


ACT
 Government

ACT Health

CORRESPONDENCE CLEARANCE

 Subject: **Procurement package B - reference 2018 5418 - Procurement for Hoarding Advocacy Support Services for ACT Health Directorate - 2019**

 Number: **COR19/2144**

Date Due: _____

Director-General - ACT Health: _____ Date: _____

Deputy Director-General - Corporate Services: _____ Date: _____

Deputy Director-General - Health Systems, Policy and Research: _____ Date: _____

Chief Health Officer: _____ Date: _____

Co-ordinator-General - Mental Health and Wellbeing: _____ Date: _____

Professional Leads: _____ Date: _____

 Contextually Correct

 Grammatically Correct

 Spell Checked

Position: _____

Area name: _____

Signature: _____

Date: _____

A/g

 Director - Area name: Strategic Procurement

 Date: 29.1.19

 Senior Manager - Area name: Public Health Regulation & Projects

 Date: 29/1/19

 Manager - Area name: Health Protection Service

 Date: 6/2/19

Communications - ACT Health Directorate: _____ Date: _____

Ministerial and Government Services - ACT Health Directorate: _____ Date: _____

Other: _____ Date: _____



PROCUREMENT PACKAGE B MINUTE

Procurement Reference No. 2018 5418

TRIM Reference No. COR19/2144

SUBJECT: Package B - Procurement for Hoarding Advocacy Support Services
(HASS) ACT Health Directorate

To: Conrad Barr, Executive Branch Manager, Health Protection Service

From: Vojkan Stefanovic, Director, Public Health Regulation and Projects

Through: Tim Roach, A/g Director, Strategic Procurement

Critical Date: 21 January 2019

Reason: Proposed commencement date for HASS

Recommendations

That you:

Note the information contained in this minute

*NOTED
PLEASE DISCUSS*

Agree to the Select Tender methodology for the purchase of HASS at an upper limit of \$160,000 (Excl. GST) and funded from the Policy, Partnerships and Programs Branch 2018/19 budget.

*AGREED
NOT AGREED
PLEASE DISCUSS*

Agree to sign the non-stock request on page 5 of this minute.

*AGREED
NOT AGREED
PLEASE DISCUSS*

A handwritten signature in black ink, appearing to read "C Barr".

.....
Conrad Barr
Executive Director
Health Protection Service

8 February ~~2018~~
2019

Purpose

The aim of this procurement is to purchase Hoarding Advocacy Support Services (HASS). These Services incorporate the provision of time limited HASS to clients experiencing severe complex hoarding and squalor issues. The HASS would support and complement the existing ACT Government management of severe and complex cases of hoarding and squalor in the ACT community, currently overseen by the multi-agency Hoarding Case Management Group (HCMG).

Background

The key focus of the provision of targeted HASS case management is working with, and advocating for, clients to improve their particular hoarding circumstance and to provide effective liaison between the individuals, government regulators, government support services and community support services.

It is proposed HASS would be delivered to severe and complex hoarding cases managed by the HCMG during the first half of 2019 (from January to June). As of October 2018, there were six such cases being managed by the HCMG. HASS includes, but is not be limited to:

1. building relationships with severe hoarding clients;
2. acting as a case manager for severe hoarding clients managed by the HCMG (in collaboration with the relevant lead government agency);
3. providing targeted counselling, social and advocacy support to clients;
4. facilitating the provision of domestic services (such as the sub-contracting of cleaners or gardeners);
5. assisting the client access and navigate existing supports, such as mental health teams and My Aged Care; and
6. providing primary day-to-day liaison between the hoarder and the regulator.

Procurement Methodology

The procurement method for this purchase will be Select Tender (minimum of three quotes). Quotations were sought from the following suppliers:

- [REDACTED]
- Woden Community Services

- [REDACTED]

The Evaluation Team consisting of Chris Kelly (Chair), Adam Duffy, and Craig Cannon conducted an assessment of the quotations received in accordance with applicable procurement policies and guidelines. The Health Directorate received responses from [REDACTED] and Woden Community Services.

