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| **department of veterans’ affairs**  **Ex-Service Organisation Round Table** | |
| **Venue: Level 9 Conference Room, Lovett Tower, Canberra**  **Date: Tuesday, 24 March 2015**  **Time: 9.00am – 4.30pm** | **Meeting No: 29** |

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| **Attendees** |  |

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| **Attendees** | |
| Mr Simon Lewis PSM | Chair; Secretary, Department of Veterans’ Affairs; President, Repatriation Commission; Chairman, Military Rehabilitation and Compensation Commission |
| Mr Craig Orme | Deputy President, Repatriation Commission; Member, Military Rehabilitation and Compensation Commission |
| Major General Mark Kelly AO DSC | Commissioner, Repatriation Commission; Member, Military Rehabilitation and Compensation Commission |
| Air Vice-Marshal Tony Needham AM | Member, Military Rehabilitation and Compensation Commission |
| Rear Admiral Robyn Walker AM RAN | Member, Military Rehabilitation and Compensation Commission, Defence |
| Ms Jennifer Taylor | Member, Military Rehabilitation and Compensation Commission, Comcare |
| Mrs Narelle Bromhead | Partners of Veterans Association of Australia |
| Rear Admiral Ken Doolan AO RAN (Retd) | Returned and Services League of Australia |
| Mr Ken Foster OAM JP | Vietnam Veterans Association of Australia |
| Air Vice-Marshal Brent Espeland AM (Retd) | Royal Australian Air Force Association |
| Mr David Gray | Legacy Australia Council |
| Mrs Meg Green | War Widows’ Guild of Australia |
| Colonel David Jamison AM (Retd) | Defence Force Welfare Association |
| Mr Anthony Mogridge | TPI Federation Australia |
| Mr Terry Nolan AM | Australian Special Air Service Association |
| Mr Russell Pettis FAIM | Naval Association Australia |
| Ms Robyn Ritchie | Defence Families Australia |
| Mr Michael von Berg MC | Royal Australian Regiment Corporation |

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| **Apologies** | |
| Mr Allan Thomas | Australian Peacekeepers and Peacemaker Veterans’ Association |

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| **Proxies / Guest** | |
| Mr Michael Quinn | Australian Peacekeepers and Peacemaker Veterans’ Association |
| Mr Graham Walker | Vietnam Veterans’ Federation of Australia |

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| **Honoured Guest(s)** | |
| Senator the Hon Michael Ronaldson | Minister for Veterans' Affairs |

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| **DVA Participants** | |
| Mr Shane Carmody | Chief Operating Officer |
| Major General Dave Chalmers AO CSC | First Assistant Secretary, Commemorations and War Graves |
| Ms Judy Daniel | First Assistant Secretary, Health and Community Services |
| Ms Narelle Dotta | First Assistant Secretary, Corporate |
| Ms Lisa Foreman | First Assistant Secretary, Rehabilitation and Support |
| Ms Kyleigh Heggie | Director, Research Development and Coordination |
| Mr Mark Harrigan | Assistant Secretary, Policy Support |
| Dr Stephanie Hodson | Director, Mental and Social Health |
| Mr Wayne Penniall | National Manager, Vietnam Veterans Families Counselling Service |
| Mr John Sadeik | Assistant Secretary, Programme Support |
| Ms Carolyn Spiers | Principal Legal Adviser, Legal Services, Assurance and Deregulation |

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| **Observers** | |
| Commander John M Hodges RAN (Rtd) | National Veterans’ Affairs Advisor, Returned and Services League of Australia |
| Mr Tim Evans | Assistant Secretary, Commemorations |
| Ms Kerrie Martain | Assistant Director, Transport, Research and Development |
| Ms Dannielle Cunningham | Director, Income Support and Grants |

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| **Secretariat** | |
| Ms Maxine Berryman | Assistant Director, Commissions and Senior Committees Secretariat |
| Ms Beth Lyons | Senior Secretariat Officer, Commissions and Senior Committees Secretariat |

**Agenda Item 1. Opening remarks and Introductions**

The Chair welcomed members to the 29th meeting of the Ex-Service Organisation Round Table

(ESORT). He made special mention of the passing of Tim McCombe, the National President of the Vietnam Veterans’ Federation of Australia (VVFA) earlier this year. He asked the assembly to rise and observe a minute silence in respect of Mr McCombe.

The Chair welcomed Mr Graham Walker representing the VVFA.

The Chair gave advice of the changing faces of the department and introduced and welcomed Mr Craig Orme the newly appointed Deputy President, Repatriation Commission and Member, Military Rehabilitation and Compensation Commission.

