:6, 1608:11, 1612:1, 1617:8, 1623:10, 1627:13, 1627:47, 1632:12, 1637:17, 1643:11, 1643:21, 1643:28, 1645:12, 1645:20, 1645:25, 1646:23, 1652:27, 1655:37, 1655:41</p> <p>nationally [1] - 1628:35</p> <p>nature [5] - 1626:38, 1631:31, 1631:32, 1634:40, 1670:15</p> <p>NAUGHTIN [1] - 1603:17</p> <p>Naughtin [8] - 1601:14, 1601:26, 1603:15, 1603:19, 1628:3, 1631:14, 1636:19, 1636:23</p> <p>navigate [4] - 1612:22, 1635:7, 1641:19, 1695:13</p> <p>navigation [3] - 1635:20, 1635:24, 1636:10</p>			

<p>non-clinical [3] - 1653:20, 1654:28, 1654:40</p> <p>non-government [7] - 1603:43, 1605:35, 1605:36, 1612:15, 1615:1, 1651:39, 1653:17</p> <p>non-health [2] - 1643:23, 1646:3</p> <p>non-medical [1] - 1683:13</p> <p>non-mental [1] - 1691:9</p> <p>non-NDIS [1] - 1629:47</p> <p>none [1] - 1636:10</p> <p>normally [1] - 1685:23</p> <p>northern [1] - 1602:34</p> <p>Northern [8] - 1601:37, 1602:32, 1618:10, 1619:26, 1619:31, 1619:32, 1621:17, 1637:3</p> <p>note [4] - 1628:45, 1642:6, 1643:21, 1694:18</p> <p>notes [1] - 1623:17</p> <p>nothing [1] - 1635:45</p> <p>notice [1] - 1648:22</p> <p>notion [5] - 1609:6, 1610:25, 1620:18, 1631:33, 1658:35</p> <p>notional [1] - 1633:16</p> <p>notionally [1] - 1634:15</p> <p>notwithstanding [1] - 1608:35</p> <p>nowhere [1] - 1624:40</p> <p>number [33] - 1601:33, 1605:10, 1606:19, 1606:27, 1609:30, 1614:44, 1616:3, 1619:42, 1625:37, 1628:16, 1628:30, 1630:7, 1630:21, 1631:15, 1633:10, 1634:26, 1636:9, 1636:43, 1651:2, 1655:20, 1656:23, 1656:26, 1661:17, 1661:35, 1663:21, 1663:24, 1667:16, 1669:11, 1670:33, 1676:47, 1678:43, 1680:30, 1686:33</p> <p>numbers [6] - 1619:2, 1627:37, 1629:19, 1629:37, 1629:44,</p>	<p>1629:45</p> <p>numerous [3] - 1675:24, 1683:15, 1692:29</p> <p>nurse [2] - 1661:38, 1673:30</p> <p>Nursing [2] - 1673:26, 1673:41</p> <p style="text-align: center;">O</p> <p>o'clock [1] - 1666:14</p> <p>objective [1] - 1618:3</p> <p>objectives [1] - 1676:30</p> <p>obligations [1] - 1679:37</p> <p>observation [1] - 1607:21</p> <p>observations [2] - 1601:19, 1670:35</p> <p>observe [2] - 1608:45, 1613:41</p> <p>observed [1] - 1614:6</p> <p>obsessive [1] - 1600:47</p> <p>obsolete [1] - 1657:21</p> <p>obtaining [1] - 1690:16</p> <p>obvious [1] - 1648:25</p> <p>obviously [2] - 1649:12, 1650:31</p> <p>occasions [2] - 1600:3, 1647:11</p> <p>occupational [2] - 1689:39, 1690:18</p> <p>occupied [1] - 1669:34</p> <p>occur [3] - 1611:4, 1656:23, 1679:35</p> <p>occurred [5] - 1607:19, 1666:26, 1669:19, 1684:45</p> <p>occurrence [1] - 1637:43</p> <p>occurring [4] - 1633:39, 1661:31, 1669:23, 1685:35</p> <p>occurs [2] - 1680:13, 1683:21</p> <p>October [1] - 1626:34</p> <p>offer [2] - 1629:36, 1630:38</p> <p>offers [1] - 1620:11</p> <p>Office [1] - 1602:40</p> <p>officer [1] - 1672:24</p> <p>Officer [7] - 1601:35, 1602:13, 1602:23, 1637:17, 1673:11,</p>	<p>1673:35, 1673:41</p> <p>official [1] - 1604:43</p> <p>often [14] - 1600:42, 1612:13, 1613:5, 1613:18, 1613:20, 1615:27, 1617:3, 1621:37, 1631:46, 1637:44, 1642:44, 1659:12, 1663:8, 1671:12</p> <p>old [5] - 1624:42, 1626:23, 1628:23, 1657:21, 1658:40</p> <p>once [4] - 1600:28, 1668:35, 1677:14, 1677:21</p> <p>One [1] - 1692:41</p> <p>one [111] - 1600:4, 1600:36, 1604:4, 1605:32, 1606:47, 1608:10, 1610:13, 1612:19, 1612:41, 1612:44, 1613:4, 1613:7, 1613:15, 1613:18, 1614:29, 1614:46, 1615:31, 1615:39, 1615:47, 1616:29, 1616:32, 1617:2, 1617:25, 1617:26, 1617:31, 1617:37, 1617:43, 1618:2, 1618:5, 1618:45, 1619:15, 1620:8, 1620:37, 1620:43, 1620:47, 1621:35, 1622:6, 1625:41, 1625:45, 1626:26, 1627:1, 1628:38, 1630:6, 1630:8, 1630:11, 1630:42, 1631:29, 1632:18, 1632:38, 1633:27, 1634:10, 1634:14, 1636:12, 1637:34, 1639:33, 1639:35, 1642:15, 1645:5, 1647:26, 1648:13, 1648:43, 1650:1, 1650:31, 1650:32, 1650:34, 1651:33, 1651:43, 1653:25, 1653:27, 1654:32, 1658:19, 1658:37, 1661:11, 1661:29, 1661:44, 1662:11, 1663:9, 1664:12, 1664:21, 1664:46, 1664:47, 1665:18, 1666:5, 1666:7, 1668:45,</p>	<p>1668:46, 1669:1, 1670:5, 1670:12, 1670:25, 1671:11, 1671:23, 1671:24, 1672:7, 1674:8, 1675:47, 1676:40, 1676:41, 1678:43, 1680:25, 1681:47, 1682:47, 1684:3, 1684:15, 1684:37, 1685:45, 1690:44, 1692:6, 1692:27, 1693:28, 1694:10</p> <p>one-off [1] - 1653:27</p> <p>ongoing [4] - 1623:28, 1633:10, 1667:18, 1670:28</p> <p>onwards [1] - 1607:22</p> <p>open [1] - 1657:23</p> <p>opened [3] - 1600:24, 1689:47, 1690:6</p> <p>opening [2] - 1614:17, 1625:34</p> <p>operate [4] - 1635:25, 1666:32, 1670:19, 1675:46</p> <p>operated [1] - 1657:33</p> <p>operates [2] - 1621:41, 1668:25</p> <p>operating [3] - 1639:35, 1668:47, 1684:16</p> <p>operation [3] - 1665:32, 1665:44, 1665:46</p> <p>operational [1] - 1680:24</p> <p>operationalise [1] - 1674:4</p> <p>operations [6] - 1674:25, 1674:29, 1675:45, 1675:47, 1676:6, 1679:21</p> <p>operatives [1] - 1620:6</p> <p>opinion [4] - 1602:6, 1608:19, 1614:23, 1629:33</p> <p>opinions [1] - 1604:35</p> <p>opportunities [5] - 1612:30, 1613:15, 1619:15, 1648:32, 1692:45</p> <p>opportunity [7] - 1618:34, 1619:7, 1619:20, 1656:34, 1657:39, 1665:21, 1682:6</p> <p>opposed [5] - 1639:33, 1647:1,</p>	<p>1647:3, 1656:5, 1662:32</p> <p>optimal [4] - 1630:13, 1630:24, 1643:22, 1644:41</p> <p>option [3] - 1638:35, 1658:29, 1679:7</p> <p>options [1] - 1614:28</p> <p>orchestras [1] - 1664:3</p> <p>order [3] - 1600:8, 1644:36, 1680:10</p> <p>Organisation [5] - 1604:29, 1617:19, 1620:36, 1621:44, 1627:14</p> <p>organisation [111] - 1604:37, 1620:25, 1656:5, 1666:8, 1666:10, 1675:46, 1680:6, 1682:5, 1683:8, 1683:24, 1685:31</p> <p>organisational [3] - 1613:42, 1666:21, 1674:16</p> <p>organisationally [1] - 1671:18</p> <p>organisations [8] - 1611:18, 1612:15, 1625:7, 1631:4, 1651:39, 1662:44, 1666:8, 1666:27</p> <p>originally [1] - 1666:10</p> <p>otherwise [4] - 1612:25, 1640:44, 1646:4, 1679:12</p> <p>ought [3] - 1648:10, 1663:34, 1665:10</p> <p>ourselves [1] - 1670:37</p> <p>outcome [10] - 1614:40, 1631:40, 1647:46, 1665:41, 1666:30, 1667:27, 1668:2, 1669:25, 1677:33, 1680:42</p> <p>outcomes [32] - 1600:21, 1601:46, 1610:31, 1613:11, 1615:12, 1615:16, 1619:37, 1620:44, 1630:24, 1647:3, 1647:29, 1647:34, 1647:41, 1647:44, 1649:14, 1657:12, 1662:1, 1664:24, 1666:24, 1666:37, 1667:46, 1668:8,</p>
--	--	---	---	--

<p>1668:12, 1668:27, 1668:42, 1669:12, 1669:18, 1669:21, 1669:33, 1669:36, 1669:39, 1669:40 outer [1] - 1695:11 outline [1] - 1669:17 output [1] - 1647:46 outrageous [1] - 1664:32 outreach [2] - 1629:14, 1634:25 outside [3] - 1637:45, 1638:44, 1667:14 outstanding [1] - 1614:35 Overall [1] - 1686:15 overall [5] - 1618:32, 1658:5, 1668:46, 1685:38, 1686:20 overseas [1] - 1672:21 overseeing [1] - 1637:33 overseen [1] - 1674:29 oversight [2] - 1650:4, 1682:21 oversighting [2] - 1649:18, 1649:22 overview [2] - 1632:45, 1652:10 overwhelming [2] - 1661:22, 1661:24 own [12] - 1605:5, 1610:24, 1613:23, 1614:1, 1618:42, 1640:31, 1645:24, 1683:28, 1683:33, 1684:30, 1688:35, 1689:9 owners [1] - 1665:15</p>	<p>part [38] - 1605:15, 1606:2, 1608:15, 1610:31, 1611:24, 1615:36, 1616:31, 1617:15, 1617:44, 1621:45, 1623:10, 1624:19, 1630:21, 1635:39, 1638:6, 1639:14, 1640:42, 1646:44, 1651:24, 1651:31, 1652:22, 1653:5, 1653:17, 1657:30, 1659:17, 1665:22, 1669:42, 1670:7, 1676:40, 1677:11, 1677:32, 1685:47, 1688:47, 1689:47, 1690:36, 1692:18, 1694:10 Part [8] - 1676:47, 1677:5, 1677:24, 1677:27, 1677:45, 1678:4, 1678:10 participant [2] - 1631:45, 1632:35 participants [3] - 1629:35, 1633:3, 1634:18 participate [2] - 1623:33, 1682:4 participated [1] - 1688:43 participating [1] - 1651:24 participation [5] - 1604:25, 1611:16, 1615:7, 1647:37, 1663:19 particular [32] - 1601:17, 1605:1, 1606:34, 1613:1, 1613:38, 1618:8, 1624:7, 1624:14, 1629:36, 1632:30, 1641:12, 1641:22, 1643:39, 1650:11, 1657:13, 1659:38, 1659:46, 1660:12, 1671:7, 1671:15, 1678:15, 1679:17, 1680:38, 1681:4, 1681:39, 1689:29, 1689:38, 1692:11, 1692:22, 1692:32, 1695:10 particularly [27] - 1605:38, 1607:24, 1607:37, 1611:13, 1615:5, 1616:5, 1617:17, 1619:8,</p>	<p>1629:47, 1631:7, 1631:37, 1631:38, 1632:8, 1633:34, 1648:6, 1652:30, 1654:1, 1654:17, 1657:5, 1657:28, 1660:32, 1660:37, 1666:11, 1666:29, 1668:39, 1674:25, 1690:31 particulars [1] - 1682:39 partly [1] - 1630:26 Partners [2] - 1607:32, 1633:44 partnership [1] - 1695:8 partnerships [3] - 1606:1, 1606:6, 1695:7 parts [10] - 1602:5, 1613:5, 1613:22, 1638:19, 1654:42, 1676:34, 1676:39, 1677:14, 1691:3, 1692:31 Party [1] - 1635:21 passion [1] - 1637:39 passionate [2] - 1661:45, 1670:6 past [12] - 1600:1, 1600:36, 1601:2, 1601:4, 1602:8, 1625:38, 1663:24, 1669:14, 1675:4, 1677:46, 1686:8, 1689:31 pathway [3] - 1604:31, 1641:30, 1672:33 pathways [2] - 1672:35 patient [7] - 