The quotation from Woden Community Services was deemed acceptable as the WCS is a long established local SME with a recent previous history of developing and delivering similar hoarding programs. The evaluation panel believes that on balance, the WCS is best placed to provide the HASS trial. However, there would also be utility from additional contract negotiation on cost and some clarification required to confirm allocated staff.

Issues

WCS previously participated on the HCMG providing limited case management support to hoarding cases managed by the HCMG. However, in February 2018 the WCS formally advised

they would withdraw from the HCMG as they considered their ongoing participation was unsustainable.

The primary WCS staff member responsible for hoarding case management recently left the employment of WCS and now works for [REDACTED]. This development was considered by the evaluation panel. While WCS can demonstrate evidence of the recent successful development and delivery of similar HASS programs, there is an unknown degree of capacity and capability decline with the recent staff loss.

The evaluation team identified the potential utility from additional contract negotiation on cost and some clarification required to confirm allocated staff developing a contract.

Benefits/Sensitivities

The provision of HASS case management would align with the ACT Government commitment to better homes, better communities and better suburbs, by seeking to improve living conditions and urban amenity for those affected by severe and complex hoarding and squalor.

It is anticipated that HASS would make ongoing investments in regulatory interventions more cost effective due to improved outcomes and ongoing support to minimise relapse.

Financial

Policy, Partnerships and Programs Branch will provide \$100,000 to fund HASS regarding complex hoarding cases managed by the HCMG. This funding will be journaled from Health Protection Services as required.

Both of the quotes received exceeded the available funds for this project. The [REDACTED] quote was for [REDACTED]. The WCS quote was [REDACTED].

Currently the cost of this procurement is \$169,000 (excl. GST) for a period of six months. As noted in issues, it is anticipated that additional contract negotiation would be undertaken with the successful provider and this may see the costs of the procurement reduce to the vicinity \$130,000.

The balance of the funding will be allocated from Health Protection Service recurrent funding.

Maintenance

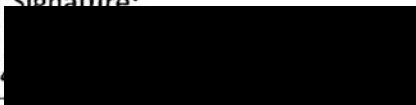
Nil

Estimated Whole of Life Cost

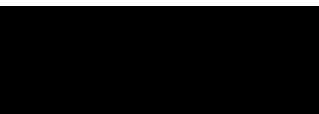
The total cost of this procurement inclusive of the initial purchase, maintenance and consumables is between \$130-160,000 (incl. GST).

Health Procurement Quality Assurance

RFQ Sought	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Three quotes attached	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Evaluation Complete	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Funding Approved	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Health Procurement review	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Recorded in HPRM	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Saved in Drive	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Compliant Procurement	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>

AGREED / NOT AGREED / NOTED / PLEASE DISCUSS			
Signed off by:	Louise McDonald	Date:	29.1.19
Title:	A/g Procurement Coordinator	Signature:	
Phone:	49771		
Contact Email:	HealthProcurement@act.gov.au		

Business Support Services signatures

Signed off by:	Tim Roach	Date:	29.1.19
Title:	A/g Director, Logistic Support	Signature:	

Business Unit internal signatures

Signed off by:	Chris Kelly	Date:	14/12/2018
Title:	A/g Manager	Signature:	
Branch/Division	PHRAP		
Phone:	02 51249059		

Signed off by:	Vojkan Stefanovic	Date:	14/12/2018
Title:	Senior Manager	Signature:	
Branch/Division	PHARP		
Phone:	62051727		

Attachments

Attachment	Title
Attachment A	RFQ DUO
Attachment B	RFQ WCS
Attachment C	Evaluation Panel Report

PURCHASE REQUEST FOR NONSTOCK GOODS AND SERVICES

(THIS IS NOT AN OFFICIAL PURCHASE ORDER)



Branch/Section/Ward/Department

Health Protection Services

Delivery Address

Health Protection Services

Public Health Protection and Regulation

Request Date * :

Delivery Point * :

Supply Services Del Dkt No :

Qty	Unit	Part No.	Item Description	Tax Name	Est. Unit Cost (excluding tax)	Tax
			BULK ORDER			
			Hording Advocacy Support Services RFQ 2018 5418	10%AP	169,221.00	16,922.10
			BULK ORDER			
Est. Total (including tax) \$:					189,143.10	