The Chair advised that Ms Alison Stanley, the Deputy Commissioner (DC) of Queensland has left the department to enjoy retirement. Ms Jill Simpson joined the department earlier this month as the new DC of Queensland. Ms Simpson has extensive experience across the public service as well as in the private sector. The Chair provided a short summary on Ms Simpson’s background.

The Chair advised that Ms Judy Daniel, the First Assistant Secretary of Health and Community Services Division will be retiring and that Ms Sue Campion will be stepping in to the role on

30 March 2015.

Mr Ian Kelly DC of South Australia will take leave from early April leading up to his retirement. Mr Kelly has had an extensive career in journalism until joining the department in 2004 and becoming the DC South Australia in 2006.

The Chair asked the meeting to join him in acknowledging their service and wishing them all the best in their retirement.

The Chair informed the meeting that the Minister, Senator the Hon Michael Ronaldson will be joining the meeting during the morning session and has been invited to join the members for morning tea.

The Chair advised that apologies were received from Mr Allan Thomas, Australian Peacekeepers and Peacemakers Veterans’ Association and that Mr Michael Quinn was in attendance as proxy.

The Chair introduced AVM Tony Needham who outlined the next Defence ESO Round Table day. The members advised that the previous Defence day was well received. AVM Needham confirmed that the next meeting will be held on Wednesday, 26 August 2015 and further details will follow in due course.

**Agenda Item 2. Minutes and Actions from Meeting 28 (13 November 2014)**

The minutes from the 13 November 2014 ESORT meeting were accepted as a true and accurate reflection of discussions.

The following action items status updates were reported:

**Action Item 25/2 -** CONTINUING – an announcement will be made later this year regarding the arrangements for the Australian War Memorial (AWM) Travelling Exhibition, with a view to providing an update at the meeting following the announcement

**Action Item 28/9 -** CONTINUING – due in May 2015

Members agreed to closing of the following Action Items: 27/6, 27/7, 27/8, 28/1, 28/2, 28/3, 28/4, 28/5, 28/6, 28/7, 28/10, 28/11, 28/12.

The Chair asked for comments on the Action Items and reminded members that a complete set of Minutes would be distributed for members only, with a shorter public summary published on the website.

A paper for Action Item 28/2, the Draft Social Health Strategy 2014 for veteran and Ex-Service Community was distributed at the meeting with the note that it was not for further distribution.

**Agenda Item 3. Address by the Deputy President**

Mr Orme spoke of his background in the defence services advising that his last day in the services was seven and a half weeks ago and he commenced in the role of Deputy President seven weeks ago.

He informed the meeting of his service background most recently being as the Commander Joint Task Force 633, with command of Australian Military Forces in the Middle East and Afghanistan. Mr Orme added that he was a previous member of the MRCC, between 2009 and 2011, while Head of People Capability in Defence.

He provided further information of his activities since commencing as the Deputy President on

2 February of this year, and an overview of the role and functions that he will continue in for the remainder of his appointment.

**Agenda Item 4. Anzac Centenary Programme Update**

MAJGEN Chalmers provided an update on commemorative activities and advised that a copy of his notes would be made available to members.

The update included information on the ANZAC Centenary Program and the Albany

Convoy Commemorative Event (ACCE) that was successfully held over the weekend of

31 October – 2 November 2014. The events were organised in association with the

Western Australian (WA) government and the local Returned and Services League of

Australia (RSL).

MAJGEN Chalmers also provided information on the National Anzac Centre Albany Heritage

Park, Western Australia which was opened as part of the commemorative ceremonies on

1 November 2014.

He gave an extensive report on the processes of the ballot system leading up to the commemorative event at Gallipoli on 25 April 2015 and the events that will be held up until 2018.

MAJGEN Chalmers advised that further information regarding the Anzac Centenary

Programme Update is available on the DVA website and is accessible on SMART phones.

He added that there are website links into state and territory websites and would confirm if the website is accessible internationally.

In closing, MAJGEN Chalmers reminded the members that his report will be sent out

electronically.

**Action Item**

Item 29/1 Provide a copy of notes regarding the Anzac Centenary Programme Update to members. [MAJGEN Chalmers and Secretariat] *A copy has been provided to members.*

Item 29/2 Confirm that the DVA website is accessible internationally. [Secretariat]

**Agenda Item 5. Minister’s Address**

The Chair welcomed the Minister, Senator the Hon Michael Ronaldson to the meeting.

The Minister took the opportunity to place on public record, acknowledgment of the passing of Mr Tim McCombe. At the time of his passing, Mr McCombe was the National President of the Vietnam Veterans Federation Australia (VVFA), and NSW Branch President of the VVFA’s affiliate, the Vietnam Veterans Peacekeepers and Peacemakers Association of Australia (NSW Branch) Inc.