1659:44, 1666:15, 1676:1, 1676:2, 1680:3, 1680:36, 1681:41 patient-centred [1] - 1659:44 patient-specific [1] - 1680:36 patients [5] - 1659:45, 1660:36, 1666:7, 1687:22, 1691:17 pattern [3] - 1608:38, 1624:20, 1651:36 patterns [4] - 1607:5, 1628:40, 1629:41, 1630:13 paucity [1] - 1695:11 payments [1] - 1651:13</p>	<p>PBS [1] - 1640:15 Peak [2] - 1604:29, 1627:13 peak [2] - 1641:2, 1650:17 Peake [2] - 1602:46, 1603:1 pedantic [1] - 1650:25 peer [5] - 1653:4, 1653:6, 1653:9, 1653:15, 1653:19 peers [1] - 1681:40 Peggy [2] - 1601:33, 1636:34 PEGGY [1] - 1636:37 Peninsula [2] - 1602:23, 1602:26 Penny [1] - 1599:26 pension [1] - 1646:10 pensions [1] - 1650:45 people [103] - 1600:46, 1606:22, 1607:3, 1607:6, 1607:9, 1607:26, 1608:12, 1608:13, 1608:20, 1608:24, 1608:31, 1609:2, 1612:11, 1612:13, 1612:21, 1613:6, 1615:4, 1615:17, 1615:25, 1616:9, 1616:17, 1619:2, 1620:5, 1620:15, 1621:20, 1621:36, 1622:13, 1622:37, 1622:45, 1624:7, 1624:22, 1624:33, 1626:3, 1626:16, 1627:31, 1627:34, 1627:38, 1627:44, 1628:14, 1628:16, 1628:23, 1628:30, 1629:1, 1629:8, 1629:16, 1629:20, 1629:24, 1629:30, 1629:34, 1629:38, 1630:6, 1630:10, 1630:24, 1630:31, 1630:38, 1630:44, 1631:46, 1632:26, 1632:28, 1633:10, 1633:20, 1633:29, 1634:7, 1634:14, 1635:44, 1639:8, 1640:36, 1642:29, 1644:1, 1644:2, 1644:5, 1645:44, 1646:7, 1647:23, 1647:30, 1648:35,</p>	<p>1653:29, 1653:32, 1653:38, 1653:39, 1654:34, 1656:19, 1657:24, 1657:35, 1658:1, 1658:45, 1659:1, 1659:4, 1659:39, 1660:43, 1660:47, 1662:11, 1664:29, 1667:11, 1667:20, 1667:23, 1668:28, 1669:24, 1671:35, 1675:5, 1687:44, 1695:5 people's [1] - 1610:24 per [28] - 1627:38, 1642:37, 1643:2, 1643:5, 1643:7, 1643:8, 1643:17, 1644:1, 1644:2, 1644:5, 1644:37, 1644:41, 1644:45, 1644:46, 1645:3, 1645:7, 1650:26, 1657:4, 1657:15, 1658:27, 1662:21, 1662:28, 1662:30, 1686:21, 1686:25, 1686:27 perceived [1] - 1604:23 percentage [1] - 1687:21 perception [3] - 1605:25, 1663:4, 1663:38 perfect [1] - 1666:19 performance [32] - 1601:45, 1674:16, 1677:5, 1677:27, 1678:20, 1679:18, 1679:28, 1679:29, 1679:38, 1680:17, 1681:33, 1681:35, 1681:38, 1681:39, 1682:7, 1682:23, 1682:30, 1682:36, 1683:26, 1683:33, 1683:37, 1683:39, 1684:7, 1684:10, 1684:44, 1685:12, 1685:39, 1685:42, 1685:44, 1687:19, 1687:30, 1694:15 perhaps [18] - 1606:29, 1609:44, 1619:20, 1624:1, 1624:14, 1631:36, 1650:9, 1650:10, 1651:7, 1653:4, 1653:23, 1659:1,</p>
P				
<p>pace [1] - 1611:40 paid [1] - 1675:42 palliative [2] - 1666:11, 1666:12 Panel [1] - 1604:5 paragraph [5] - 1681:10, 1684:37, 1686:3, 1687:7, 1688:17 PARC [1] - 1606:17 parklands [1] - 1657:22 Parliament [3] - 1625:23, 1626:11, 1656:13</p>				

<p>1662:10, 1663:3, 1663:37, 1664:13, 1672:2, 1684:31</p> <p>period [13] - 1607:30, 1608:41, 1613:18, 1621:24, 1633:20, 1633:25, 1657:4, 1658:28, 1668:12, 1686:11, 1686:24, 1690:5, 1692:17</p> <p>periods [2] - 1618:21, 1668:13</p> <p>Perioperative [1] - 1673:26</p> <p>permanence [1] - 1638:31</p> <p>permanency [1] - 1631:33</p> <p>permanent [3] - 1631:18, 1631:29, 1638:28</p> <p>permits [1] - 1601:1</p> <p>persistent [8] - 1608:13, 1608:14, 1608:25, 1608:32, 1609:3, 1609:8, 1622:38, 1628:31</p> <p>person [14] - 1606:41, 1620:4, 1620:26, 1623:31, 1626:2, 1647:18, 1648:5, 1664:27, 1664:41, 1665:31, 1672:18, 1672:25, 1672:31, 1693:7</p> <p>person's [2] - 1623:30, 1665:3</p> <p>person-centred [2] - 1606:41, 1620:26</p> <p>personal [2] - 1640:31, 1641:9</p> <p>Personal [2] - 1607:31, 1633:45</p> <p>personality [1] - 1675:33</p> <p>personnel [1] - 1672:12</p> <p>perspective [12] - 1606:29, 1607:21, 1609:29, 1610:32, 1615:9, 1616:32, 1617:13, 1624:21, 1625:32, 1630:6, 1630:16, 1635:42</p> <p>Perth [1] - 1666:10</p> <p>Peter [1] - 1675:20</p> <p>PhD [1] - 1603:35</p> <p>phenomena [1] - 1629:11</p> <p>philosophy [4] -</p>	<p>1614:37, 1620:9, 1620:27, 1626:8</p> <p>PHNs [2] - 1630:1, 1635:31</p> <p>physical [21] - 1602:24, 1608:16, 1647:35, 1657:34, 1657:36, 1659:5, 1662:40, 1665:7, 1675:12, 1676:2, 1684:47, 1685:4, 1685:14, 1685:23, 1686:7, 1686:33, 1688:1, 1689:47, 1690:11, 1691:4, 1692:3</p> <p>picking [1] - 1670:32</p> <p>picks [1] - 1661:3</p> <p>picture [11] - 1612:35, 1612:45, 1613:20, 1613:28, 1613:36, 1615:45, 1630:35, 1630:36, 1632:1, 1635:40, 1649:25</p> <p>pictures [2] - 1613:5, 1649:25</p> <p>pilot [1] - 1671:14</p> <p>pilots [2] - 1671:12</p> <p>place [7] - 1618:10, 1634:23, 1641:8, 1665:27, 1668:36, 1680:37, 1684:17</p> <p>places [1] - 1635:47</p> <p>plan [24] - 1601:2, 1617:34, 1626:3, 1631:44, 1633:30, 1633:33, 1645:24, 1646:37, 1659:23, 1659:30, 1668:6, 1668:9, 1668:11, 1671:4, 1674:4, 1674:9, 1678:2, 1681:1, 1681:15, 1688:41, 1689:8, 1691:39, 1691:40, 1693:13</p> <p>Plan [2] - 1687:13, 1688:44</p> <p>plane [1] - 1646:29</p> <p>planned [2] - 1646:41, 1676:3</p> <p>Planning [9] - 1604:7, 1643:11, 1643:22, 1643:29, 1645:12, 1645:20, 1645:26, 1646:23, 1690:27</p> <p>planning [15] - 1600:14, 1600:38, 1606:17, 1617:32, 1626:2, 1643:14,</p>	<p>1645:24, 1659:23, 1668:30, 1670:7, 1688:18, 1688:21, 1688:23, 1690:23, 1692:32</p> <p>plans [11] - 1607:42, 1607:46, 1607:47, 1633:3, 1633:10, 1633:25, 1669:15, 1669:16, 1669:17, 1674:4, 1689:8</p> <p>platform [1] - 1635:21</p> <p>play [8] - 1604:13, 1618:17, 1618:20, 1638:6, 1640:21, 1653:9, 1653:16, 1691:31</p> <p>played [4] - 1605:34, 1610:13, 1610:15, 1676:45</p> <p>player [1] - 1642:4</p> <p>players [4] - 1604:17, 1626:18, 1649:9, 1693:4</p> <p>playing [3] - 1604:21, 1640:32, 1688:38</p> <p>plays [2] - 1662:47, 1683:43</p> <p>plenary [1] - 1632:15</p> <p>PLUNKETT [1] - 1673:4</p> <p>Plunkett [7] - 1602:12, 1602:16, 1673:2, 1673:6, 1693:20, 1693:27, 1695:20</p> <p>plus [3] - 1643:17, 1644:37, 1679:35</p> <p>pockets [2] - 1610:24, 1686:34</p> <p>Point [7] - 1675:23, 1675:29, 1675:35, 1676:4, 1676:14, 1690:3, 1694:4</p> <p>point [30] - 1609:17, 1609:32, 1611:32, 1611:33, 1611:35, 1613:1, 1617:6, 1621:19, 1622:11, 1624:17, 1624:39, 1627:16, 1628:37, 1630:12, 1633:14, 1633:41, 1634:47, 1645:30, 1645:33, 1653:8, 1659:37, 1663:35, 1665:5, 1665:35, 1666:13, 1666:41, 1667:1, 1667:8, 1694:8</p> <p>points [4] - 1617:4, 1617:5, 1620:8,</p>	<p>1624:14</p> <p>Police [1] - 1615:23</p> <p>police [15] - 1615:25, 1615:27, 1615:46, 1653:36, 1671:30, 1671:36, 1671:40, 1672:5, 1672:8, 1672:12, 1672:16, 1672:17, 1672:22, 1672:24, 1672:25</p> <p>policies [1] - 1600:37</p> <p>policing [1] - 1610:38</p> <p>Policy [1] - 1686:19</p> <p>policy [22] - 1604:22, 1605:4, 1606:2, 1606:3, 1607:13, 1609:43, 1611:11, 1611:29, 1613:7, 1613:10, 1613:17, 1614:27, 1618:5, 1631:30, 1635:21, 1640:23, 1655:22, 1657:6, 1663:13, 1663:14, 1676:43, 1678:20</p> <p>policymakers [2] - 1662:38, 1670:47</p> <p>political [3] - 1602:9, 1611:2, 1656:39</p> <p>politician [1] - 1625:44</p> <p>politics [1] - 1610:2</p> <p>poor [5] - 1600:38, 1618:17, 1657:35, 1658:6, 1669:25</p> <p>poorer [1] - 1657:36</p> <p>popping [1] - 1641:32</p> <p>popular [1] - 1663:10</p> <p>populate [1] - 1677:24</p> <p>populated [2] - 1672:1, 1677:32</p> <p>population [16] - 1633:13, 1637:47, 1640:35, 1642:23, 1642:26, 1643:46, 1644:21, 1645:38, 1645:40, 1661:26, 1669:21, 1675:8, 1688:30, 1691:33, 1692:20, 1695:2</p> <p>populations' [1] - 1678:46</p> <p>portfolio [4] - 1638:11, 1638:45, 1673:40</p> <p>portfolios [1] - 1639:3</p> <p>portion [2] - 1612:26, 1684:36</p> <p>pose [2] - 1605:1, 1685:30</p>	<p>posed [3] - 1637:22, 1684:38, 1686:2</p> <p>position [1] - 1645:36</p> <p>positions [2] - 1636:43, 1655:21</p> <p>positive [4] - 1600:47, 1618:20, 1625:32, 1651:40</p> <p>possibilities [2] - 1601:27, 1664:14</p> <p>possible [4] - 1648:26, 1658:31, 1672:10, 1680:33</p> <p>possibly [2] - 1651:8, 1665:42</p> <p>post [4] - 1606:22, 1607:40, 1687:24</p> <p>post-discharge [1] - 1687:24</p> <p>potential [8] - 1615:19, 1632:36, 1632:37, 1643:15, 1651:29, 1651:30, 1652:7, 1653:47</p> <p>potentially [4] - 1633:22, 1641:16, 1652:6, 1678:12</p> <p>pouring [1] - 1663:44</p> <p>power [2] - 1622:26, 1625:46</p> <p>practical [1] - 1666:21</p> <p>practically [1] - 1658:46</p> <p>practice [17] - 1613:42, 1613:45, 1614:35, 1614:46, 1615:11, 1615:36, 1616:40, 1617:17, 1618:2, 1618:3, 1626:46, 1626:47, 1627:25, 1627:27, 1627:30, 1627:31, 1630:9</p> <p>practices [2] - 1618:18, 1618:43</p> <p>pre [3] - 1606:22, 1677:24, 1677:32</p> <p>pre-formed [1] - 1677:24</p> <p>pre-populated [1] - 1677:32</p> <p>preceding [1] - 1678:33</p> <p>precinct [2] - 1688:25, 1688:32</p> <p>predicted [1] - 1645:27</p> <p>predominant [1] - 1685:13</p> <p>predominantly [1] -</p>
---	---	---	--	--