Entity Code	Cost Centre	Natural Account	Project Code	Agency Specific	Trading Code
690	69324	712101	99999	9999	99

Possible Suppliers (if known)
Woden Community Service Inc

Requesting Officer's Name (Printed)	Telephone Number
Chris Kelly	5124 9059
Certificate by Authorised Officer	
<p><i>I certify that:</i></p> <p>(i) under the Financial Management Act (1996), I am authorised by the Chief Executive Officer of the Department/Authority to make this commitment and approve the total value of this requisition;</p> <p>(ii) funds are available and expenditure is essential; and</p> <p>(iii) the financial coding is correct.</p>	
Authorised Officer's Signature	Authorised Officers Name (Printed)
	Conrad Barr
Authorised Officer's Position Title	Position Number
Executive Director, Health Protection Services	E00335

Purchasing Officer's Notes :	
Purchase Order No.	P/O Date
Estimated Delivery Date	

ACT Government Guidelines for Purchasing:
If the value of this Requisition is:

- Under \$25,000, One quote required;
- \$25,000 to under \$200,000, Three written quotes required, or Chief Executive (CE) approval where less than 3 quotes;
- Above \$200,000, open tender or Chief Executive (CE) approval where less than an open tender is conducted.

Contact your purchasing section for detailed advice.

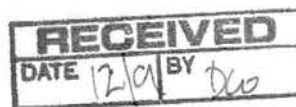
Dot Points for Deputy Director-General – Insanitary Conditions

Background

- Under the *Public Health Act 1997*, the Health Protection Service (HPS) is responsible for investigating complaints of insanitary conditions, and this may involve investigating hoarding-like behaviours. An insanitary condition is a condition, state or activity that a reasonable person would consider to be, or be liable to become, a public health risk, damaging to public health or offensive to community health standards.
- Some hoarding-like activities may result in insanitary conditions, however the vast majority of hoarding cases do not constitute an insanitary condition. For example, the accumulation of whitegoods would not necessarily cause an insanitary condition, and would thus fall outside the remit of the HPS.
- Despite this, the Hoarding Case Management Group (HCMG) has a broad scope that goes beyond the Public Health Act (i.e. to facilitate cross-government discussion and action on a variety of cases of hoarding and domestic squalor regardless of the presence of an insanitary condition).

Non-Government Organisation (NGO) support services

- The provision of intensive support services for complex hoarding cases is particularly valuable in assisting hoarders to engage with government agencies during regulatory interventions. This work requires an ability to understand the views of the hoarder, their neighbours and the regulators, especially when building rapport between the hoarder and government agencies.
- In just a few months, the absence of NGO intensive support services has had a negative impact on HCMG cases and the HCMG's ability to manage and resolve these cases.
- It is envisaged NGO support services would include, but not be limited to:
 - acting as a case manager for HCMG cases (in collaboration with the relevant lead government agency);
 - providing social and mental health support to hoarders;
 - facilitating the provision of other services (such as cleaners or gardeners);
 - coordinating a multidisciplinary response; and
 - liaising between the hoarder and regulator.
- Local NGO support service providers may include Woden Community Service, [REDACTED]



CORRESPONDENCE COVER SHEET

Correspondent:

Record Number: **GBC18/567**

Date Due:

Topic: Ministerial brief - Minister for Health and Wellbeing - Options for a whole of government approach to manage all types of hoarding in the ACT

Action
Required:

No

Brief to D-G

No

Action by Group

No

Advice

No

Draft Response

Ministerial Response

 Assignee: Rad, Chadia since 11/09/2018 at 2:27 PM

Comments for Cover Sheet:



MINISTERIAL BRIEF

Health Directorate

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To: Minister for Health and Wellbeing Tracking No.: GBC18/567
17 21 SEP 2018

From: Michael De'Ath, Interim Director-General

Subject: Options for a whole-of-government approach to manage all types of hoarding in the ACT

Critical Date: Not applicable

Critical Reason: Not applicable

- DG 12/9/18

Purpose

To provide you with options for developing a whole-of-government (WhoG) Code of Practice (CoP) to manage all types of hoarding in the ACT.