The Minister noted that Mr McCombe was a strong advocate for his fellow veterans. As an original member of the ESORT he contributed greatly to the conduct of the group and its significant representation of the veteran community since 2009. His insight and contribution will be missed.

The Minister outlined a number of areas of focus for the Department particularly in mental health, homelessness, high risk behaviours and suicide. He noted that early intervention was key to successfully addressing these issues, and it was vital that the Department understands how to engage with the younger cohorts who often don’t seek help.

Members discussed the complexities around homelessness. These ranged from understanding the numbers of people involved and how to identify them, through to acknowledging that for some it is a choice to live that way despite services available.

Mr Quinn queried if there had been changes to VVCS emergency housing. Mr Penniall confirmed there hadn’t been significant changes, but on occasions it was more appropriate for people to be referred to psychiatric care in a hospital, to ensure adequate help is received. The Minister noted that the crisis accommodation and services through the VVCS were not widely used and it is important that people understand these services are available.

Mr von Berg, advised that he is looking to establish an ESORT sub-working group to investigate the issue of veteran homelessness. He added that the problem is more than just finding a bed. It’s the ongoing whole of person care that is needed to address the issues that result in homelessness such as mental health or domestic violence issues, or problems that arise when the person no longer has a bed such as crime, drugs and self-harm. Mr von Berg noted that he is hoping to gather information and bring a paper back to ESORT. The Secretary noted this approach and added that the Prime Ministerial Advisory Council (PMAC) on Veterans’ Mental Health is an important resource that Mr von Berg has access to and should be looking to utilise.

Rear Admiral Doolan commented that there was need to keep the issue of veteran suicide in perspective and acknowledge that there is no real understanding of the issues that would cause, particularly young men, to take their life.

Mr Walker spoke of the confusion around conflicting studies. In one Vietnam veteran study it was reported that national service personnel who went to Vietnam had a higher suicide rate than national service personnel who didn’t go to Vietnam. Another report suggested that PTSD is no greater in those that deployed to the Middle East than those who stayed in Australia.

Dr Hodson provided clarification on some of the study results. She noted that the 2010 Prevalence Study, on the surface, indicated that suicide rates between Defence and the general community appeared to be the same. Further analysis showed that in Defence the rates were higher in men versus women in the general community. She also noted the report showed the distinction was in exposure to trauma rather than deployment. Not everyone who had deployed had been exposed to trauma, and therefore did not develop PTSD. Some personnel who had never deployed overseas but had attended traumatic events in Australia, such as bushfires and rescuing boats on the border, had then developed PTSD.

Dr Hodson reiterated access to the VVCS is important and noted the new Non-Liability Health Care arrangements.

The Minister thanked members for their contribution.

**Action Item**

Item 29/3 Ensure topics of homelessness and suicide are included in a future agenda. [Secretariat]

**Agenda Item 6. VVCS Functional Review**

MAJGEN Mark Kelly introduced the item advising that the Department had commissioned an independent review of VVCS. The report has been received and the recommendations considered by the VVCS National Management Team (NMT) and by the Prime Minister’s National Advisory Committee (NAC). The NMT is in consultation with staff until

24 April 2015.

MAJGEN Kelly introduced Mr Wayne Penniall, the National Manager of VVCS to the meeting.

Mr Penniall advised that the VVCS has proposed a draft response to the report. The response is designed to ensure VVCS is well positioned to provide services to a broader group and continue to improve the services. In the last financial year, VVCS services were delivered to 14,000 individuals in 9,000 counselling sessions.

The independent review aims to broadly clarify the future role of VVCS, define the roles and responsibilities, and to enable consistency in service delivery to meet local needs.

The service has 120 staff across the country with 700 contract counsellors.

Mr Penniall noted that although the review is an internal report, he welcomed consultation and input from the ESORT.

The Department will consider the report, proposed responses and feedback received, for VVCS to develop an action plan for any agreed outcomes, including relevant timeframes for implementation.

The Chair commented that the level of consultation was a collective effort to find help for people who need help. He advised that the cost of the service would be expanded if the eligibility for the service was changed to pursue access for children of veterans over 26 years of age.

**Action Item**

Item 29/4 Provide electronic copy of VVCS Functional Review Report to members. [Wayne Penniall]

Item 29/5 Provide organisational feedback on VVCS Functional Review report to DVA. [Members]

**Agenda Item 7. Smaller Government Tranche 3 (SGT3) update**

Ms Daniel and Ms Hope provided a brief overview and the changes as a result of the SGT3 phase.

