



NORTHERN TERRITORY
***of* AUSTRALIA**

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HANSARD EXTRACT

INVESTMENT IN HEALTHCARE

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disease and mental health challenges, will face even greater burdens as these health impacts begin to manifest.

Beyond the direct health risks, the environmental consequences of oil and gas extraction are also of great concern. Contamination of water sources, disruption of local ecosystems and the destruction of wildlife habitats could exacerbate the already significant pressures on our environment and communities.

If our commitment is to continue to improve health outcomes we must ensure that we are not trading one set of health risks for another. The Northern Territory cannot afford to ignore the mounting evidence of these health risks.

The health challenges we face in the Northern Territory are not insurmountable, but they require a united effort. We must continue to advocate for better healthcare services, chronic disease prevention, mental health services and programs that break the cycle of disadvantage. We must also protect our environment from industries that threaten to harm our land, air and water and the health of the people who call this place home. Let us make health our priority because our communities deserve nothing less.

I seek leave to table this report.

Leave granted.

Dr RAHMAN (Fong Lim): Mr Deputy Speaker, 'that the NT Government ensures its investment in healthcare means current and future projected needs of all Territorians'—that is indeed a matter of public importance, and I welcome the opposition raising it, but there is something of a perverse irony that the Labor opposition would raise it, noting its chronic lack of investment in the healthcare system over large tracts of time. I can only imagine that those opposite have raised it today serendipitously hoping to capitalise on the federal budget and announcements that may paper over their negligent conduct in this area.

Investment is about more than just buildings; it is also about people, and that is where the last eight years of Labor government was abysmal. I specifically want to talk about a durable healthcare workforce, which I have raised before in other forms. I am astonished that this is the item the opposition chooses to draw attention to because, as the Minister for Health pointed out, we are working aggressively and at pace in this space to do all manner of things that Labor dropped the ball on over a long time. I am not ordinarily predisposed to playing 'kick the last lot for the last eight years', but this is taking the prize today.

In the relentless pursuit for financial capital over the last eight years the Labor government dropped the ball on human capital, and I have raised this point before. In the Treasurer's Annual Financial Report (TAFR) that came out late last year, if you look carefully you will see that health is the government sector's largest expenditure category. It is ideally illustrative of the Labor government's mismanagement. The TAFR reiterates, as did the Minister for Health, that there has been:

... increased expenditure relating to: hospital services largely driven by skilled workforce shortages requiring increased utilisation of high cost agency labour hire and overtime ...

Why has that happened? Why is our system bankrupting itself by having to rely on a two-tier system where we are paying differential rates and having to rely on agency workforce to keep the system from collapsing? It is because of poor economic policy choices that have been made over time. While I applaud the federal Labor government for kicking in from time to time in our healthcare arena, and likewise federal Liberal governments, there is little that Territory Labor can lay credit to over the last eight years in that regard.

We have facilities that are underserviced with an inadequate workforce to provide high-quality healthcare, and it is a disincentive for people setting up shop and sticking around in the Northern Territory. That is the point that the Minister for Health made. We are working on these issues holistically. Yes, there is a component about buildings, plant and capital, but there is also a component about making this place liveable and making it safe for the healthcare workforce, not just attracting healthcare workers but also finding ways to retain them. I am astonished in this regard.

The quantum of that utilisation of high-cost agency labour hire and overtime was:

health spending increased by \$228 million from \$2.02 billion in 2022–23 to \$2.24 billion in 2023–24, as a result of increased expenditure in hospitals, largely driven by skilled workforce shortages requiring increased utilisation of high cost agency labour hire and overtime ...

It is astonishing that those opposite would draw attention to this area of policy ineptitude. Successive Territory Labor Treasurers and Health ministers neglected this issue because, quite frankly, it was in the too-hard basket. This is not in the too-hard basket for this government.

You will note that when Labor refused to talk about population decline, we have tackled it from day one. It is just the beginning in this regard. At the moment, we are trying to stimulate the residential construction sector and housing supply and incentivise small business to spend money. All these things are working in tandem to try to create the preconditions for a place where people want to stick around.

It is not only us who have a healthcare worker shortage; there is a global shortage of healthcare workers, as the Deputy Opposition Leader pointed out. In order to be competitive in the marketplace you have to provide a reasonable offering. We are trying hard to set the preconditions to make it possible for people to want to come, stay and succeed here, because that is simply not the case now.

I am committed to working with the Minister for International Education, Migration and Population and the Minister for Health on creating sustainable, new workforce pipelines in healthcare. I say 'new' because we have had so many mis-starts, false alarms, red herrings and *Utopia*-esque announcements in this place that it is embarrassing.

You can go back to September 2023 to find the last lot of pseudo-engagement done by the then Deputy Chief Minister on a mercy mission to Kerala in India to try to set up new workforce pipelines with nurses, purportedly, and create aviation sector options. Where are those nurses? What do we have to show for that MOU with Kerala? It is astonishing that those opposite would raise this of all things.

I will give the Labor opposition a fairer hearing than anyone in this place. There are things Labor members could point to that they did successfully. Why not talk about them? Perhaps those opposite are being extremely brave to highlight how negligent they were in the policy arena in relation to workforce development over such a long period. I am not inclined to speak on matters of public importance, but this is so important that I had to speak on it.