Recommendations

That you:

1. Agree in-principle to progress a Cabinet Submission seeking development of a WhoG hoarding policy and CoP as outlined in Attachment A;

Agreed / Not Agreed / Please Discuss

2. Agree in-principle to options for the involvement and potential funding of a well-defined non-government support service role within the Hoarding Case Management Group (HCMG) being explored as part of development of a WhoG hoarding policy and CoP; and

Agreed / Not Agreed / Please Discuss

3. Agree to sign the letter at Attachment B to the Minister for Regulatory Services, Gordon Ramsay MLA requesting that the Chief Minister, Treasury and Economic Development Directorate take carriage of this work.

Agreed / Not Agreed / Please Discuss

Meegan Fitzharris MLA/...../.....

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Minister's Office Feedback

Please advise finding amount that Woden CS previously had, & any options for continuing that finding.

Background

1. Section 133(3) of the *Public Health Act 1997* (the Act) gives the Minister the power to (emphasis added): "determine a code of practice setting out guidelines for the chief health officer dealing with insanitary conditions caused by hoarding or domestic squalor."
2. In July 2017, you were provided with the draft Public Health (Hoarding) Code of Practice 2017 (CoP). The CoP was proposed to be a disallowable instrument under the Act and was thus only able to deal with the management of hoarding cases that met the Act's definition of an insanitary condition.
3. On review of the CoP, you requested further advice on possible options for a code that would include mechanisms to respond to all types of hoarding (i.e. not just hoarding cases that involve insanitary conditions).
4. In December 2017, the Health Protection Service (HPS) prepared a subsequent briefing with possible options to manage all types of hoarding in the ACT. However this briefing was not progressed by the then Director-General.
5. Subsequently, in December 2017 Gordon Ramsay MLA in his capacity as Minister for Regulatory Services, wrote to you and Minister Rattenbury proposing the appointment of a senior public servant to take over coordination of the response to hoarding cases.
6. You responded to Minister Ramsay on 8 March 2018 with support for his proposal. You also proposed the leadership and purpose of the Hoarding Case Management Group (HCMG) be amended to focus on broader issues, and that Chief Minister, Treasury and Economic Development Directorate (CMTEDD) may be best placed to undertake this work.

Issues**Limitations of ACT Health's Role**

7. ACT Health's role in dealing with hoarding is limited to cases that involve 'insanitary conditions'. Due to its basis in public health legislation, both the HPS and the CoP are unable to manage cases of hoarding that do not concern a public health risk. The majority of hoarding cases have no public health impact (see Figure 1 below).

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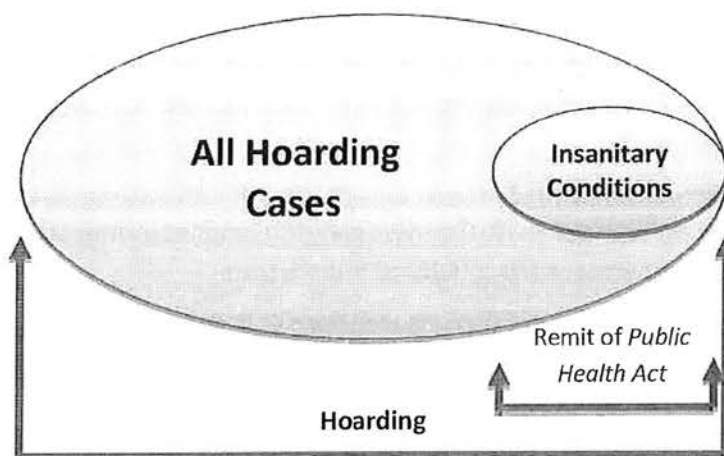


Figure 1 HPS's remit for dealing with hoarding cases is limited to insanitary conditions.