Ms Daniel advised that a letter was sent by the Minister to members on 22 December 2014 regarding the Government’s announcement of a third tranche of Smaller Government reform measures with the release of the Mid Year Economic and Fiscal Outlook (MYEFO)

2014-2015.

The result of this phase will be a smaller number of health committees with a better focus on the whole of person care, whole of programme design and contemporary health issues for both the veteran and health care services.

Around twenty DVA advisory groups in the health, research and commemorative areas are to cease, sunset, merge or be subject to review. Some of the advisory groups have already ceased and consultation is underway to inform of the new arrangements.

Members were provided with a list of affected DVA advisory groups in their meeting papers.

Ms Daniel and Ms Hope reminded members that this is an opportunity to actively refresh and review the way DVA engages with the health services provider community and involves bi-lateral consultation.

Ms Hope extended an invitation to the meeting for members to nominate an ESO representative to join the Smaller Government Tranche 3 Working Group.

A report is due back to Government in July 2015 on the progress made to date.

**Action Item**

Item 29/6 Nominate one representative to join the Smaller Government Tranche 3 Working Group. [Members]

**Agenda Item 8. SRCA White Card (Hearing Services)**

Ms Daniel advised that as a result of the Review of Military Compensation Arrangements in December 2013, payment for treatment for SRCA clients has been made through the DVA heath card arrangement.

Ms Daniel provided an overview on the differences between the *Veterans’ Entitlements Act 1986* (VEA), the *Safety, Rehabilitation and Compensation Act 1988* (SRCA) and the *Military Rehabilitation and Compensation Act 2004* (MRCA) in treatments accessed by clients.

Members discussed changes specifically in relation to hearing aids. There have been reports of disputes and confusion that have arisen where clients were recommended a hearing aid above those provided by DVA. Ms Hope noted the hearing aids available on the DVA free list (approx. 200 devices) were assessed as being able to assist veterans to manage their hearing loss. There are very few occasions where a device, beyond those on the list, are required.

The Chair reminded members that often the assessment of clinical needs is provided by the same company that will supply the hearing aid. Ms Daniel advised that a lot of work has been done in the re-education of audiologists providing services to the DVA clients and added that this was challenging area when they were both the assessor and the supplier.

Ms Hope agreed to provide members with further and fuller information on how the Australian Government Hearing Program works including information on clinical need, and the mechanism for listing devices on the Free to Client list.

The Chair noted some members concerns that the consultation on the implementation of the health care arrangements hadn’t been comprehensive enough. The Chair agreed to an item at the next ESORT meeting to further discuss concerns raised.

Mr Foster queried why public servants are treated differently under SRCA to white card holders. The Chair advised the question would be taken on notice and referred to the Department of Employment for their consideration.

Ms Daniel advised that she would be happy to arrange for an audiologist to explain the issues to the members at the next National Aged and Community Care Forum (NACCF).

The Chair advised that a paper will be prepared describing the issues that have been mentioned in the meeting and an expert audiologist will be invited to attend the next ESORT meeting on 12 May 2015.

**Action Item**

Item 29/7 Prepare a paper for the next ESORT meeting describing the current situation in relation to hearing services. [Letitia Hope]

Item 29/8 Arrange an hearing expert (DVA audiological advisor and representative from Office of Hearing Services (OHS)) to explain the issues of hearing services at the next ESORT meeting on 27 August 2015. [FAS, H&CS]

Item 29/9 Refer query regarding treatment of public servants under SRCA to Department of Employment. [FAS, H&CS]

**Agenda Item 9.** Access to Services through DVA Health Card Arrangements

Ms Daniel advised that since February 2015 information has been circulating in the ESO and veteran community suggesting that there has been a systematic erosion of the value of health cards under the Gold and White card arrangements. Ms Daniel confirmed that these suggestions are unfounded. In fact, the average spend on health for veterans is increasing in real terms, with the average cost of the Gold card now at $21,700. By 2020 the cost is expected to be $28,300.

Mr Quinn advised the committee that the information that had been circulating was not the fault of the department but more that a dissatisfaction with a provision of a service that had gained momentum and had spread across the community through the modern medium.

The Chair asked the members to be wary of information disseminated through social media, unlike the internet, where information can be corrected. Ms Daniel advised members that the details of the Gold and White card arrangements are published on the DVA website and kept up-to-date.

Ms Daniel commented that there are significant challenges in the health area on how to keep the health service providers up to date on the requirements of their clients. The Department recently launched a learning tool to assist in educating providers.

Mr Pettis queried the difference between the DVA and Medicare schedules. Ms Daniel advised that DVA matched the Medicare schedule but paid higher rebates to doctors and there is a comparison schedule for pharmaceuticals for DVA against the Pharmaceutical Benefit Scheme (PBS).