I am committed, as I said, to working with the Minister for International Education, Migration and Population and the Minister for Health on creating sustainable, new workforce pipelines. Where Labor failed to do anything other than make *Utopia*-esque announcements, we will deliver. Just because you cannot see it does not mean there are not things happening in the background in a range of areas.

Yes, the headline-grabbing material is all about deregulating our environment and trying to create business confidence. I am the first to admit that the government is pushing an aggressive agenda in that regard, but it is not the only part of the agenda that we are pushing. There is a threefold agenda to try to reduce crime, rebuild the economy and restore lifestyle. Under those, lots of different things are happening in every regard. Whether they all work perfectly or at the same time remains to be seen.

Quite seriously, after years of negligence in workforce, population, talent acquisition, migration and higher education, what does the former government have to stand on in this regard? It dropped the ball entirely on the labour component of the Labor equation. It astonishes me that it was this fixated over this period on major projects and infrastructure.

The underlying problem is demographic decline. I have spoken about this at length, so I will not go through it again. The key thing to remember is that demographic decline has workforce implications. Good luck servicing any industry if you do not have people. That is why we are working on trying to bring people here and creating the preconditions for people to come, stay, live and work here. The healthcare workforce is an important part of that equation.

Our demographic decline has undermined, not fostered, economic development. It has an attendant impact on the quality of life for all Territorians. It has diminished it, not improved it. Demographic decline is at the root of the workforce crisis in healthcare. Be clear that is exactly what it is: a workforce crisis in healthcare.

I want to be careful about what I say because the people in our healthcare system are working as hard as they possibly can to provide the best quality of care they can, but they are working with the policy odds stacked against them, and they have been for a number of years now.

It is serendipitous that just yesterday one of my constituents, a gentleman I know named Sijmen Grunbauer, in desperation wrote a letter to the NT Independent. I highlight this letter because it speaks volumes about the situation we are in. The letter is titled 'Stroke victim left in limbo at RDH with no rehab services'. I had

been trying to help Sijmen Grunbauer to the best of my ability because his wife, Elva, recently had a stroke. She received care at RDH and has been redirected to palliative care. It is Sijmen's contention that she should have the option for rehabilitative care.

I know the people in RDH are doing their darnedest to provide the best possible service they can, but the contention made by my constituent is:

It seems that RDH does not have the expertise or staff to deal with any but the mildest form of stroke and therefore send the rest of us to die regardless of age.

That is a harsh charge. But what I will say is this: RDH does not have facilities for mechanical thrombectomy or specialist stroke physicians; RDH has a limited number of neurologists, and those who are there work overtime and flat out to try to keep up with demand. They are not to be pilloried for their service; they are to be lauded. The people who are to be pilloried for their negligence are the former government members who did not do anything to incentivise those specialists to come to and stay in the Northern Territory. They did not have transitional mechanisms in place to fill the gaps when we lost critical specialists and were unable to get people to fill those gaps.

I feel for Sijmen because there is little I can do for him or his wife, Elva, at this point, short of advocating for access to the rehabilitative care they are seeking at Palmerston hospital. That is a medical decision, and it will be made by medical specialists. Stroke is a perfect illustration of something that requires people with high-end skills and not after the fact, but at the time of the incident and the onset.

I struggle to see why we would be discussing this, except because it is worth shining a light on. Perhaps that is what we take from today. When all is said and done Labor's commitment to facing the NT's economic reality—which is a quagmire of catastrophe of its own creation—is something we are just starting to have to accept. Our government will make lots of noise about negligent conduct and economic mismanagement going forward, but people's lives are at stake in the bush and urban areas; this matters. All browbeating aside, all of us want a better, stronger, robust healthcare system.

I grew up here when investment in public health, housing, education and infrastructure was sufficiently strong to provide the preconditions for people to succeed. Successive governments over a number of years have dropped the ball. That process accelerated over the last eight years when we stopped paying attention to sustainable demographic growth to underpin sustainable economic growth.

I make the case frequently to my colleagues on the government side that it is great they have these industries that they want to concentrate on, but we will need people to fill all of them. That is what we are trying to do. We are making this a place where people across those sectors will want to live, work and enduringly stay here. People in critical areas like healthcare will want to do the same.

Remember that investment is not just about plant and capital, bricks and mortar or buildings and hospitals; it is about people. We all share concern for the state of our healthcare system. It is one of those things we need to band together on and face the reality so that we can move forward constructively. Unless and until we accept that we have a population and workforce problem—unless we can find some sort of bipartisan consensus on moving forward with that agenda, accepting that both sides dropped the ball on this over a number of years and now we need to figure out how to attract, retain and develop populations—the Northern Territory will be at a crossroads. Our economic development is not the only thing at stake; it is our existence and our capacity to exist rather than just subsist within this jurisdiction.

We cannot continue to joke, 'When in pain get on a plane'. Those days are done now. We know that there are critical issues in the healthcare sector, and it is time for us to face them head on. I commend the Minister for Health for facing those challenges and investing in our system appropriately.

Mr BROWN (Arafura): Mr Deputy Speaker, I speak on this matter of importance for all Territorians; that is, ensuring our healthcare investment meets the current and future needs of our communities, no matter where they are in the Territory.

Health is not just another policy area; it is central to positive outcomes, particularly out bush. Good health is the foundation for good families, happy communities, economic productivity and, indeed, the Territory's collective future. This is why it is vital that the Northern Territory Government commits to not only maintaining but also enhancing its investment in healthcare infrastructure, staffing and services.