Chairing of the HCMG

8. The HCMG is currently unfunded. The HPS has chaired the HCMG since 2015. ACT Health established the HCMG due to a clear need for cross-government collaboration and coordination on hoarding.
9. Running the HCMG is time and resource intensive for the HPS. Given that some responsibilities and possible actions in response to hoarding cases are unclear, it is difficult to maintain buy-in from all directorates and ensure consistency in both membership and the implementation of regulatory action. This has, on occasion, negatively impacted the HCMG's ability to seek advice and action from other directorates.
10. The HCMG does not have capacity to oversee all hoarding cases. Each hoarding case is different. Complex cases require the ongoing involvement of several agencies at any one time. The HCMG is intended to coordinate complex cross-directorate hoarding cases.
11. There is currently no clear legislative basis or WhoG policy that identifies how government should investigate and take action in response to hoarding matters. The HCMG is operating under interim Terms of Reference, awaiting finalisation of a CoP and/or a determination on the roles and responsibilities of each member agency.
12. While the HCMG has achieved some success in managing individual cases of hoarding, many cases reach an impasse. For instance, the HPS is often asked to look into HCMG cases, and may find that there is a problem but is ultimately unable to take action where the hoarding issues fall outside the Public Health Act. The HPS also cannot compel other agencies to take action using their regulatory controls, and in such cases the condition may go unrectified or worsen.

WhoG policy and CoP

13. In light of the issues above, the HPS proposes a WhoG CoP should be created that can respond to all hoarding cases. This proposal requires whole of government collaboration by using existing legislative provisions to respond to cases of hoarding. This proposal is discussed in detail at Attachment A.
14. A WhoG CoP would be developed by the preferred lead agency (to be determined

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based on feedback from Minister Ramsay to your letter at [Attachment B](#). The WhoG CoP would be developed in collaboration with Access Canberra, ACT Fire & Rescue, Housing ACT and other relevant bodies, and adopted as policy across the ACT Government.

15. This approach seeks to create a consistent and acknowledged approach to hoarding management across the ACT. It will take time and resources to develop as it would need to be progressed via a Cabinet Submission.
16. A Cabinet process would also ensure that all Directorates with responsibility for hoarding matters have the opportunity to comment on the appointment and hoarding policy approaches.
17. The most appropriate 'lead agency' for a hoarding case changes depending on the type of hoarding and which Directorate's legislation it predominantly falls under.
18. Due to the cross-government impact of hoarding policy, any WhoG approach to hoarding, including the appointment of a coordinating officer, is best led by CMTEDD.

Non-Government Organisation (NGO) Support Services

19. In February 2018, Woden Community Service withdrew from providing intensive support services to cases of hoarding managed by the HCMG due to financial constraints. As mentioned above, the HCMG is not currently funded and as such does not have the ability to fund these services.
20. In just a few months, the absence of intensive support services from the community sector on the HCMG has had great impact on HCMG cases and the HCMG's ability to manage these cases.
21. The HCMG has also received enquiries from ACT Government staff (such as community care nurses and occupational therapists) about support services available to patients living in hoarding and/or squalor.
22. In many instances, staff are unable to provide in-home care for patients due to the state of the property. The state generally does not constitute an insanity condition under the Public Health Act, however poses work health and safety risks for staff. The only option for such patients to receive care is to attend the Canberra Hospital or their local health clinic.
23. These cases increase the workload for the already under resourced Secretariat and go unresolved due to the current lack of resources and support services available.
24. Consideration should also be given as to how best to formally involve non-government support services that can be used to support hoarders, their families, and their communities.
25. It is recommended that options for the involvement and potential funding of a well-defined non-government support service role within the HCMG be explored as part of developing a WhoG hoarding policy and CoP.
26. It is recommended you seek Minister Ramsay's agreement for CMTEDD to take carriage of the progression of a WhoG CoP. A letter to this effect is at [Attachment B](#).

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Financial Implications

27. The financial implications for the proposal are discussed at Attachment A. If supported, one senior public servant FTE would be needed to develop the Cabinet Submission and undertake administration of the HCMG going forward.

ConsultationInternal

28. No internal consultation was required on this issue.

Cross Directorate

29. During the development of the Public Health CoP in 2016-17, members of the HCMG were closely consulted and expressed support for the CoP.
30. The HCMG is comprised of representatives from Access Canberra, ACT Fire and Rescue, Transport Canberra and City Services, Housing ACT, Child and Youth Protection Services, ACT Ambulance Service, ACT Public Advocate, Mental Health, Justice Health, Alcohol and Drug Services and the HPS.
31. More recently, general principles to improve WhoG coordination and responses to hoarding cases have been discussed at HCMG meetings. Similar discussions have occurred at the Executive level between the HPS and Access Canberra to facilitate a collaborative approach to responding to all hoarding cases.
32. Subject to your agreement to progress a cabinet submission seeking development of a WhoG hoarding policy and CoP, the lead agency will be required to facilitate consultation on this proposal with the HCMG and other Directorates generally.