<p>1610:41 preferences [1] - 1625:2 preliminary [1] - 1628:9 Premier [2] - 1637:30, 1638:23 premise [1] - 1644:35 premised [4] - 1643:22, 1643:33, 1644:8, 1645:25 preparation [2] - 1607:10, 1676:20 prepared [3] - 1637:21, 1656:8, 1676:35 preparing [2] - 1684:38, 1690:44 prerequisites [1] - 1622:13 prescription [1] - 1679:6 presence [2] - 1653:19, 1672:12 present [5] - 1600:26, 1610:3, 1646:14, 1665:23, 1694:12 presentation [1] - 1620:3 presentations [3] - 1622:2, 1652:4, 1686:37 presented [2] - 1679:44, 1694:5 press [1] - 1625:45 pressure [3] - 1617:4, 1617:5, 1617:6 pressures [5] - 1611:2, 1617:29, 1618:18, 1693:29, 1693:32 presumably [1] - 1638:28 pretend [1] - 1629:3 pretty [3] - 1611:39, 1656:19, 1661:45 prevalence [1] - 1694:4 Prevention [2] - 1606:18, 1688:44 prevention [3] - 1640:22, 1640:29, 1642:28 previous [3] - 1640:38, 1660:8, 1688:26 previously [2] - 1604:38, 1656:27 pricing [1] - 1625:11 primarily [3] -</p>	<p>1640:30, 1641:1, 1694:20 primary [11] - 1607:43, 1610:39, 1623:25, 1624:32, 1640:15, 1649:9, 1661:2, 1661:6, 1674:45, 1675:2, 1693:17 Primary [6] - 1611:45, 1624:34, 1635:33, 1688:45, 1689:5, 1691:40 Prime [1] - 1638:23 principal [1] - 1604:22 principals [1] - 1623:13 principle [2] - 1627:1, 1627:44 principles [1] - 1622:28 Priorities [8] - 1669:43, 1674:17, 1674:21, 1676:16, 1678:22, 1679:4, 1679:24, 1681:36 priorities [17] - 1608:2, 1608:10, 1609:47, 1610:4, 1610:36, 1612:9, 1627:9, 1667:42, 1668:7, 1669:29, 1670:44, 1671:4, 1676:30, 1676:45, 1677:43, 1678:11, 1681:16 prioritisation [24] - 1601:20, 1604:41, 1604:47, 1605:10, 1607:17, 1608:37, 1609:11, 1609:18, 1609:19, 1609:25, 1610:21, 1610:32, 1634:34, 1638:35, 1639:33, 1664:36, 1679:15, 1680:41, 1680:46, 1681:27, 1684:34, 1688:16, 1691:1, 1691:23 prioritise [4] - 1663:40, 1666:41, 1678:44, 1689:14 prioritised [9] - 1601:5, 1602:8, 1602:26, 1605:2, 1609:42, 1637:27, 1662:36, 1670:12, 1691:21 prioritises [1] - 1691:8 prioritising [6] - 1601:23, 1612:25,</p>	<p>1637:37, 1640:1, 1663:7, 1689:11 Priority [1] - 1677:21 priority [22] - 1606:40, 1607:12, 1608:45, 1609:1, 1621:46, 1634:47, 1635:2, 1642:13, 1648:10, 1663:1, 1667:3, 1667:8, 1667:30, 1667:32, 1667:45, 1670:25, 1677:45, 1678:27, 1678:34, 1679:2, 1679:11, 1691:25 prisons [1] - 1653:36 privacy [1] - 1648:37 private [9] - 1610:14, 1610:15, 1610:16, 1610:23, 1619:9, 1640:15, 1640:16, 1644:27, 1650:37 privy [1] - 1683:22 pro [1] - 1659:25 problem [3] - 1634:35, 1642:3, 1654:32 problematic [1] - 1660:42 problems [7] - 1600:27, 1613:21, 1621:18, 1638:29, 1646:31, 1664:21, 1665:16 proceedings [1] - 1680:15 process [14] - 1616:42, 1625:24, 1626:2, 1628:23, 1629:24, 1631:37, 1632:1, 1634:27, 1653:28, 1677:19, 1688:42, 1690:23, 1691:23, 1694:32 processes [3] - 1629:23, 1631:35, 1634:10 product [1] - 1647:9 Productivity [8] - 1611:23, 1614:11, 1628:27, 1628:33, 1628:45, 1633:16, 1647:45, 1663:22 professional [2] - 1613:42, 1614:23 professionals [4] - 1629:36, 1631:37, 1631:42, 1635:8 professions [1] - 1610:18 Professor [9] -</p>	<p>1599:27, 1599:29, 1602:12, 1602:16, 1632:46, 1650:27, 1652:19, 1654:11, 1673:2 Profile [1] - 1632:31 profile [1] - 1693:43 Program [16] - 1602:16, 1607:31, 1607:32, 1607:33, 1633:45, 1634:5, 1676:9, 1679:44, 1682:24, 1682:35, 1683:9, 1683:13, 1683:25, 1694:25 program [26] - 1609:12, 1619:43, 1620:10, 1633:28, 1633:46, 1634:17, 1657:26, 1657:45, 1660:29, 1660:31, 1661:13, 1661:15, 1665:39, 1665:47, 1667:41, 1668:4, 1668:5, 1668:24, 1670:23, 1679:43, 1681:21, 1682:35, 1682:47, 1683:11, 1683:29, 1694:41 program-specific [1] - 1660:29 programs [13] - 1607:34, 1616:23, 1616:24, 1624:26, 1633:29, 1633:38, 1663:26, 1665:43, 1679:34, 1682:40, 1683:4, 1683:5, 1683:15 progressively [1] - 1671:36 project [2] - 1688:26, 1688:39 projected [1] - 1628:29 projection [2] - 1629:18, 1629:41 projections [1] - 1688:34 projects [4] - 1688:19, 1689:12, 1690:16, 1691:2 prominent [2] - 1620:46, 1653:16 promotion [3] - 1640:29, 1642:27, 1642:38 pronounced [1] - 1686:44 proof [1] - 1601:7</p>	<p>properly [2] - 1600:8, 1666:41 properties [1] - 1679:33 proportion [6] - 1633:12, 1645:43, 1657:20, 1661:25, 1662:31, 1672:22 proportionality [1] - 1616:20 proportionately [1] - 1651:10 propose [1] - 1692:36 proposed [1] - 1608:22 proposition [1] - 1687:8 propositions [2] - 1615:15, 1676:17 pros [2] - 1652:12, 1652:43 prospect [2] - 1641:37, 1641:41 prospects [1] - 1642:8 protection [1] - 1653:38 provide [30] - 1604:11, 1608:6, 1609:37, 1612:10, 1614:9, 1614:12, 1624:21, 1624:41, 1628:20, 1630:23, 1630:28, 1630:37, 1631:2, 1633:38, 1639:26, 1647:43, 1650:5, 1651:26, 1657:12, 1657:29, 1657:47, 1661:14, 1662:22, 1665:42, 1666:16, 1666:31, 1675:6, 1675:16, 1689:44, 1695:16 provided [20] - 1604:30, 1617:9, 1630:40, 1632:4, 1633:37, 1641:3, 1644:25, 1644:26, 1646:4, 1647:10, 1658:46, 1673:6, 1675:27, 1679:43, 1682:12, 1689:7, 1690:6, 1693:14, 1694:40, 1694:43 provider [5] - 1602:33, 1614:23, 1644:24, 1659:46, 1693:15 providers [16] - 1607:4, 1607:7, 1610:17, 1624:47, 1625:13, 1625:19,</p>
--	--	---	--	--

<p>1625:24, 1627:5, 1627:15, 1631:47, 1636:7, 1666:28, 1692:39, 1693:4, 1693:5, 1693:40</p> <p>provides [9] - 1625:12, 1626:45, 1630:42, 1641:27, 1644:12, 1644:20, 1666:10, 1667:18, 1694:25</p> <p>providing [13] - 1612:15, 1618:21, 1625:36, 1629:14, 1631:6, 1632:26, 1641:18, 1646:11, 1654:27, 1654:33, 1657:26, 1660:11, 1680:11</p> <p>provincial [3] - 1619:32, 1621:17, 1659:12</p> <p>provision [13] - 1606:44, 1610:16, 1610:39, 1617:47, 1619:30, 1622:37, 1630:33, 1631:3, 1635:36, 1642:5, 1654:6, 1660:13, 1661:37</p> <p>psychiatric [6] - 1605:28, 1606:38, 1608:24, 1608:25, 1619:34, 1661:38</p> <p>Psychiatric [1] - 1690:26</p> <p>psychiatrist [2] - 1622:11, 1636:40</p> <p>Psychiatrist [6] - 1601:37, 1637:3, 1637:6, 1650:2, 1650:3, 1650:12</p> <p>psychiatrists [6] - 1610:18, 1631:38, 1632:14, 1632:16, 1632:19, 1640:16</p> <p>Psychiatry [1] - 1632:13</p> <p>psychologist [1] - 1622:10</p> <p>psychologists [2] - 1610:18, 1640:16</p> <p>psychosis [2] - 1659:28, 1665:28</p> <p>psychosocial [15] - 1604:24, 1609:6, 1609:11, 1609:13, 1619:13, 1621:47, 1623:2, 1623:29, 1627:34, 1627:39,</p>	<p>1630:19, 1630:28, 1630:32, 1633:11, 1641:4</p> <p>Psychosocial [1] - 1612:1</p> <p>psychotic [2] - 1628:14, 1662:47</p> <p>public [30] - 1602:14, 1602:24, 1602:33, 1602:36, 1603:43, 1605:15, 1605:47, 1610:14, 1610:37, 1611:11, 1617:5, 1617:29, 1619:9, 1620:47, 1644:25, 1651:25, 1659:14, 1659:17, 1659:22, 1660:4, 1660:43, 1661:2, 1661:12, 1661:16, 1663:13, 1664:30, 1664:33, 1669:35, 1674:44</p> <p>publicly [1] - 1646:25</p> <p>published [2] - 1602:40, 1652:25</p> <p>publishes [1] - 1647:46</p> <p>pull [1] - 1616:36</p> <p>pulled [2] - 1610:30</p> <p>purchasing [1] - 1651:34</p> <p>purpose [7] - 1615:36, 1623:25, 1643:30, 1648:41, 1665:46, 1676:18, 1686:34</p> <p>pursue [1] - 1632:46</p> <p>pushed [1] - 1670:7</p> <p>put [14] - 1614:4, 1621:46, 1624:14, 1624:28, 1624:31, 1634:23, 1641:8, 1648:13, 1660:2, 1661:4, 1668:35, 1669:28, 1678:37, 1687:8</p> <p>puts [1] - 1622:25</p> <p>puzzle [1] - 1641:34</p> <p>puzzled [1] - 1628:12</p> <p>pyramid [1] - 1656:43</p>	<p>1682:28, 1682:30, 1694:21</p> <p>Quality [2] - 1679:32, 1679:40</p> <p>quantify [3] - 1662:10, 1686:31, 1686:38</p> <p>quantum [1] - 1694:13</p> <p>quarterly [1] - 1680:4</p> <p>Queensland [4] - 1616:7, 1637:10, 1637:13, 1649:37</p> <p>questions [26] - 1600:23, 1601:26, 1609:31, 1612:19, 1612:41, 1614:30, 1615:31, 1617:31, 1617:37, 1618:2, 1618:5, 1620:42, 1628:4, 1628:10, 1630:6, 1632:18, 1637:21, 1643:27, 1650:22, 1656:8, 1671:21, 1674:20, 1679:16, 1684:37, 1690:44, 1693:22</p> <p>quick [2] - 1609:29, 1643:6</p> <p>quickly [5] - 1618:14, 1620:18, 1638:29, 1663:12, 1668:20</p> <p>quite [25] - 1601:18, 1605:31, 1606:13, 1606:27, 1614:35, 1620:31, 1635:42, 1637:39, 1641:34, 1656:32, 1657:16, 1658:38, 1659:13, 1659:30, 1660:20, 1660:42, 1660:47, 1662:11, 1662:15, 1663:12, 1665:44, 1670:35, 1672:14, 1674:23, 1692:35</p> <p>quo [1] - 1658:28</p>	<p>1616:4, 1616:22, 1616:46, 1619:44, 1624:4, 1624:26, 1625:16, 1629:29, 1641:8, 1641:25, 1641:26, 1644:9, 1647:14, 1658:42, 1662:14, 1669:17, 1671:31, 1695:3</p> <p>Ranges [1] - 1675:21</p> <p>rata [1] - 1659:25</p> <p>rate [1] - 1687:41</p> <p>rated [1] - 1680:5</p> <p>rates [4] - 1615:4, 1615:7, 1647:35, 1687:23</p> <p>rather [14] - 1619:20, 1625:34, 1628:15, 1628:40, 1643:8, 1651:1, 1663:34, 1663:43, 1668:24, 1668:31, 1672:26, 1685:11, 1693:15, 1694:33</p> <p>rational [5] - 1659:22, 1663:16, 1663:25, 1663:32, 1663:39</p> <p>rationale [1] - 1614:10</p> <p>re [5] - 1606:36, 1607:8, 1626:25, 1668:37, 1687:22</p> <p>re-admitted [1] - 1687:22</p> <p>re-evaluation [1] - 1668:37</p> <p>re-introducing [1] - 1626:25</p> <p>re-tender [2] - 1606:36, 1607:8</p> <p>reaches [1] - 