**Agenda Item 10. Enhancements to the Rehabilitation Appliances Program (RAP)**

Ms Daniel advised that recent Rehabilitation Appliances Program (RAP) enhancements have seen the inclusion of several falls prevention items in the program’s National Schedule of Equipment.

The RAP Schedule was expanded to include a range of falls prevention items previously supplied through the HomeFront programme, and a new dementia category has been added to expand access to equipment.

Ms Daniel provided the meeting with information on the RAP expansion and advised members that the HomeFront Programme and the Veterans Home Maintenance Line (VHML) had both ceased in February 2015.

There will now be an easier assessment process for a number of eligible veterans who previously had to undergo two assessments, now only one assessment will be required under RAP. Members discussed the number of repeat prescriptions available under RAP before having to revisit the GP. The Chair agreed for a short paper to be provided to the next meeting.

Ms Daniel noted the updated RAP schedule and FactSheets are available on the DVA website.

**Action Item**

Item 29/10 Provide a short paper to the next ESORT meeting (via the Secretary) regarding how many repeat prescriptions can be issued under the RAP arrangements before a client is required to revisit a GP. [FAS, H&CS]

The Chair welcomed Commander John Hodges RAN (Retd) who was present to observe this and the next agenda item.

**Agenda Item 11. Vietnam Veterans Family Study – Preliminary Feedback Report**

On 28 October 2014 the Minister launched the Vietnam Veterans Family Study (VVFS), via a Ministerial Statement in the Senate and a video address at the RSL National Congress in Perth.

At the 13 November 2014 ESORT meeting, members were briefed on the scope, methodology and key findings of the studies as part of consultative process on the findings of the VVFS. In December 2014 ESORT member organisations were invited to provide feedback on the report. Submissions were due by 13 February 2015.

Members were provided with a copy of the draft report in response to the study. Members were asked to refrain from discussing or distributing until further advice was obtained.

Ms Daniel provided a brief explanation of the structure of the paper. The paper focuses on the main themes that were raised in the feedback with some specific examples quoted from members’ submissions.

Ms Daniel introduced Ms Heggie, the Director of Research Development and Coordination section.

Ms Heggie advised that seventeen submissions had been received from individuals via the DVA feedback email address and all fourteen ESORT member organisations submitted feedback.

The members agreed that the study was quite confronting and emotional noting that behaviors that were thought to be quite normal forty years ago were not at all acceptable today. It was acknowledged how honest people had been in their submissions and it was hoped that the lessons learnt would assist in identifying the issues and bring them to the notice of the contemporary veterans.

The Chair requested advice on how the feedback on the draft paper would be received.

Ms Daniel advised that the feedback would be received and the comments used to finalise the paper. MAJGEN Kelly added that a summary from the member organisations will form a part of the developed response.

Mr Walker commented that while there was much value to the study it was disappointing that the result identified that Vietnam veterans’ children have a higher level of mental health issues but there were limitations on the results of physical effects as the sample was too small. Ms Daniel advised that there was a discussion in the paper relating to the design of the study and asked that members consider these comments.

Members also noted that the study did not focus on partners and that they expected and believed that this was an important element of the study.

Ms Heggie advised that the VVFS focused on inter-generational aspects and family functions eg parent to child. The study has resulted in a large data source that could be used to provide a sub-set population for further research.

Ms Daniel commented that the feedback from ESORT may provide information to assist in thinking and learning about areas that can be improved as we move forward.

Ms Daniel committed to providing an electronic copy of the paper to members with information on the time period members had to provide any further feedback.

**Action Item**

Item 29/11 Provide PDF version of report and instructions regarding appropriate distribution of the report for members. [FAS, H&CS]

**Agenda Item 12. Review of Advocacy Training**

Ms Foreman provided a progress report on the Review of Advocacy Training following the distribution of the summary paper provided to the stakeholders for comment.

Following the significant feedback received, and to ensure the Department is best able to balance the views of the stakeholders in the development of a high quality training module, a Working Party has been formed. The Working Party has been tasked to determine scope and recommend an agreed, workable model for the delivery and ongoing management of veterans’ advocacy training, and oversee the design and implementation of that model.

Ms Foreman advised that Mr Foster was a representative on the Working Party and together they would look to provide an update to the ESORT at each meeting.

Mr Foster reported that there was a strong response from the ex-service community with positive feedback regarding the advocacy. He noted the next working party workshop was scheduled to be held on 9 April 2015.

Ms Foreman provided information on the eligibility of the Long Tan Bursary. At a previous meeting, the ESORT had recommended that the eligibility for the bursary should be extended to all military families from 1962 and include war-like and peacekeeping service. Ms Foreman advised that these changes to the eligibility criteria would require amendments to the VEA. The Chair advised that it may take a year or longer for the legislation to be changed. Ms Foreman agreed to keep members informed of progress.