External

33. Once a way forward is agreed, consultation should be undertaken with relevant NGO service providers as part of developing a WhoG hoarding policy and CoP.

Benefits/Sensitivities

34. There is a clear need to improve coordination of hoarding management across government agencies.
35. It should be noted that the suggested options for a hoarding CoP will not resolve all hoarding issues in the ACT. However, they will greatly assist by providing for a consistent and coordinated approach across government in managing these matters. Hoarding is a complex problem. Regulatory interventions that force clean-ups usually cause significant distress to the hoarder and exacerbate hoarding behaviour. Resolution of complex hoarding cases requires a multidisciplinary approach which may include regulatory action along with ongoing support and case management.

Media Implications

36. No media interest is anticipated on this matter at this time. However, the issue of hoarding and the government's response to it is one that periodically attracts media attention.
37. The ACT Government committed to develop a CoP for insanitary condition hoarding cases under the Public Health Act when the Act was amended in 2016. Failure to

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finalise a CoP could generate negative comment.

Signatory Name: Dr Paul Kelly, Chief Health Officer, Population Health Phone: 6205 0883
Action Officer: Conrad Barr, Director, Health Protection Service Phone: 6205 1722

Attachments

Attachment	Title
Attachment A	Option for managing cases of hoarding in the ACT
Attachment B	Letter to Gordon Ramsay MLA

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Options for Managing Cases of Hoarding in the ACT

Introduction

The *Public Health Act 1997* allows the Minister to “determine a code of practice setting out guidelines for the chief health officer in dealing with insanitary conditions caused by hoarding or domestic squalor (a **hoarding code of practice**).” The Minister for Health and Wellbeing requested the Health Protection Service (HPS) consider mechanisms to respond to all types of hoarding in the ACT.

The HPS has chaired the Hoarding Case Management Group (HCMG) since 2015 and has learned valuable lessons about the management of hoarding. Each case of hoarding is different. Complex cases require the ongoing involvement of several agencies at any given time. The most appropriate ‘lead agency’ to manage a hoarding case depends on the type of hoarding exhibited and whether it falls within the remit of the agency’s legislation.

Based on the lessons learned through the HCMG, the HPS proposes that there are five key agencies that can act as the ‘lead agency’ for a hoarding case. These are:

1. **Access Canberra** – can manage hoarding cases using unclean leasehold provisions in the *Planning and Development Act 2007*. These provisions apply to a property where 30% or more of the undeveloped portions of the block that are visible from the public domain are covered in items.
2. **ACT Health** – can manage hoarding cases using insanitary conditions provisions in the Public Health Act. These provisions cover conditions that a reasonable person would consider to be, or be liable to become, a public health risk.
3. **ACT Fire and Rescue** – can manage hoarding cases using fire safety provisions in the *Emergencies Act 2004* to reduce the risk from fire or other hazard to public safety or to the safety of people who are likely to be at the premises.
4. **Transport Canberra and City Services (TCCS)** – can manage animal hoarding cases using provisions in the *Animal Welfare Act 1992*. TCCS can also manage hoarding cases that involve the depositing of items (which effectively constitute litter) on public land under the *Litter Act 2004*.
5. **Community Services Directorate (CSD)** – Housing ACT can manage hoarding issues in public housing properties using provisions in the *Residential Tenancies Act 1997*.

Depending on the issues involved, there are other directorates/agencies that have a role in dealing with hoarding cases. These include:

- The Mental Health area of ACT Health – as hoarding is often involves mental health issues, Mental Health services have a key role to play in terms of assisting hoarders.
- Public Advocate – can assist hoarders with impaired capacity to undertake certain activities (e.g. manage their financial affairs).
- Non-government community services – there are several groups (e.g. Woden Community Services) that have previously provided critical support to hoarders and those affected by hoarding.
- Child and Youth Protection Services, CSD – have legislated responsibilities to children and young people who may be at risk of harm (e.g. due to hoarding in the home).