1645:27</p> <p>reaching [2] - 1634:6, 1670:36</p> <p>reaction [1] - 1605:7</p> <p>read [5] - 1609:24, 1612:26, 1619:35, 1623:17, 1684:3</p> <p>reading [1] - 1621:9</p> <p>real [6] - 1615:40, 1618:33, 1619:15, 1619:20, 1629:42, 1630:16</p> <p>realistic [1] - 1618:3</p> <p>reality [4] - 1616:34, 1629:19, 1645:35, 1646:27</p> <p>really [27] - 1605:34, 1606:7, 1611:40, 1612:39, 1612:44, 1619:33, 1635:27, 1637:26, 1637:45,</p>	<p>1638:3, 1639:10, 1642:26, 1646:5, 1646:7, 1648:6, 1653:13, 1654:25, 1657:44, 1658:2, 1659:10, 1659:44, 1661:41, 1670:42, 1674:23, 1677:29, 1693:37, 1694:7</p> <p>reason [6] - 1638:47, 1640:42, 1649:6, 1650:41, 1652:22, 1691:32</p> <p>reasonable [1] - 1622:31</p> <p>reasonably [1] - 1616:10</p> <p>reasons [3] - 1609:46, 1628:18, 1662:35</p> <p>rebuilt [1] - 1689:32</p> <p>receive [10] - 1633:47, 1679:20, 1679:33, 1679:41, 1680:2, 1680:4, 1682:24, 1682:25, 1682:32, 1683:40</p> <p>received [3] - 1651:40, 1680:6, 1686:10</p> <p>receives [3] - 1682:12, 1682:17, 1686:7</p> <p>receiving [2] - 1647:19, 1669:41</p> <p>recent [11] - 1607:47, 1608:10, 1611:18, 1611:42, 1631:30, 1644:35, 1645:5, 1678:30, 1679:11, 1688:31, 1690:17</p> <p>recently [4] - 1602:40, 1611:44, 1632:11, 1689:47</p> <p>recipe [1] - 1654:43</p> <p>recipient [3] - 1624:36, 1633:44, 1693:7</p> <p>recipients [1] - 1633:35</p> <p>reclaim [1] - 1602:36</p> <p>recognise [4] - 1657:33, 1658:38, 1667:23, 1667:31</p> <p>recognised [2] - 1606:24, 1608:43</p> <p>recognises [3] - 1616:21, 1620:36, 1631:28</p> <p>recognising [1] - 1616:16</p> <p>recognition [5] - 1618:15, 1658:41,</p>
	Q			
	<p>QC [1] - 1599:34</p> <p>qualifications [1] - 1673:14</p> <p>qualified [1] - 1603:24</p> <p>quality [8] - 1621:40, 1647:17, 1647:20, 1652:20, 1674:5,</p>	<p>radical [1] - 1658:31</p> <p>raise [5] - 1601:26, 1684:44, 1685:8, 1692:27, 1693:21</p> <p>raised [8] - 1607:36, 1614:18, 1626:26, 1648:38, 1671:25, 1681:14, 1681:21</p> <p>range [28] - 1603:38, 1605:38, 1605:43, 1607:34, 1609:13, 1609:14, 1611:17, 1611:36, 1615:3,</p>	R	

<p>1658:44, 1658:47, 1659:4</p> <p>recommendation [3] - 1642:35, 1642:37, 1652:28</p> <p>recommendations [5] - 1604:28, 1614:13, 1614:31, 1627:20, 1627:21</p> <p>recommended [2] - 1617:44, 1681:23</p> <p>record [1] - 1652:17</p> <p>records [2] - 1607:22, 1648:28</p> <p>recovered [1] - 1672:25</p> <p>Recovery [3] - 1606:18, 1607:32, 1633:45</p> <p>recovery [19] - 1614:36, 1614:37, 1620:30, 1623:24, 1623:29, 1626:25, 1626:27, 1626:37, 1626:46, 1626:47, 1627:2, 1627:9, 1627:23, 1627:27, 1627:30, 1630:9, 1630:18, 1631:19, 1642:30</p> <p>recovery-based [2] - 1626:46, 1630:18</p> <p>recovery-focused [1] - 1642:30</p> <p>rectifying [1] - 1656:35</p> <p>recurrent [4] - 1633:38, 1657:4, 1657:24, 1658:28</p> <p>redesign [2] - 1617:41, 1619:42</p> <p>redevelop [1] - 1657:27</p> <p>reduce [5] - 1642:25, 1657:11, 1657:15, 1658:27, 1689:39</p> <p>reduced [1] - 1658:5</p> <p>reducing [2] - 1621:10, 1662:45</p> <p>reduction [4] - 1620:46, 1627:39, 1627:41, 1657:3</p> <p>redundancies [1] - 1625:1</p> <p>reference [2] - 1611:23, 1622:39</p> <p>Reference [1] - 1604:14</p> <p>references [1] - 1695:10</p>	<p>referral [3] - 1607:5, 1641:29, 1641:30</p> <p>reflect [8] - 1605:5, 1605:13, 1605:21, 1605:30, 1607:39, 1629:43, 1680:15, 1695:6</p> <p>reflected [2] - 1659:10, 1678:2</p> <p>reflecting [1] - 1659:37</p> <p>reflection [2] - 1652:31, 1658:19</p> <p>reflections [1] - 1606:47</p> <p>reflects [2] - 1626:7, 1670:15</p> <p>reform [18] - 1600:32, 1600:36, 1601:6, 1602:10, 1611:1, 1614:16, 1614:21, 1639:14, 1648:11, 1651:36, 1655:22, 1668:16, 1668:23, 1668:27, 1668:32, 1668:35, 1668:46, 1687:7</p> <p>reforms [3] - 1611:43, 1639:43, 1670:39</p> <p>refurbished [1] - 1689:47</p> <p>refurbishing [1] - 1689:38</p> <p>regard [2] - 1628:8, 1693:6</p> <p>regardless [1] - 1642:7</p> <p>regards [1] - 1609:5</p> <p>region [6] - 1602:15, 1602:34, 1645:42, 1645:44, 1675:4, 1695:14</p> <p>regional [6] - 1626:15, 1635:25, 1645:40, 1646:43, 1649:7, 1669:2</p> <p>Regional [1] - 1688:43</p> <p>regions [1] - 1606:5</p> <p>registered [1] - 1673:30</p> <p>regular [7] - 1679:17, 1682:23, 1682:32, 1682:37, 1683:34, 1684:43, 1692:9</p> <p>regularly [1] - 1694:19</p> <p>rehabilitation [7] - 1606:38, 1623:23, 1631:8, 1631:9, 1631:19, 1653:15, 1667:18</p>	<p>relapse [1] - 1659:1</p> <p>relate [1] - 1678:23</p> <p>related [7] - 1629:6, 1677:42, 1681:40, 1682:38, 1687:23, 1691:16, 1695:16</p> <p>relates [1] - 1693:40</p> <p>relating [1] - 1656:14</p> <p>relation [84] - 1601:30, 1602:41, 1604:6, 1604:17, 1604:24, 1604:40, 1605:18, 1605:33, 1605:41, 1606:10, 1606:12, 1606:14, 1606:44, 1607:23, 1607:42, 1608:1, 1608:3, 1608:8, 1608:42, 1609:1, 1609:26, 1611:13, 1611:16, 1611:19, 1611:24, 1611:46, 1611:47, 1613:40, 1613:41, 1614:2, 1614:4, 1614:6, 1614:19, 1615:24, 1615:25, 1615:41, 1616:27, 1617:44, 1618:24, 1618:27, 1618:29, 1618:30, 1618:38, 1619:13, 1619:40, 1621:37, 1621:45, 1623:2, 1623:44, 1625:3, 1625:6, 1625:11, 1625:16, 1626:12, 1626:32, 1627:37, 1628:37, 1628:38, 1629:4, 1630:1, 1631:7, 1631:22, 1631:30, 1631:38, 1631:46, 1632:2, 1632:6, 1632:8, 1632:9, 1632:19, 1632:21, 1632:23, 1632:26, 1635:19, 1635:34, 1635:41, 1654:5, 1654:7, 1654:14, 1675:29, 1677:41, 1688:16, 1689:45</p> <p>relational [1] - 1620:14</p> <p>relationship [1] - 1620:27</p> <p>relationships [2] - 1618:27, 1620:1</p> <p>relative [2] - 1605:3, 1609:42</p> <p>relatively [2] - 1659:1, 1659:11</p>	<p>released [3] - 1642:34, 1662:19, 1670:24</p> <p>relevance [2] - 1629:22, 1691:29</p> <p>relevant [1] - 1612:5</p> <p>reliable [1] - 1687:42</p> <p>reliant [1] - 1632:28</p> <p>relies [1] - 1654:38</p> <p>relocate [1] - 1666:15</p> <p>relocated [1] - 1656:27</p> <p>rely [2] - 1631:41, 1631:44</p> <p>relying [1] - 1694:38</p> <p>remain [5] - 1600:25, 1600:46, 1606:33, 1628:12, 1664:4</p> <p>remaining [1] - 1650:37</p> <p>remarked [1] - 1600:3</p> <p>remembering [1] - 1633:8</p> <p>remit [1] - 1676:44</p> <p>remote [1] - 1645:42</p> <p>remove [1] - 1688:8</p> <p>remuneration [1] - 1619:2</p> <p>repeatedly [1] - 1635:10</p> <p>replaced [1] - 1664:1</p> <p>replicate [1] - 1693:8</p> <p>replicated [2] - 1671:9, 1687:25</p> <p>report [18] - 1600:31, 1604:28, 1617:9, 1619:40, 1626:32, 1638:17, 1642:47, 1647:45, 1649:20, 1651:27, 1667:6, 1674:38, 1679:20, 1679:41, 1680:4, 1680:20, 1683:27, 1687:36</p> <p>Report [1] - 1687:12</p> <p>report's [1] - 1662:19</p> <p>reported [3] - 1679:28, 1682:28, 1694:19</p> <p>reporting [7] - 1638:45, 1647:41, 1651:22, 1679:18, 1681:19, 1683:21, 1694:26</p> <p>reports [13] - 1617:2, 1621:43, 1632:26, 1639:25, 1639:28, 1656:18, 1660:6, 1670:33, 1670:39, 1670:45, 1682:25, 1682:32, 1694:24</p> <p>represent [1] -</p>	<p>1607:20</p> <p>representations [1] - 1607:25</p> <p>representing [1] - 1656:5</p> <p>represents [3] - 1622:41, 1643:1, 1643:4</p> <p>request [1] - 1689:42</p> <p>requesting [1] - 1681:4</p> <p>requests [1] - 1614:9</p> <p>require [2] - 1658:45, 1665:41</p> <p>required [12] - 1601:40, 1642:42, 1643:45, 1644:17, 1644:31, 1645:11, 1646:36, 1654:34, 1657:3, 1659:16, 1683:37, 1683:39</p> <p>requirement [2] - 1671:7, 1678:15</p> <p>requirements [7] - 1613:45, 1628:47, 1629:23, 1629:29, 1660:31, 1676:23, 1685:9</p> <p>requires [3] - 1669:12, 1669:29, 1684:32</p> <p>research [10] - 1611:35, 1616:5, 1670:13, 1670:14, 1670:16, 1670:17, 1670:21, 1670:25, 1670:27, 1675:36</p> <p>Research [1] - 1670:11</p> <p>researchers [1] - 1670:19</p> <p>reservations [1] - 1654:13</p> <p>residency [1] - 1631:24</p> <p>residential [5] - 1623:25, 1631:8, 1640:18, 1647:12</p> <p>residents [2] - 1656:26, 1661:40</p> <p>resolved [1] - 1684:24</p> <p>resource [1] - 1613:45</p> <p>resources [10] - 1600:41, 1609:37, 1610:10, 1612:40, 1615:33, 1615:35, 1615:45, 1617:28, 1663:44, 1689:9</p> <p>respect [8] - 1649:3, 1676:45, 1678:19, 1679:47, 1680:10,</p>
---	--	---	---	---