**Action Item**

Item 29/13 Include updates from the Review of Advocacy Training Working Party and eligibility for the Long Tan Bursary on future ESORT meeting agendas [Lisa Foreman and Ken Foster]

**Agenda Item 13. Amendments to the *Safety, Rehabilitation & Compensation Act 1988* (SRCA).**

Noting the confidentiality of this discussion, members in attendance signed a Deed of Confidentiality with the Department of Employment, prior to discussions commencing.

Ms Foreman advised that the changes in relation to the *Safety, Rehabilitation & Compensation Act 1988* (SRCA) were due to be tabled in Parliament tomorrow

25 March 2015.

The amendments are the result of a review of the SRCA that was undertaken in 2012. The aim of the review was to address legislative anomalies and consider other issues relating to the performance and financial framework of the Act.

The Prime Minister has agreed to the excision of Part XI (Defence claims) from the SRCA into a standalone Act which will be separate from other Commonwealth (civilian) employees covered by the SRCA.

Mr Harrigan provided information on the impact to civilians and defence members and advised that most of the changes being proposed to the SRCA will not apply to Part XI claims. Two beneficial changes relating to the calculation of Permanent Impairment compensation will apply to Part XI claims.

An information sheet was distributed to the member organisations outlining the potential impact on SRCA Part XI (Defence claims) clients and providing some questions and answers. The amendments will not take effect until the Bill is passed.

Ms Foreman advised members that they would be notified once the Bill had been introduced and was no longer considered confidential.

The Chair requested that an update on the progress to create a standalone Act for SRCA Part XI (Defence) clients be provided at the August ESORT meeting.

**Action Item**

Item 29/14 Include an update on the progress to create a standalone Act for SRCA Part XI (Defence claims) at the August 2015 ESORT meeting. [Lisa Foreman]

Item 29/15 Advise members once the SRCA amendments Bill has been tabled in Parliament and is no longer confidential. [Lisa Foreman]

Mr Sadeik provided a brief update on the progress of the Rehabilitation and Compensation restructure. Members noted that the transition phase of cases had commenced. All existing active cases would be transferred to the new structure by 30 June 2015. New cases will proceed straight through the new structure.

The Chair reminded members the objective is to improve times taken to process claims and error rates. Mr Sadeik noted that this will also improve consistency of practices across locations and cases, including how DVA engages with clients.

**Agenda Item 14. Changes to diagnostic protocols for mental health Non-Liability Health Care (NLHC)**

Ms Foreman outlined the previous and new arrangements concerning diagnosis of mental health conditions in relation to non liability health care (NLHC). Under the NLHC arrangements, there does not have to be any link between diagnosed mental health conditions and military service to access treatment paid for by DVA.

Ms Foreman noted that treatment can be accessed for posttraumatic stress disorder, anxiety disorder, depressive disorder, alcohol use disorder and substance use disorder, whatever the cause.

Previously, only psychiatrists could provide a diagnosis for mental health conditions NLHC purposes. However since 2 January 2015, this has changed and a diagnosis can now be obtained from a vocationally registered general practitioner (GP), clinical psychologist or psychiatrist.

A psychiatrist’s diagnosis is still required for compensation relating to mental health conditions. NLHC is separate from the DVA compensation claims process and a diagnosis for NLHC purposes will not necessarily lead to a successful claim for compensation.

The changes to the NLHC arrangements aim to provide early support to current and former ADF members experiencing mental health conditions.

An article with information of the changes through the NLHC will appear in the Autumn 2015 issue of *VetAffairs.*

Members noted the information provided

**Agenda Item 15. Review of the Special Rate Disability Pension**

Ms Foreman advised the meeting that a Steering Committee has met four times and started identifying issues around the MRCA’s Special Rate Disability Pension (SRDP) to be examined during the review. The Steering Committee is also considering feedback provided by the ESOs.

An ESO Consultative Group (ESOCG) has been formed to ensure views of the veteran community are considered. The ESOCG met on 20 February 2015. They explored the background of the SRDP, the role of the ESOCG, and identified issues requiring consideration.

Terms of Reference for the Review will now be finalised taking into account the ESO input and the MRCC’s views on coverage.

The next ESOCG meeting is scheduled for 27 March 2015. The ESOCG will meet several times over the year, to explore particular issues to be considered by the Steering Committee.

Ms Foreman advised that the Chair of the Steering Committee has agreed that operational issues should be addressed as soon as practical rather than waiting for the final report.