Decisions to be made

There are a number of policy decisions that should be made about the future of hoarding regulation in the ACT. These are discussed below.

HCMG workload

Currently, the HCMG is only intended to deal with 'complex' hoarding cases that require, or are likely to require, regulatory input from more than one directorate and has had some success in this field. There have been some issues with the process of referring cases to the HCMG. There appears to be a view by some that the HCMG is a 'one-stop shop' for hoarding. As such, some cases referred to the HCMG have not been complex enough to warrant HCMG intervention and actually fall within the legislative remit of the referring agency. To date the HCMG has been able to direct these back to the appropriate Directorate for action.

The HCMG is meant to be a reasonably high-level group of officials – it was never intended to be a group of operational staff running through all ACT hoarding cases. The Terms of Reference for the HCMG will need to be significantly revised, the membership changed and appropriate resourcing allocated if the HCMG is intended to become the central point for all hoarding cases.

HCMG Membership

A significant issue for the HCMG has been consistent membership and participation. Some directorates have changed their delegate multiple times; as a result, some have ended up with multiple attendees (resulting in confusion about who is the decision-maker or attendance by those without authority to make decisions). Staff turnover is obviously an issue in some of these cases, but there have also been issues around personalities driving work, rather than strategic policy. This means that when certain staff leave an area, hoarding policy appears to cease altogether. An overarching government policy on hoarding would help to address this issue.

Way forward

Below is a proposal to achieve a whole of government approach that can respond to all hoarding cases. That is, an initial property inspection by one or more of the agencies listed above, a decision on who is the appropriate lead agency, and the implementation of regulatory controls by the lead agency with the support of the HCMG. These regulatory controls would be managed by a hoarding code of practice (CoP) which outlines roles and responsibilities, provides a framework for managing hoarding cases, allows referral to support services, and a review process. The CoP would also formally create the HCMG.

Creation of a Whole of Government policy and CoP on hoarding

This option creates a 'one-stop shop' for hoarding through the development and implementation of a hoarding CoP to be adopted as **policy** by all relevant directorates. It is not recommended that this option be adopted through legislation (at least not at this time) as this is a big strategic change, and enshrining it in legislation would remove the ability to be flexible and respond to issues as they arise. Creating legislation is also a resource intensive process that is likely to take more than 12 months. Given that the issue is about the way government will manage hoarding, the same outcome can be achieved through policy.

To progress this option, a Cabinet Submission would be needed, asking Cabinet to agree that a whole of government policy on handling hoarding cases be developed, as well as a CoP that addresses the role of each directorate. This would require each Directorate to have a nominated person to lead this work. A working group of nominees would be a feasible option to collaboratively progress the work.

To ensure the CoP accurately reflects the options for responding to hoarding cases, it should be drafted in collaboration with the current HCMG, which includes representatives from the Health Protection Service, Mental Health, Justice Health, Alcohol and Drug services, Access Canberra, ACT Fire and Rescue, ACT Ambulance Service, Transport Canberra and City Services, Community Services Directorate, ACT Housing, and the Public Advocate. The CoP would formally create the HCMG and oblige member agencies to act in accordance with the CoP. This would capitalise on progress made through the HCMG to date and build on a functional platform.

Leadership on the whole of government policy and CoP

The majority of hoarding cases do not fall within the remit of the Public Health Act. Rather, Access Canberra's unclear leasehold provisions give the greatest scope for the management of hoarding. However, to date, Access Canberra has not taken a lead role on hoarding cases that ostensibly fall within its remit. This creates an issue: Access Canberra is best placed to lead the development of a whole of government hoarding policy and CoP. However, their actions to date indicate a lower priority assigned to dealing with hoarding related issues. The HPS cannot compel Access Canberra to undertake action on hoarding premises, and instead, some of these premises have deteriorated into insanitary conditions and ultimately ended up with the HPS. A perception has therefore developed that ACT Health is the lead on hoarding cases.

ACT Health acknowledges that regulatory options under the *Planning and Development Act 2007* are subject to slow and cumbersome processes and are understood to be relatively untested. This situation is comparable to that faced by ACT Health prior to undertaking legislative amendments in 2016 to streamline administrative processes and would make it difficult for Access Canberra to address hoarding issues in a timely manner.