<p>1682:27, 1685:36, 1694:6</p> <p>respective [6] - 1601:29, 1623:8, 1623:42, 1623:46, 1640:4, 1676:18</p> <p>respects [1] - 1675:12</p> <p>respond [16] - 1600:10, 1613:21, 1620:18, 1623:4, 1628:20, 1629:27, 1650:10, 1663:10, 1664:19, 1664:25, 1671:45, 1672:3, 1672:9, 1672:23, 1680:19, 1681:5</p> <p>responded [1] - 1656:32</p> <p>responding [5] - 1616:4, 1628:47, 1629:28, 1634:31, 1663:9</p> <p>response [25] - 1607:36, 1608:41, 1609:38, 1614:26, 1620:43, 1625:17, 1625:21, 1625:38, 1634:13, 1634:35, 1641:10, 1653:36, 1653:37, 1659:27, 1662:41, 1664:23, 1671:37, 1671:40, 1672:11, 1672:15, 1672:16, 1672:19, 1672:30, 1680:27, 1682:11</p> <p>responses [3] - 1605:39, 1615:21, 1616:46</p> <p>responsibilities [8] - 1604:10, 1611:47, 1619:12, 1623:43, 1623:46, 1631:20, 1635:15, 1673:47</p> <p>responsibility [10] - 1607:38, 1619:11, 1623:14, 1638:11, 1640:14, 1640:40, 1657:6, 1664:35, 1665:9, 1674:41</p> <p>responsible [8] - 1602:13, 1623:21, 1623:28, 1652:8, 1664:40, 1664:41, 1674:44, 1684:6</p> <p>responsive [2] - 1614:22, 1620:23</p> <p>rest [3] - 1600:28, 1634:1, 1677:3</p> <p>restructure [1] -</p>	<p>1668:19</p> <p>restructured [1] - 1611:44</p> <p>restructuring [1] - 1606:43</p> <p>rests [1] - 1625:46</p> <p>result [4] - 1630:20, 1647:19, 1679:29, 1691:19</p> <p>resulted [1] - 1606:42</p> <p>results [2] - 1600:40, 1648:2</p> <p>resumed [1] - 1671:36</p> <p>RESUMING [1] - 1655:13</p> <p>retired [1] - 1646:30</p> <p>return [7] - 1609:41, 1618:11, 1618:13, 1619:23, 1619:24, 1638:33, 1663:27</p> <p>revenue [1] - 1656:46</p> <p>Review [2] - 1642:34, 1652:25</p> <p>review [13] - 1651:24, 1651:30, 1652:18, 1652:21, 1652:23, 1652:29, 1679:27, 1680:20, 1681:45, 1682:34, 1682:36, 1692:8, 1692:30</p> <p>reviewing [1] - 1683:34</p> <p>reviews [1] - 1652:18</p> <p>Richmond [1] - 1675:24</p> <p>rigidity [2] - 1659:34, 1659:38</p> <p>rigorous [1] - 1689:20</p> <p>ring [2] - 1634:12, 1687:45</p> <p>risk [12] - 1600:27, 1640:37, 1642:29, 1649:27, 1672:4, 1683:42, 1689:39, 1691:11, 1691:16, 1691:19, 1691:21, 1691:25</p> <p>risks [2] - 1694:39, 1694:43</p> <p>Robert [2] - 1602:1, 1655:15</p> <p>ROBERT [1] - 1655:18</p> <p>robust [3] - 1600:9, 1617:41, 1686:41</p> <p>Robyn [1] - 1652:26</p> <p>role [56] - 1604:9, 1604:11, 1604:13, 1604:21, 1604:24, 1605:34, 1606:19, 1608:46, 1610:14,</p>	<p>1611:22, 1612:12, 1615:25, 1616:18, 1618:16, 1618:20, 1618:24, 1622:36, 1623:28, 1625:25, 1625:29, 1635:33, 1635:35, 1638:15, 1639:6, 1639:14, 1640:10, 1640:21, 1640:32, 1649:21, 1650:2, 1650:4, 1650:11, 1651:22, 1652:9, 1653:9, 1653:13, 1653:16, 1653:42, 1671:37, 1672:17, 1673:34, 1673:35, 1673:38, 1673:39, 1673:43, 1673:44, 1673:46, 1674:2, 1674:38, 1682:22, 1682:43, 1683:17, 1691:31, 1695:6</p> <p>roles [13] - 1601:29, 1601:34, 1601:43, 1610:13, 1611:46, 1623:8, 1625:41, 1626:14, 1635:15, 1640:4, 1652:28, 1653:25, 1676:19</p> <p>roll [4] - 1606:17, 1606:26, 1608:11, 1623:10</p> <p>rolling [1] - 1629:47</p> <p>Room [1] - 1599:11</p> <p>rooms [1] - 1690:24</p> <p>root [2] - 1600:27, 1602:43</p> <p>Roundtable [1] - 1682:4</p> <p>ROYAL [1] - 1599:5</p> <p>Royal [12] - 1600:17, 1600:25, 1632:12, 1635:5, 1635:11, 1655:45, 1661:11, 1665:5, 1665:19, 1671:25, 1693:28, 1694:46</p> <p>rubbery [1] - 1651:15</p> <p>run [3] - 1626:27, 1640:17, 1682:39</p> <p>running [2] - 1639:27, 1685:31</p> <p>runs [1] - 1671:13</p> <p>rural [1] - 1645:42</p>	<p>1654:38, 1674:5</p> <p>Safety [2] - 1679:32, 1679:40</p> <p>safety [3] - 1652:19, 1682:28, 1682:30</p> <p>satisfied [1] - 1680:18</p> <p>satisfy [2] - 1693:35, 1694:15</p> <p>Saturday [1] - 1666:14</p> <p>saw [4] - 1605:43, 1627:2, 1645:5, 1690:3</p> <p>scale [6] - 1609:20, 1623:5, 1634:35, 1634:40, 1643:47, 1674:25</p> <p>scarce [1] - 1600:41</p> <p>scarcity [2] - 1656:28, 1660:41</p> <p>Schedule [1] - 1607:42</p> <p>scheme [39] - 1605:32, 1605:44, 1608:13, 1608:15, 1608:26, 1609:6, 1609:7, 1620:34, 1622:32, 1622:36, 1622:41, 1622:42, 1624:41, 1624:42, 1625:17, 1625:22, 1625:36, 1626:1, 1626:10, 1626:37, 1626:42, 1627:23, 1628:20, 1628:24, 1628:34, 1628:35, 1628:43, 1629:8, 1629:10, 1629:21, 1629:36, 1629:44, 1630:20, 1631:12, 1632:27, 1633:21, 1633:35, 1634:25</p> <p>Scheme [2] - 1608:12, 1623:11</p> <p>schemes [1] - 1611:47</p> <p>schizophrenia [3] - 1615:5, 1627:37, 1643:36</p> <p>scope [1] - 1684:39</p> <p>scorecard [1] - 1682:36</p> <p>scratch [1] - 1660:18</p> <p>seclusion [3] - 1680:29, 1680:30, 1687:23</p> <p>second [6] - 1614:26, 1630:47, 1632:23, 1633:32, 1642:16, 1682:27</p> <p>secondly [10] - 1607:4, 1610:7,</p>	<p>1615:26, 1618:20, 1621:5, 1622:34, 1624:31, 1632:29, 1650:29, 1672:9</p> <p>secret [1] - 1646:31</p> <p>Secretary [4] - 1602:46, 1603:5, 1650:7, 1674:34</p> <p>section [1] - 1631:25</p> <p>sectional [1] - 1637:46</p> <p>Sector [1] - 1604:14</p> <p>sector [36] - 1601:26, 1601:34, 1605:35, 1605:36, 1605:47, 1610:1, 1610:16, 1610:19, 1610:22, 1610:25, 1610:26, 1613:8, 1614:8, 1615:1, 1619:9, 1625:42, 1626:13, 1626:22, 1626:27, 1636:44, 1637:41, 1637:45, 1639:8, 1639:36, 1640:47, 1641:11, 1641:16, 1644:25, 1644:27, 1649:9, 1649:16, 1650:4, 1653:17, 1654:42, 1667:4, 1667:9</p> <p>sectorial [1] - 1638:21</p> <p>sectors [3] - 1603:44, 1614:16, 1643:23</p> <p>secure [1] - 1667:24</p> <p>securing [1] - 1602:18</p> <p>see [34] - 1605:31, 1605:41, 1607:41, 1607:46, 1608:5, 1608:39, 1619:7, 1620:13, 1625:25, 1625:31, 1627:24, 1627:43, 1629:27, 1630:18, 1630:19, 1630:21, 1634:27, 1641:37, 1651:42, 1653:18, 1658:32, 1658:35, 1664:9, 1669:42, 1673:47, 1683:25, 1684:8, 1688:4, 1693:14, 1693:39, 1694:14, 1694:37, 1694:39</p> <p>seeing [8] - 1609:10, 1609:17, 1625:30, 1625:33, 1632:18, 1672:24, 1672:27, 1694:43</p> <p>seek [9] - 1644:6, 1648:25, 1649:7,</p>
--	--	--	---	---

S

<p>1679:36, 1681:3, 1681:27, 1685:18, 1685:23, 1687:46 seeking [3] - 1615:17, 1653:11, 1685:16 seem [1] - 1622:12 sees [1] - 1601:22 segments [1] - 1692:37 select [2] - 1621:30, 1679:3 self [2] - 1605:27, 1617:19 self-contained [1] - 1605:27 send [1] - 1634:13 sends [1] - 1634:11 Senior [1] - 1608:47 senior [3] - 1601:33, 1604:12, 1681:20 sense [17] - 1620:26, 1620:27, 1620:28, 1621:1, 1621:14, 1621:36, 1623:18, 1629:37, 1635:19, 1639:13, 1644:30, 1650:8, 1653:30, 1659:15, 1679:10, 1688:37, 1690:30 sensible [2] - 1663:32, 1664:10 sensibly [1] - 1668:8 sensitive [1] - 1667:1 sensory [1] - 1608:16 sentiment [3] - 1663:11, 1663:35, 1663:38 separate [8] - 1654:30, 1654:42, 1657:33, 1665:1, 1665:37, 1685:26, 1685:42, 1685:45 separately [2] - 1665:29, 1677:15 separating [3] - 1651:44, 1653:47, 1654:21 series [6] - 1605:31, 1606:6, 1625:10, 1634:23, 1656:18, 1660:6 serious [1] - 1622:14 seriously [2] - 1641:42, 1642:2 servant [1] - 1605:16 Service [9] - 1643:11, 1643:21, 1643:29, 1645:12, 1645:20, 1645:26, 1646:23, 1679:19, 1688:7</p>	<p>service [80] - 1605:3, 1607:2, 1607:7, 1609:27, 1609:42, 1614:23, 1617:46, 1619:8, 1619:12, 1620:10, 1622:44, 1623:14, 1624:47, 1625:18, 1626:23, 1627:15, 1631:47, 1632:35, 1633:24, 1646:24, 1647:11, 1647:18, 1647:20, 1649:1, 1649:35, 1653:10, 1654:6, 1654:34, 1659:2, 1659:9, 1660:12, 1661:46, 1662:14, 1662:22, 1664:30, 1664:33, 1665:41, 1666:22, 1667:3, 1667:35, 1668:25, 1668:31, 1674:45, 1675:34, 1678:24, 1681:2, 1682:13, 1682:31, 1682:39, 1683:14, 1685:13, 1685:39, 1685:43, 1686:31, 1687:32, 1687:38, 1687:42, 1688:11, 1688:18, 1688:21, 1688:23, 1688:25, 1688:34, 1688:41, 1689:25, 1689:40, 1690:1, 1691:30, 1691:32, 1691:39, 1692:38, 1693:3, 1693:15, 1693:36, 1693:43, 1694:1, 1694:7, 1694:40, 1694:47, 1695:8 services [167] - 1601:16, 1601:18, 1602:18, 1602:19, 1602:24, 1602:30, 1602:37, 1603:7, 1606:1, 1606:8, 1606:18, 1606:37, 1606:38, 1606:39, 1606:45, 1607:24, 1607:43, 1610:37, 1610:40, 1611:27, 1611:43, 1612:7, 1612:32, 1612:47, 1613:41, 1614:2, 1616:39, 1617:11, 1619:9, 1619:11, 1619:16, 1621:3, 1621:6, 1622:20, 1622:31, 1623:3, 1623:40, 1624:5,</p>	<p>1624:9, 1624:32, 1624:36, 1626:28, 1628:21, 1629:15, 1629:47, 1630:39, 1634:32, 1639:28, 1640:25, 1640:44, 1641:3, 1641:4, 1641:25, 1641:26, 1641:32, 1641:33, 1642:5, 1642:31, 1644:18, 1644:25, 1644:26, 1646:2, 1646:4, 1646:18, 1647:10, 1647:17, 1647:31, 1647:45, 1648:47, 1649:1, 1649:12, 1649:23, 1649:34, 1650:9, 1651:26, 1652:1, 1652:22, 1653:11, 1653:15, 1653:17, 1653:19, 1654:2, 1654:15, 1654:22, 1654:23, 1654:24, 1654:27, 1654:28, 1654:33, 1656:29, 1657:12, 1657:30, 1657:32, 1657:37, 1657:40, 1658:4, 1658:40, 1658:42, 1659:14, 1659:16, 1659:26, 1659:40, 1659:42, 1659:45, 1660:10, 1660:30, 1660:39, 1661:33, 1661:38, 1662:15, 1666:22, 1666:32, 1667:10, 1667:13, 1668:19, 1668:47, 1669:22, 1669:24, 1669:43, 1674:22, 1675:6, 1675:11, 1675:12, 1675:17, 1675:23, 1675:26, 1676:3, 1676:13, 1677:23, 1678:13, 1678:15, 1678:44, 1680:41, 1680:47, 1681:32, 1682:1, 1682:2, 1682:6, 1686:8, 1686:10, 1686:25, 1686:26, 1687:20, 1688:30, 1688:33, 1690:17, 1690:38, 1691:34, 1692:9, 1692:21, 1692:32, 1692:38, 1693:13, 1693:14, 1693:35, 1694:20, 1694:22, 1695:1, 1695:3, 1695:9,</p>	<p>1695:11, 1695:12, 1695:13, 1695:16 Services [18] - 1600:12, 1602:47, 1604:7, 1604:26, 1606:35, 1608:47, 1610:42, 1626:35, 1635:30, 1669:30, 1674:35, 1677:38, 1684:32, 1685:17, 1688:13, 1689:4, 1689:13, 1690:11 Services' [1] - 1688:23 session [1] - 1632:15 sessions [1] - 1622:10 set [20] - 1604:23, 1605:23, 1614:9, 1615:14, 1624:19, 1624:21, 1626:3, 1627:14, 1631:2, 1631:44, 1635:36, 1639:20, 1644:12, 1668:7, 1668:36, 1669:21, 1670:4, 1670:43, 1671:4, 1687:8 