The Review is likely to take until the end of 2015. Members noted the update.

**Agenda Item 16 Consolidated Library of Information and Knowledge (CLIK)**

Ms Foreman referenced a letter sent to members by Mr Carmody, acknowledging the concerns that some ESO communities had raised following the implementation of the new version of CLIK and assuring them that steps were being taken to continue to improve the system.

Members were encouraged to send the details of any problems experienced with CLIK to the CLIK Helpdesk at [CLIK@dva.gov.au](file:///C:\Users\wberrm\HP%20TRIM\TEMP\HPTRIM.27396\CLIK@dva.gov.au).

Mr Sadeik provided an update on the process to improve the accessibility to CLIK. The deficiencies have been identified and DVA is now in the process of working through solutions.

On 3 and 4 March 2015, DVA held discussions with ESO and staff representatives to identify the key aspects of CLIK that were used by stakeholder groups, that needed to be restored in the new environment.

The feedback provided at this meeting, along with other feedback received since the

8 December 2014 release, has informed the development of a draft action plan.

Mr Carmody advised that DVA is moving to digital records, to be available within the next few years. The challenge is in how to manage file integrity and access to files.

Rear Admiral Walker advised that Defence’s E-Health System has been implemented. With appropriate consent from clients, DVA will be able to extract the health data it requires in a more timely fashion. Rear Admiral Walker confirmed that members will be able to view a summary of their health records and can request a hard copy if required.

**Agenda Item 17 Re-making the Veterans’ Vocational Rehabilitation Scheme to save it from “sunsetting” on 1 October 2015.**

Ms Spiers provided advice that on 1 October 2015 the Veterans’ Vocational Rehabilitation Scheme (VVRS) sunsets and automatically expires.

DVA has determined that the scheme still has a valid purpose and should continue i.e. to be remade.

Before the VVRS can be remade, it is a statutory requirement under 115B(5) of the *Veterans Entitlements Act 1986* (VEA) that the Repatriation Commission “must consult with such organisations and associations, representing the interests of the veterans community, as the Commission thinks appropriate”. The purpose of this agenda item is to fulfil this obligation on behalf of the Commission.

Ms Spiers advised members that comments in relation to the proposal will be made available to the Repatriation Commission for consideration when re-making the VVRS. However, any new changes may be addressed at a later date once it has been saved from sunsetting. The proposal is that VVRS be re-made virtually in its present form with the only change being to update the reference to the “Higher Education Contribution Scheme” (HECS) to the Higher Education Loan Program (HELP).

Ms Spiers noted there was no significant feedback to be considered when re-making the VVRS, and invited members to provide further comments through the secretariat.

**Agenda Item 18 Deregulation – Cutting Red Tape**

Ms Spiers referred to the August 2014 ESORT meeting where she outlined that the Government planned to reduce the annual cost of red tape by at least $1 billion a year commencing in 2014. Ms Spiers reminded members that the purpose is to make it easier for people to comply in their interactions with Government. To date, over $2.1 billion in net deregulation savings have been announced.

As part of the Defence portfolio DVA announced $2.6 million in red tape savings for 2014. The initiatives included the introduction of DVA Webclaims and Streamlining Funeral Benefits.

In addition to these savings, DVA’s Proof of Identity changes have also reduced red tape and streamlined interactions between DVA and current serving ADF members. The changes mean that current ADF members, including reservists, who hold a purple ADF Identification Card will no longer have to complete the 100-point identification check when making a claim with DVA.

Further work is being undertaken to identify other areas that could be streamlined in the future.

Mr Quinn noted that where there are dual entitlements under VEA and SRCA and there is a duplication in the claiming process. Ms Spiers noted improvements could be made eg one medical assessment for both Acts, but advised there may not be savings to recoup from this initiative.

Mr Gray raised the issue of multiple police checks eg between state sub-branches in the RSL.

Ms Spiers noted it was not a DVA specific issue but agreed to refer it to the Deregulation Board for their consideration.

Ms Spiers asked members forward any potential opportunities they identify to reduce red tape to [CuttingRedTape@dva.gov.au](file:///C:\Users\wberrm\HP%20TRIM\TEMP\HPTRIM.27396\CuttingRedTape@dva.gov.au).

**Agenda Item 19. Capability Review**

Mr Carmody provided an update on DVA’s progress in regards to the Australian Public Service Commission (APSC) Capability Review. DVA has produced its second progress report to the APSC and noted that reporting requirements have changed from quarterly to biannually. The next report is scheduled to be delivered after June 2015.

There was only one area identified as ‘Amber’ in the report, and that was in relation to performance indicators and benefits realisation. DVA is undertaking work in this area.