As such there are two possibilities for leading the drafting of the CoP: Access Canberra could take on the lead role (but may do so unwillingly); or the HPS can lead, despite most hoarding cases falling outside the regulatory powers of ACT Health. Whichever agency leads this work would require an additional senior public servant FTE staff member to coordinate and manage hoarding cases and in the long-term, the business of the HCMG (including inter-directorate liaison to ensure action items are progressed). HPS staff currently undertake the HCMG secretariat function, however, as the workload has increased, staff have been unable to meet the workload requirements and perform all their normal duties. As the suggested CoP would expand the work of the HCMG, the current secretariat would not be able to fulfil the required duties. The HPS would continue to manage hoarding cases that fall within the remit of the Public Health Act.

A summary of the proposal is provided in the table below.

Proposal	Pros	Cons	Resources
<p>Develop a whole of government hoarding policy and CoP.</p>	<ul style="list-style-type: none"> • Would create a uniform, whole of government policy. • Allows the Government's response to hoarding to remain within a single over-arching mechanism. • Ensures the appropriate agency leads management of each hoarding case in the ACT. • Provides a centralised hub for people struggling with hoarding. • Does not require legislative amendment and will be flexible to issues arising. • Would provide for consistent HCMG membership and participation. 	<ul style="list-style-type: none"> • Will be resource intensive, requiring agreement of all involved directorates. • Will take time to develop and implement as a new CoP would need to be written and agreed to. • This is a large project requiring ongoing collaboration of all involved directorates to ensure that hoarding cases are effectively managed. • Has not been prefaced with the HCMG, so there may be practical issues with this option that will not be raised until policy development begins. 	<ul style="list-style-type: none"> • 1 FTE senior public servant needed for coordination and ongoing HCMG secretariat work. • Lead agency may be Access Canberra or ACT Health, noting there are different issues associated with each option for lead.

Original by Minister's Office



21 SEP 2018

Meegan Fitzharris MLA

Minister for Health and Wellbeing
 Minister for Higher Education
 Minister for Medical and Health Research
 Minister for Transport
 Minister for Vocational Education and Skills
 Member for Yerrabi

Mr Gordon Ramsay MLA
 Attorney-General
 Minister for Regulatory Services
 ACT Legislative Assembly
 London Circuit
 CANBERRA ACT 2600

Dear Minister Ramsay *Gordon,*

Thank you for starting a discussion to strengthen cross-government coordination of hoarding responses in the ACT. I note that on 8 March 2018, I wrote to you supporting your proposal to appoint a senior public servant to take over the ACT Government's response to hoarding cases. I also proposed the leadership and focus of the Hoarding Case Management Group (HCMG) be amended to focus on broader issues, and that the Chief Minister, Treasury and Economic Development Directorate (CMTEDD) may be best placed to undertake this work.

I now write to you to propose a whole-of-government (WhoG) policy and Code of Practice be created that can respond to all hoarding cases. This approach seeks to create a consistent and acknowledged approach to hoarding management across the ACT. The senior cross-government coordinator proposed by you in December 2017 could lead the drafting of relevant policy, coordinate and manage hoarding cases, and the business of the HCMG, including secretariat. Consistent with my previous correspondence, I believe your Directorate is best placed to house such a coordinator role, as the majority of hoarding cases fall within CMTEDD's remit.

As part of this project, a WhoG Code of Practice would be adopted by all directorates, addressing the role of each Directorate in managing hoarding cases. To ensure buy-in across all directorates, this work should be agreed to by Cabinet. To ensure the WhoG Code of Practice accurately reflects feasible options for responding to hoarding cases, it should be drafted in collaboration with the current HCMG, which includes representatives from across relevant directorates.

Whilst the majority of hoarding cases do not have public health implications, I would like to reiterate ACT Health's commitment to working with other directorates to provide input into a WhoG policy response to hoarding.

ACT Legislative Assembly

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I look forward to your response about CMTEDD taking a lead role on hoarding matters and your general comments on this proposed way forward.

Yours sincerely



Meegan Fitzharris MLA
Minister for Health and Wellbeing

20/9/2018