sets [2] - 1631:25, 1677:34 setting [4] - 1619:7, 1623:42, 1640:23, 1658:47 settings [6] - 1603:39, 1613:10, 1613:17, 1653:20, 1653:34, 1653:35 settled [1] - 1668:20 seven [3] - 1612:32, 1618:11, 1618:13 several [1] - 1610:15 severe [13] - 1608:12, 1608:14, 1608:25, 1608:32, 1609:3, 1609:8, 1615:4, 1622:37, 1623:31, 1624:22, 1628:30, 1629:20, 1660:47 severely [1] - 1661:7 shall [1] - 1628:15 share [4] - 1612:14, 1670:21, 1682:1, 1683:17 sharing [2] - 1693:12, 1693:41 sharp [1] - 1642:27 shift [3] - 1622:19, 1622:35, 1623:2 SHIP [1] - 1627:36 shootings [1] - 1671:31 short [2] - 1654:44,</p>	<p>1671:47 SHORT [1] - 1636:32 shortage [1] - 1667:33 shorter [1] - 1668:13 shortfall [2] - 1643:25, 1654:32 shortly [1] - 1680:23 show [2] - 1628:13, 1671:12 showed [1] - 1662:20 shown [3] - 1611:13, 1659:14, 1663:24 shows [1] - 1663:16 sick [1] - 1664:31 sicker [1] - 1664:31 sickness [1] - 1663:18 side [1] - 1639:6 significance [1] - 1611:8 significant [48] - 1601:11, 1605:9, 1606:43, 1607:1, 1607:23, 1608:30, 1609:18, 1609:26, 1610:13, 1610:14, 1610:23, 1611:3, 1612:40, 1613:43, 1615:3, 1615:36, 1618:28, 1622:34, 1622:35, 1622:42, 1623:2, 1624:8, 1624:32, 1625:15, 1627:37, 1627:38, 1628:22, 1635:35, 1651:38, 1651:46, 1656:26, 1656:46, 1657:19, 1659:5, 1661:5, 1661:17, 1663:18, 1664:17, 1664:45, 1666:31, 1666:36, 1670:8, 1670:9, 1671:8, 1672:22, 1692:44, 1693:32 significantly [6] - 1600:20, 1613:18, 1662:23, 1663:26, 1667:32, 1667:36 signing [1] - 1677:16 signs [2] - 1625:33, 1640:39 silly [1] - 1667:34 silos [1] - 1665:14 siloed [2] - 1662:39, 1662:41 siloing [1] - 1665:14 silos [1] - 1665:33 Silver [1] - 1666:9 similar [3] - 1635:16, 1650:30, 1651:1</p>
--	--	---	--	--

<p>simple [2] - 1610:29, 1689:16</p> <p>simpler [1] - 1612:20</p> <p>simply [1] - 1669:34</p> <p>single [1] - 1665:35</p> <p>sisters [1] - 1607:26</p> <p>sit [1] - 1682:35</p> <p>sites [3] - 1620:37, 1675:25, 1690:20</p> <p>sits [1] - 1629:41</p> <p>sitting [1] - 1646:29</p> <p>situations [1] - 1615:28</p> <p>six [2] - 1618:13, 1631:25</p> <p>sized [1] - 1651:1</p> <p>skill [1] - 1625:13</p> <p>skilled [1] - 1612:8</p> <p>skills [1] - 1615:29</p> <p>Skills [1] - 1632:31</p> <p>slightly [2] - 1639:31, 1640:3</p> <p>slower [1] - 1633:36</p> <p>small [7] - 1605:37, 1610:17, 1645:37, 1653:8, 1675:11, 1689:40, 1692:35</p> <p>Small [2] - 1689:37, 1689:46</p> <p>smaller [3] - 1619:42, 1621:17, 1692:31</p> <p>smooth [1] - 1623:39</p> <p>smoother [1] - 1619:17</p> <p>social [19] - 1603:24, 1610:8, 1611:29, 1620:1, 1620:6, 1621:15, 1622:1, 1622:2, 1622:5, 1623:34, 1631:4, 1634:35, 1637:42, 1647:36, 1648:4, 1657:6, 1667:26, 1693:4</p> <p>Social [6] - 1603:31, 1604:26, 1608:47, 1610:42, 1626:34, 1635:30</p> <p>solve [1] - 1613:21</p> <p>solved [1] - 1638:29</p> <p>someone [5] - 1620:28, 1648:39, 1665:9, 1665:27, 1672:9</p> <p>sometimes [7] - 1609:12, 1647:26, 1658:31, 1667:17, 1671:14, 1694:47</p> <p>somewhat [2] - 1652:45, 1685:45</p>	<p>somewhere [2] - 1643:17, 1668:3</p> <p>soon [1] - 1651:27</p> <p>SoP [2] - 1676:22, 1676:34</p> <p>sophisticated [3] - 1659:30, 1685:3, 1694:30</p> <p>sophistication [2] - 1686:30, 1687:47</p> <p>SoPs [1] - 1681:11</p> <p>sorry [7] - 1620:19, 1628:32, 1636:1, 1645:2, 1664:31, 1680:44, 1691:44</p> <p>sort [4] - 1606:16, 1626:22, 1642:43, 1650:29</p> <p>sorts [3] - 1631:16, 1638:9, 1669:41</p> <p>sought [2] - 1628:28, 1680:31</p> <p>sound [1] - 1616:10</p> <p>South [2] - 1627:10, 1643:34</p> <p>Soviet [1] - 1659:43</p> <p>space [11] - 1611:17, 1611:20, 1613:14, 1615:13, 1618:25, 1635:28, 1635:36, 1640:34, 1641:15, 1641:40, 1671:47</p> <p>spaces [3] - 1613:46, 1614:24, 1631:19</p> <p>speaking [1] - 1604:43</p> <p>special [2] - 1656:25, 1661:36</p> <p>Specialist [1] - 1631:1</p> <p>specialist [2] - 1636:40, 1677:8</p> <p>specific [19] - 1619:24, 1620:10, 1624:39, 1627:14, 1629:27, 1638:10, 1660:29, 1665:42, 1678:27, 1678:34, 1680:36, 1681:9, 1685:11, 1685:47, 1687:19, 1687:36, 1688:41, 1689:44, 1691:35</p> <p>specifically [7] - 1604:27, 1611:42, 1635:37, 1659:45, 1665:40, 1678:23, 1685:18</p> <p>specifics [1] - 1685:35</p> <p>specified [2] - 1661:13, 1669:18</p>	<p>specifics [3] - 1623:20, 1623:36, 1635:21</p> <p>spectrum [1] - 1616:45</p> <p>Spectrum [4] - 1675:23, 1675:33, 1676:4, 1676:14</p> <p>spend [5] - 1643:18, 1644:44, 1646:40, 1647:7, 1651:16</p> <p>spending [6] - 1643:1, 1644:37, 1644:38, 1645:21, 1647:30, 1650:44</p> <p>spent [6] - 1632:11, 1632:13, 1642:38, 1642:47, 1662:31, 1670:38</p> <p>spirit [1] - 1601:3</p> <p>splitting [1] - 1654:14</p> <p>spoken [1] - 1600:3</p> <p>spokesperson [1] - 1604:43</p> <p>spot [1] - 1685:45</p> <p>square [2] - 1675:3, 1692:22</p> <p>stable [1] - 1646:6</p> <p>staff [12] - 1625:38, 1634:17, 1634:20, 1660:7, 1660:19, 1671:44, 1675:39, 1675:41, 1675:42, 1681:20, 1681:42, 1691:17</p> <p>staffed [1] - 1671:34</p> <p>stage [4] - 1619:24, 1628:22, 1630:11, 1656:41</p> <p>stagnant [1] - 1692:16</p> <p>stakeholder [1] - 1610:2</p> <p>stakeholders [1] - 1627:13</p> <p>stand [1] - 1614:35</p> <p>standard [2] - 1663:31, 1679:35</p> <p>standards [1] - 1650:5</p> <p>standing [1] - 1679:17</p> <p>stands [1] - 1632:27</p> <p>start [8] - 1604:46, 1605:6, 1612:46, 1621:47, 1622:1, 1631:22, 1669:16, 1670:26</p> <p>started [5] - 1618:47, 1647:6, 1656:22, 1660:17, 1666:10</p> <p>starting [4] - 1606:26, 1611:26, 1612:35,</p>	<p>1659:30</p> <p>state [41] - 1601:21, 1601:43, 1603:6, 1605:3, 1605:11, 1605:14, 1605:15, 1606:12, 1608:33, 1610:35, 1610:45, 1611:28, 1611:34, 1611:42, 1615:33, 1616:2, 1616:21, 1617:40, 1618:24, 1618:36, 1622:35, 1626:15, 1626:27, 1627:3, 1631:20, 1633:29, 1635:25, 1635:43, 1640:4, 1641:37, 1646:13, 1650:30, 1650:38, 1659:24, 1660:24, 1668:45, 1669:2, 1669:5, 1669:9, 1677:27, 1691:17</p> <p>State [6] - 1618:35, 1623:13, 1624:18, 1631:6, 1656:44, 1656:46</p> <p>state's [2] - 1657:2, 1678:1</p> <p>state-based [1] - 1631:20</p> <p>state-run [1] - 1626:27</p> <p>Statement [9] - 1669:43, 1674:17, 1674:21, 1676:16, 1677:21, 1678:22, 1679:4, 1679:23, 1681:36</p> <p>statement [47] - 1603:20, 1603:23, 1611:6, 1612:5, 1612:26, 1623:45, 1626:46, 1632:47, 1634:33, 1634:43, 1636:23, 1637:21, 1637:25, 1639:5, 1645:30, 1646:22, 1648:45, 1653:3, 1656:8, 1656:12, 1664:12, 1665:13, 1666:40, 1667:39, 1671:25, 1672:44, 1673:7, 1673:10, 1674:42, 1677:14, 1678:38, 1678:40, 1679:3, 1681:9, 1684:4, 1684:36, 1684:38, 1686:1, 1687:7, 1687:9, 1687:18, 1687:28, 1688:6, 1690:45,</p>	<p>1692:6, 1692:27, 1692:41</p> <p>statements [2] - 1609:24, 1669:29</p> <p>states [13] - 1606:26, 1608:1, 1610:44, 1622:36, 1633:28, 1640:11, 1640:17, 1640:24, 1640:31, 1641:3, 1644:16, 1645:19, 1657:27</p> <p>statewide [5] - 1660:10, 1660:13, 1675:23, 1675:33, 1676:13</p> <p>static [1] - 1630:21</p> <p>statistical [3] - 1629:2, 1629:3, 1629:18</p> <p>statistics [2] - 1686:29, 1686:30</p> <p>Stats [1] - 1628:13</p> <p>status [8] - 1631:24, 1631:26, 1639:25, 1647:36, 1658:28, 1680:6</p> <p>statutory [2] - 1638:43, 1639:24</p> <p>stay [2] - 1618:22, 1625:27</p> <p>step [2] - 1667:17</p> <p>step-down [1] - 1667:17</p> <p>step-up [1] - 1667:17</p> <p>Stephen [1] - 1649:20</p> <p>steps [4] - 1602:18, 1680:42, 1680:47, 1681:10</p> <p>stewardship [2] - 1625:25, 1625:30</p> <p>stick [1] - 1601:6</p> <p>stigma [5] - 1621:20, 1662:43, 1662:45, 1662:46, 1663:5</p> <p>stigmatised [1] - 1621:29</p> <p>still [12] - 1608:36, 1609:26, 1634:34, 1634:38, 1648:1, 1650:15, 1651:46, 1652:39, 1660:39, 1662:46, 1664:17, 1670:8</p> <p>stock [1] - 1631:7</p> <p>stop [5] - 1606:30, 1612:46, 1616:17, 1629:43, 1665:14</p> <p>stories [1] - 1612:14</p> <p>straight [2] - 1679:21, 1683:31</p>
---	--	---	---	--

<p>Strategic [3] - 1601:14, 1608:46, 1687:13</p> <p>strategic [7] - 1604:11, 1608:6, 1670:7, 1674:4, 1674:8, 1677:43, 1678:10</p> <p>strategies [3] - 1600:37, 1634:25, 1676:41</p> <p>strategy [2] - 1618:33, 1674:28</p> <p>stream [5] - 1609:13, 1630:43, 1630:47, 1631:1, 1665:43</p> <p>Streamline [1] - 1634:5</p> <p>streamline [1] - 1634:17</p> <p>streams [4] - 1619:8, 1683:5, 1683:6, 1683:8</p> <p>Street [1] - 1599:12</p> <p>streets [1] - 1661:42</p> <p>strength [1] - 1639:19</p> <p>stretched [1] - 1664:22</p> <p>strikes [2] - 1620:8, 1635:23</p> <p>strong [8] - 1602:35, 1606:10, 1608:19, 1613:2, 1614:9, 1626:21, 1632:7, 1690:32</p> <p>stronger [4] - 1613:9, 1616:44, 1621:14, 1660:22</p> <p>strongly [1] - 1626:30</p> <p>structural [4] - 1606:14, 1613:24, 1615:19, 1624:8</p> <p>structure [8] - 1605:42, 1606:44, 1638:37, 1638:38, 1659:10, 1666:21, 1683:2, 1683:3</p> <p>structured [2] - 1658:16, 1668:32</p> <p>structures [3] - 1600:9, 1638:9, 1666:2</p> <p>struggles [1] - 1610:9</p> <p>struggling [2] - 1625:2, 1635:47</p> <p>Study [1] - 1627:36</p> <p>study [3] - 1616:6, 1616:29, 1627:36</p> <p>stuff [1] - 1650:29</p> <p>sub [1] - 1683:30</p>	<p>sub-committees [1] - 1683:30</p> <p>subacute [1] - 1675:6</p> <p>subject [2] - 1643:28, 1648:45</p> <p>submissions [1] - 1600:17</p> <p>submit [1] - 1689:41</p> <p>subscribe [1] - 1663:9</p> <p>subsequently [2] - 1608:28, 1628:34</p> <p>subsets [1] - 1692:23</p> <p>subsidies [1] - 1631:2</p> <p>subsidy [2] - 1625:12, 1631:10</p> <p>substantial [3] - 1643:18, 1667:34, 1668:40</p> <p>substantive [1] - 1614:13</p> <p>success [1] - 1621:45</p> <p>successful [3] - 1690:15, 1690:32, 1690:36</p> <p>sufficient [3] - 1609:36, 1625:19, 1664:22</p> <p>sufficiently [4] - 1616:16, 1621:43, 1630:8, 1630:12</p> <p>suggest [8] - 1607:22, 1608:38, 1609:25, 1616:1, 1617:13, 1622:9, 1630:11, 1643:16</p> <p>suggested [1] - 1628:33</p> <p>suggesting [2] - 1635:16, 1663:37</p> <p>suicidal [1] - 1694:6</p> <p>suicide [2] - 1640:21, 1647:35</p> <p>Suicide [1] - 1688:44</p> <p>suitable [1] - 1692:17</p> <p>suite [4] - 1611:36, 1630:2, 1630:39, 1679:22</p> <p>summarise [3] - 1607:18, 1626:10, 1657:43</p> <p>superannuation [1] - 1611:14</p> <p>supply [1] - 1621:21</p> <p>Support [1] - 1633:42</p> <p>support [53] - 1604:42, 1606:12, 1606:37, 1606:45, 1611:43, 1616:23, 1616:26, 1616:27, 1616:46, 1617:20,</p>	<p>1617:21, 1619:13, 1621:2, 1622:20, 1622:45, 1624:21, 1624:22, 1624:37, 1625:16, 1626:4, 1626:5, 1626:16, 1626:28, 1627:24, 1630:10, 1630:13, 1630:42, 1630:44, 1631:47, 1633:11, 1633:47, 1636:6, 1637:38, 1641:4, 1642:30, 1643:22, 1650:45, 1651:12, 1656:28, 1658:42, 1660:43, 1661:14, 1661:22, 1661:24, 1661:32, 1661:39, 1666:17, 1667:13, 1667:19, 1676:6, 1689:7, 1690:17</p> <p>Supported [1] - 1630:43</p> <p>supported [10] - 1600:15, 1629:44, 1629:45, 1633:23, 1662:2, 1667:20, 1679:22, 1679:32, 1680:3, 1689:26</p> <p>supporting [2] - 1667:28, 1671:6</p> <p>supports [5] - 1618:21, 1623:29, 1627:41, 1630:28, 1654:39</p> <p>suppose [7] - 1605:13, 1605:30, 1609:29, 1609:44, 1610:21, 1612:37, 1619:28</p> <p>supposed [1] - 1612:4</p> <p>supposedly [1] - 1669:16</p> <p>surgery [1] - 1677:29</p> <p>surveys [1] - 1648:33</p> <p>suspect [1] - 1662:23</p> <p>sustainability [1] - 1682:31</p> <p>Sustainable [2] - 1642:34, 1652:25</p> <p>sustainable [2] - 1600:14, 1674:6</p> <p>Swanston [1] - 1599:12</p> <p>SWMMS [4] - 1676:12, 1682:43, 1682:44, 1683:14</p> <p>sworn [3] - 1603:17, 1636:37, 1655:18</p> <p>symphony [1] -</p>	<p>1664:3</p> <p>symptom [1] - 1647:39</p> <p>symptoms [3] - 1620:30, 1647:22, 1647:26</p> <p>System [1] - 1649:44</p> <p>SYSTEM [1] - 1599:5</p> <p>system [146] - 1600:5, 1600:7, 1600:8, 1600:11, 1600:13, 1600:19, 1600:39, 1601:27, 1601:29, 1601:41, 1601:42, 1602:3, 1602:7, 1602:44, 1602:47, 1603:1, 1605:19, 1605:23, 1605:26, 1607:2, 1609:27, 1609:34, 1609:36, 1610:13, 1610:45, 1611:26, 1612:22, 1612:41, 1613:22, 1613:32, 1614:36, 1615:39, 1615:43, 1616:2, 1616:15, 1616:21, 1616:31, 1617:29, 1617:39, 1617:41, 1617:45, 1617:46, 1618:9, 1619:12, 1619:26, 1619:31, 1619:34, 1619:41, 1619:42, 1619:47, 1620:6, 1620:11, 1620:14, 1620:15, 1620:37, 1621:12, 1621:41, 1622:23, 1622:28, 1622:44, 1623:21, 1623:37, 1624:21, 1624:42, 1625:42, 1626:17, 1626:23, 1627:4, 1628:17, 1630:14, 1630:23, 1632:2, 1632:35, 1633:24, 1634:7, 1634:30, 1635:12, 1635:24, 1635:43, 1636:8, 1636:9, 1637:33, 1639:7, 1639:32, 1640:6, 1640:8, 1641:11, 1641:23, 1646:20, 1646:28, 1646:31, 1648:10, 1648:15, 1648:46, 1649:3, 1649:43, 1651:11, 1652:7, 1652:9, 1653:5, 1654:3, 1657:30, 1658:15,</p>	<p>1658:21, 1659:17, 1659:20, 1659:29, 1659:44, 1660:2, 1660:4, 1660:8, 1660:19, 1660:44, 1661:2, 1661:3, 1661:6, 1661:16, 1661:39, 1661:46, 1662:12, 1662:14, 1662:21, 1662:23, 1664:22, 1664:25, 1665:11, 1665:15, 1667:35, 1668:31, 1668:46, 1672:32, 1672:37, 1674:5, 1681:43, 1684:16, 1686:45, 1692:45, 1692:46, 1693:3, 1693:9, 1693:17, 1693:29, 1693:31, 1694:26</p> <p>system's [2] - 1668:32, 1693:10</p> <p>system-wide [1] - 1653:5</p> <p>systematic [2] - 1656:14, 1658:33</p> <p>systems [16] - 1600:11, 1601:12, 1601:46, 1623:15, 1635:6, 1636:10, 1648:10, 1648:13, 1648:27, 1649:5, 1649:39, 1652:20, 1659:43, 1660:23, 1661:32, 1675:16</p>
T				
				<p>tackle [3] - 1637:46, 1643:42, 1646:38</p> <p>tailor [3] - 1649:35, 1691:34, 1692:21</p> <p>tailored [2] - 1645:31, 1645:34</p> <p>target [1] - 1630:37</p> <p>targeted [1] - 1681:19</p> <p>targeting [1] - 1691:4</p> <p>targets [4] - 1677:27, 1681:38, 1682:37, 1684:10</p> <p>Taylor [1] - 1652:19</p> <p>team [2] - 1632:3, 1681:5</p> <p>Team [4] - 1679:30, 1679:45, 1681:16, 1682:22</p> <p>teams [4] - 1659:27, 1671:28, 1671:42, 1672:1</p>

<p>technical [2] - 1613:15, 1632:25</p> <p>technically [1] - 1609:7</p> <p>technology [1] - 1664:1</p> <p>teeth [6] - 1639:13, 1639:18, 1639:20, 1639:22, 1639:25, 1639:29</p> <p>Tehan [1] - 1657:8</p> <p>telephone [2] - 1687:41, 1693:46</p> <p>template [2] - 1677:24, 1678:22</p> <p>temptations [1] - 1616:32</p> <p>ten [1] - 1686:8</p> <p>tend [1] - 1663:38</p> <p>tended [1] - 1672:5</p> <p>tendency [1] - 1666:6</p> <p>tender [6] - 1603:23, 1606:36, 1607:8, 1637:25, 1656:12, 1673:10</p> <p>tendering [1] - 1606:42</p> <p>tends [1] - 1617:3</p> <p>tension [1] - 1649:30</p> <p>tenuous [1] - 1685:9</p> <p>term [3] - 1606:21, 1609:7, 1657:8</p> <p>terms [53] - 1605:46, 1610:24, 1611:23, 1612:9, 1613:29, 1613:33, 1616:30, 1617:46, 1618:12, 1618:32, 1618:45, 1622:38, 1622:41, 1625:29, 1633:6, 1634:14, 1637:37, 1638:37, 1638:38, 1639:10, 1639:32, 1639:42, 1642:21, 1642:42, 1643:15, 1646:33, 1648:35, 1649:44, 1650:9, 1650:10, 1652:8, 1653:13, 1653:31, 1653:35, 1657:43, 1658:15, 1660:3, 1662:21, 1663:18, 1666:21, 1667:1, 1668:47, 1669:21, 1669:27, 1673:34, 1674:41, 1675:10, 1675:39, 1677:19, 1677:42, 1680:40, 1682:10, 1689:11</p> <p>terrific [2] - 1613:22,</p>	<p>1618:37</p> <p>territories [3] - 1608:2, 1640:17, 1657:27</p> <p>territory [2] - 1610:44, 1650:39</p> <p>Territory [5] - 1601:36, 1601:37, 1624:18, 1637:3, 1637:7</p> <p>tertiary [1] - 1693:18</p> <p>test [2] - 1633:46, 1635:4</p> <p>tests [1] - 1633:44</p> <p>text [1] - 1634:11</p> <p>THE [4] - 1636:25, 1672:46, 1695:25, 1695:29</p> <p>theme [1] - 1626:30</p> <p>themselves [1] - 1660:19</p> <p>there'd [1] - 1661:17</p> <p>therefore [18] - 1608:22, 1618:41, 1632:37, 1633:19, 1658:10, 1668:27, 1671:43, 1672:4, 1677:28, 1681:5, 1686:32, 1686:39, 1688:8, 1688:34, 1691:20, 1691:21, 1691:24, 1691:34</p> <p>they've [11] - 1620:4, 1621:14, 1621:19, 1621:23, 1635:39, 1640:38, 1669:16, 1670:24, 1672:25, 1691:41, 1693:22</p> <p>thinking [9] - 1609:45, 1610:21, 1610:25, 1613:6, 1613:29, 1618:32, 1622:9, 1633:32, 1652:35</p> <p>third [5] - 1610:12, 1621:9, 1636:12, 1642:16, 1690:25</p> <p>thirdly [3] - 1604:21, 1610:23, 1619:3</p> <p>thorn [1] - 1639:6</p> <p>thoughts [1] - 1694:6</p> <p>thousands [2] - 1610:17, 1636:7</p> <p>three [22] - 1600:36, 1601:11, 1604:4, 1614:15, 1629:34, 1629:43, 1631:23, 1634:12, 1664:2, 1673:44, 1676:34, 1676:39, 1682:25, 1682:32, 1683:6,</p>	<p>1683:26, 1686:44, 1687:19, 1687:21, 1687:25, 1687:26, 1694:18</p> <p>throughout [3] - 1635:5, 1655:21, 1695:3</p> <p>throughput [1] - 1630:20</p> <p>THURSDAY [1] - 1695:30</p> <p>tied [1] - 1666:3</p> <p>tier [1] - 1628:17</p> <p>time-limited [1] - 1623:26</p> <p>timely [3] - 1636:6, 1674:5, 1682:26</p> <p>title [1] - 1602:36</p> <p>titled [1] - 1683:12</p> <p>TO [1] - 1695:29</p> <p>today [9] - 1604:36, 1604:43, 1608:38, 1635:6, 1636:22, 1655:4, 1656:2, 1672:44, 1695:23</p> <p>together [21] - 1604:16, 1605:39, 1606:5, 1612:45, 1613:16, 1614:8, 1616:5, 1617:34, 1623:38, 1632:1, 1638:26, 1641:18, 1641:34, 1641:44, 1642:9, 1643:38, 1646:37, 1657:9, 1677:16, 1677:20, 1686:35</p> <p>tomorrow [1] - 1602:22</p> <p>took [3] - 1640:23, 1657:39, 1662:16</p> <p>tool [9] - 1643:31, 1643:33, 1643:47, 1644:8, 1645:23, 1645:28, 1645:31, 1645:35, 1646:3</p> <p>toothless [1] - 1639:17</p> <p>top [4] - 1612:32, 1618:11, 1628:17, 1683:3</p> <p>topic [4] - 1640:3, 1664:13, 1681:4, 1691:27</p> <p>Topp [3] - 1602:22, 1602:25, 1602:27</p> <p>total [5] - 1633:12, 1650:35, 1650:44, 1662:29, 1690:36</p> <p>totality [2] - 1665:11,</p>	<p>1665:33</p> <p>touch [2] - 1639:7, 1639:36</p> <p>touched [2] - 1612:36, 1619:25</p> <p>towards [3] - 1613:17, 1618:4, 1677:22</p> <p>Town [1] - 1599:11</p> <p>town [1] - 1621:17</p> <p>towns [2] - 1659:12</p> <p>track [1] - 1684:30</p> <p>tradition [2] - 1631:6, 1631:9</p> <p>traditional [2] - 1626:6, 1631:4</p> <p>train [2] - 1672:8, 1672:22</p> <p>trained [1] - 1648:20</p> <p>training [3] - 1619:3, 1624:26, 1636:39</p> <p>transferrable [1] - 1671:18</p> <p>transition [12] - 1601:17, 1619:17, 1623:39, 1624:3, 1628:23, 1628:35, 1633:20, 1633:26, 1633:35, 1633:39, 1634:2, 1667:19</p> <p>translate [1] - 1628:14</p> <p>translating [1] - 1653:30</p> <p>transparency [1] - 1646:32</p> <p>transparent [2] - 1646:25, 1646:45</p> <p>transporting [1] - 1615:25</p> <p>traumatic [1] - 1672:14</p> <p>Treasury [2] - 1603:5, 1657:1</p> <p>treat [3] - 1644:1, 1657:24</p> <p>treatability [2] - 1632:21, 1632:37</p> <p>treated [1] - 1660:36</p> <p>treating [1] - 1665:7</p> <p>Treatment [1] - 1659:26</p> <p>treatment [35] - 1623:22, 1623:27, 1631:40, 1631:41, 1632:8, 1637:41, 1642:24, 1642:30, 1643:40, 1643:45, 1644:7, 1644:8, 1644:9, 1644:13, 1644:19, 1644:21, 1644:41, 1645:11,</p>	<p>1651:11, 1658:1, 1659:6, 1659:29, 1661:14, 1661:19, 1664:14, 1665:1, 1665:2, 1666:17, 1667:3, 1667:13, 1669:41, 1672:32, 1672:35, 1675:36, 1687:46</p> <p>treatments [1] - 1670:29</p> <p>triage [1] - 1687:42</p> <p>trial [1] - 1671:6</p> <p>tried [4] - 1634:16, 1634:23, 1636:9, 1659:21</p> <p>tries [2] - 1620:22, 1632:1</p> <p>Trieste [7] - 1618:10, 1619:26, 1619:31, 1619:39, 1620:2, 1620:9, 1621:10</p> <p>trigger [1] - 1681:44</p> <p>true [6] - 1634:40, 1634:46, 1654:5, 1664:3, 1679:3, 1679:10</p> <p>try [16] - 1606:40, 1607:9, 1607:18, 1608:40, 1609:14, 1614:45, 1616:47, 1617:28, 1617:32, 1624:13, 1627:45, 1629:30, 1630:17, 1630:37, 1657:31, 1693:16</p> <p>trying [23] - 1606:11, 1616:24, 1618:37, 1618:42, 1623:38, 1625:23, 1626:13, 1626:22, 1629:2, 1629:11, 1629:19, 1629:22, 1629:26, 1631:31, 1634:2, 1634:24, 1634:43, 1635:40, 1642:25, 1645:33, 1645:37, 1652:9, 1654:26</p> <p>turbulent [1] - 1656:42</p> <p>turn [2] - 1600:7, 1612:34</p> <p>Turning [7] - 1675:23, 1675:29, 1675:35, 1676:4, 1676:14, 1690:2, 1694:4</p> <p>twice [1] - 1624:1</p> <p>two [28] - 1602:40, 1603:9, 1610:22, 1613:46, 1619:8,</p>
---	---	--	---	--

<p>1620:42, 1622:23, 1623:43, 1626:41, 1630:42, 1634:30, 1637:28, 1639:34, 1642:8, 1654:42, 1656:15, 1656:16, 1657:4, 1658:28, 1664:7, 1665:33, 1668:45, 1672:7, 1675:44, 1675:47, 1686:16, 1689:2, 1690:24</p> <p>type [1] - 1645:6</p> <p>types [1] - 1694:42</p> <p>typical [1] - 1665:26</p>	<p>1662:17, 1688:40, 1689:38</p> <p>undertook [1] - 1616:3</p> <p>unfortunately [3] - 1653:7, 1659:33, 1662:19</p> <p>unimaginable [2] - 1619:37, 1620:44</p> <p>unintended [1] - 1607:13</p> <p>Unit [1] - 1690:27</p> <p>unit [2] - 1654:37</p> <p>United [2] - 1692:28, 1692:29</p> <p>units [4] - 1653:14, 1653:15, 1667:18, 1689:32</p> <p>University [5] - 1603:28, 1603:32, 1603:35, 1616:6, 1673:23</p> <p>unless [3] - 1600:26, 1617:25, 1667:35</p> <p>unlikely [1] - 1670:20</p> <p>unnecessarily [1] - 1601:42</p> <p>unplanned [2] - 1676:1, 1676:2</p> <p>unrelated [1] - 1662:40</p> <p>unstable [1] - 1600:28</p> <p>unsustainable [1] - 1657:2</p> <p>up [35] - 1600:24, 1604:23, 1610:17, 1614:35, 1623:26, 1625:34, 1627:14, 1631:2, 1633:10, 1634:18, 1635:36, 1635:44, 1639:20, 1640:43, 1640:44, 1641:32, 1643:7, 1645:11, 1648:18, 1649:8, 1650:32, 1650:34, 1653:46, 1658:35, 1661:3, 1667:17, 1670:32, 1672:24, 1683:24, 1684:25, 1684:26, 1686:34, 1687:24, 1693:10, 1693:17</p> <p>up-to-date [1] - 1635:44</p> <p>UPON [1] - 1655:13</p> <p>urban [1] - 1657:28</p> <p>useful [1] - 1634:32</p> <p>utilisation [1] - 1667:10</p> <p>utilised [1] - 1612:42</p>	<p>V</p>	<p>1633:12, 1635:19, 1642:7, 1655:25, 1655:29, 1655:33, 1656:41, 1658:30, 1689:13</p> <p>Victorians [1] - 1600:21</p> <p>VICTORIA'S [1] - 1599:5</p> <p>view [28] - 1607:1, 1607:13, 1609:43, 1610:12, 1610:36, 1610:45, 1613:6, 1621:47, 1634:47, 1640:31, 1642:22, 1653:4, 1653:22, 1662:35, 1663:4, 1663:9, 1664:15, 1664:36, 1664:40, 1666:2, 1669:20, 1672:26, 1679:46, 1682:12, 1682:14, 1682:15, 1683:42, 1691:28</p> <p>views [16] - 1602:42, 1604:35, 1604:40, 1609:47, 1614:3, 1632:28, 1638:39, 1641:36, 1642:12, 1648:23, 1649:42, 1651:19, 1652:43, 1652:44, 1656:2</p> <p>violence [3] - 1672:4, 1689:39, 1690:18</p> <p>virtue [1] - 1640:37</p> <p>visibility [2] - 1680:9, 1694:21</p> <p>vision [2] - 1602:4, 1602:5</p> <p>vital [1] - 1692:23</p> <p>voice [8] - 1600:4, 1639:8, 1639:17, 1650:15, 1650:18, 1650:19, 1653:23, 1653:43</p> <p>volunteers [1] - 1675:41</p> <p>votes [1] - 1610:7</p> <p>vulnerability [1] - 1620:15</p>	<p>1622:43, 1677:6, 1677:29, 1688:9</p> <p>Wales [2] - 1627:10, 1643:34</p> <p>wandering [1] - 1661:41</p> <p>Wantirna [1] - 1675:21</p> <p>wants [1] - 1680:46</p> <p>ward [3] - 1689:30, 1690:1</p> <p>wards [1] - 1689:30</p> <p>WAS [1] - 1695:29</p> <p>wasteful [1] - 1600:41</p> <p>ways [11] - 1609:33, 1614:15, 1627:3, 1627:8, 1627:23, 1638:34, 1639:43, 1647:29, 1648:23, 1665:18, 1692:30</p> <p>weaknesses [1] - 1604:23</p> <p>Wednesday [1] - 1599:18</p> <p>week [3] - 1632:11, 1661:38, 1684:17</p> <p>welcome [2] - 1629:34, 1641:11</p> <p>welcomed [1] - 1653:10</p> <p>Welfare [1] - 1642:46</p> <p>welfare [2] - 1651:13</p> <p>well-known [2] - 1652:26, 1683:6</p> <p>wellbeing [4] - 1618:23, 1618:30, 1618:38, 1622:7</p> <p>west [1] - 1649:36</p> <p>Western [5] - 1651:20, 1651:26, 1651:37, 1651:45, 1652:3</p> <p>whereas [3] - 1659:13, 1668:29, 1671:3</p> <p>whilst [3] - 1633:20, 1685:35, 1685:43</p> <p>who'd [1] - 1657:25</p> <p>WHODAS [1] - 1632:31</p> <p>whole [20] - 1610:45, 1612:8, 1615:39, 1615:43, 1616:35, 1620:3, 1641:25, 1642:26, 1642:36, 1647:14, 1649:22, 1649:25, 1652:2, 1653:20, 1658:21, 1670:46, 1685:13, 1685:31, 1686:45</p> <p>whole-of-community [1] - 1616:35</p> <p>whole-of-state [1] -</p>
<p>U</p>				
<p>ultimately [2] - 1651:12, 1683:45</p> <p>under [11] - 1607:41, 1609:10, 1609:42, 1622:46, 1625:42, 1625:43, 1626:29, 1657:45, 1678:45, 1679:36, 1687:6</p> <p>under-prioritised [1] - 1609:42</p> <p>underemployment [1] - 1663:19</p> <p>underfunded [2] - 1662:21, 1670:14</p> <p>undergo [1] - 1689:20</p> <p>underlying [1] - 1602:4</p> <p>underpinning [1] - 1648:13</p> <p>understandably [1] - 1610:36</p> <p>understandings [1] - 1624:15</p> <p>understood [10] - 1602:27, 1618:24, 1619:47, 1620:4, 1620:16, 1626:38, 1627:30, 1628:40, 1658:29, 1687:11</p> <p>undertake [9] - 1614:11, 1615:28, 1623:32, 1670:27, 1688:18, 1689:8, 1689:26, 1691:23, 1694:24</p> <p>undertaken [2] - 1688:45, 1692:29</p> <p>undertakes [1] - 1688:21</p> <p>undertaking [5] - 1648:42, 1651:34,</p>			<p>W</p>	
			<p>WA [6] - 1642:33, 1645:24, 1652:18, 1652:20, 1652:22, 1652:32</p> <p>wait [2] - 1620:19, 1664:31</p> <p>waiting [5] - 1620:20,</p>	

<p>1610:45 whole-of-system [1] - 1610:45 wickedly [1] - 1618:5 wide [1] - 1653:5 Williams [2] - 1602:32, 1602:34 wise [1] - 1652:35 wisely [1] - 1646:40 wish [1] - 1625:27 WIT.0001.0059.0001 [1] - 1656:12 WIT.0001.0065.0001 [1] - 1637:25 WIT.0001.0068.0001 [1] - 1603:23 WIT.0001.0069.0001 [1] - 1673:10 WITHDREW [3] - 1636:25, 1672:46, 1695:25 witness [10] - 1603:12, 1603:14, 1609:24, 1634:33, 1636:34, 1655:15, 1668:34, 1671:25, 1672:43, 1673:1 WITNESS [3] - 1636:25, 1672:46, 1695:25 witnesses [4] - 1600:2, 1601:10, 1603:9, 1635:10 women [2] - 1607:25, 1607:37 wondered [1] - 1628:17 wondering [2] - 1651:5, 1653:3 word [1] - 1632:7 words [2] - 1631:15, 1652:32 workable [1] - 1635:23 WorkCover [1] - 1611:15 worker [2] - 1603:25, 1620:17 workers [5] - 1618:21, 1618:22, 1653:9, 1653:15, 1653:19 workforce [11] - 1600:15, 1611:16, 1618:46, 1619:1, 1646:42, 1647:8, 1653:4, 1653:6, 1653:7, 1667:33, 1667:37 workplace [2] - 1618:29, 1618:42</p>	<p>workplaces [1] - 1618:17 works [10] - 1602:18, 1609:2, 1614:30, 1614:40, 1626:17, 1670:17, 1670:30, 1671:8, 1681:22, 1683:2 World [3] - 1617:18, 1620:36, 1621:44 world [10] - 1600:37, 1613:6, 1614:36, 1619:30, 1620:38, 1624:27, 1660:17, 1660:18, 1665:37, 1666:28 worse [1] - 1635:45 worsened [1] - 1630:33 worth [1] - 1637:28 writing [1] - 1639:28 written [1] - 1666:40</p> <p style="text-align: center;">Y</p> <p>Yarra [3] - 1599:11, 1675:21, 1675:22 year [24] - 1630:7, 1630:11, 1642:35, 1644:6, 1647:46, 1652:26, 1657:4, 1658:28, 1667:41, 1667:45, 1668:4, 1668:5, 1669:15, 1676:23, 1676:30, 1676:47, 1677:23, 1678:3, 1678:7, 1684:41, 1684:45, 1686:22, 1686:23, 1691:23 Year [1] - 1678:3 years [27] - 1603:38, 1605:5, 1609:31, 1611:10, 1612:16, 1615:2, 1615:3, 1616:3, 1622:22, 1629:34, 1629:43, 1638:40, 1656:18, 1662:10, 1662:16, 1667:7, 1670:34, 1673:44, 1678:32, 1678:33, 1678:39, 1679:5, 1679:6, 1679:11, 1686:9, 1686:45, 1689:34 young [2] - 1605:15, 1672:2 yourself [2] - 1693:35, 1694:19 Youth [1] - 1688:7</p>	<p>youth [5] - 1631:8, 1683:7, 1688:33, 1689:33, 1695:10</p> <p style="text-align: center;">Z</p> <p>Zealand [1] - 1632:12</p> <p style="text-align: center;">—</p> <p>— [1] - 1686:17</p>
---	---	---