With the establishment of the Chief Operating Officer position, Mr Carmody is responsible for APSC Capability Review reporting.

Members noted the update.

**Agenda Item 20. Younger Veterans – Contemporary Needs Forum**

The Chair advised that the most recent Younger Veterans – Contemporary Needs Forum (YVF) was held on Thursday 12 March 2015. MAJGEN Kelly provided a verbal update on the meeting

MAJGEN Kelly advised that a report on the update on the Special Rates Disability Pension (SRDP) was provided at the meeting.

YVF members also received updates on the business process changes in the Rehabilitation and Support Division, noting a reduction in the number of sites doing the same type of work within DVA, and the Rehabilitation Review project.

An update on the Transition and Wellbeing Research Programme (TWRP) was presented and YVF members discussed the upcoming study and encouraging participation.

MAJGEN Kelly advised that the issue of Veterans homelessness was discussed at the YVF and acknowledged it was also on the ESORT agenda for discussion.

MAJGEN Kelly informed the ESORT members that the membership on the YVF was an effective cross section of gender and with appropriate representation from the Defence services including Navy and Airforce.

Members were advised in the YVF meeting that the redesigned DVA website was launched in 2014. The new ‘*I am*’ section is broad at this stage and is expected to evolve over the life of the website, as feedback is provided. The ‘popular’ section provides easy access and will be automatically generated based on traffic on the website.

YVF members were also provided with a similar update on the DVA health card arrangements at this meeting.

The next YVF meeting is scheduled for 22 July 2015

**Agenda Item 21 State and Territory Forums**

Mr Orme advised that since November 2014 the Deputy Commissioner Consultative Forums were held in all states and the Northern Territory. The minutes of these meetings were included in the meeting papers for members’ reference (not for distribution).

Mr Orme advised that there were several common themes discussed during the Forums.

Deputy Commissioners (DC) outlined changes to the national arrangement of work in Rehabilitation and Compensation Operating Model and the reasons for this change.

The transition phase has commenced with implementation expected by the end of the 2014/15 financial year.

The findings of the Vietnam Veterans Family Study, the Peacekeepers Health Study and the Rwanda Deployment Study were presented at the forums. Discussions related to sampling methodology, potential international comparative studies and the findings themselves. Forum members were encouraged to send feedback to their National Presidents.

The Western Australian (WA) Forum held discussions regarding the information flows from ESORT members to their organisations. The DC reiterated that there is a firm expectation from both ESOs and DVA that ESORT members canvas opinions and report back to their memberships where appropriate.

In Tasmania there were discussions around the lack of veteran specific PTSD treatment centres and the need for family support and travel when Tasmanian-based veterans travel interstate for treatment.

At the Queensland Forum, the Royal Australian Regiment (RAR) Association discussed the need to promote a list of recognised and accredited Advocates, Pension and Welfare Officers in their state. The RAR Association is looking to establish an up-to-date register to advise veterans and their families where to seek assistance.

The Veterans Employment Assistance Initiative was discussed at a number of forums and feedback received to date was positive.

The NSW Forum noted a new eLearning programme “Working with Veterans with Mental Health Problems” was launched in December 2014 to assist GPs to better understand the military veteran experience, common veteran mental health issues and special assessment and treatment considerations for veterans with mental health problems. Members also discussed difficulties in disseminating information eg through continuing education programs and suggested ESORT consider the development of a structured awareness strategy.

Mr Orme noted the next National Aged and Community Care Forum (NACCF), which he now chairs, is due to meet on 31 March 2015.

**Action Item**

Item 29/15 Consider options for a structured awareness strategy in the dissemination of information to GPs and provide to Deputy President. [Members]

**Agenda Item 22 Report on PMAC**

Mr von Berg provided a report on the most recent Prime Minister Advisory Council (PMAC) on the Veterans Mental Health meeting.

A proposal regarding the National Communication Strategy has gone forward to the Minister for consideration and a response is expected at the next PMAC meeting. In the meantime work is continuing in the background.

Topics discussed included homelessness, incarceration and suicides, noting there are no accurate and reliable figures as the individuals concerned are often unknown to DVA. Work is currently being undertaken to gain a better appreciation of these issues.

Mr Von Berg advised that he had contacted the South Australian (SA) government to promote a pilot program based in Queensland (QLD) to work with veterans, which has the effect of increasing their levels of self worth and assisting them to get back into the workplace.

A presentation from the Railways Association (RA) informed the meeting that their RA members are experiencing Posttraumatic Stress Disorder (PTSD) issues due to the number of suicides on railway lines. The figure of the individuals attempting suicide is considered to be much higher than the recorded number as not all attempts succeed or are reported.

The Peer to Peer Support Program is a PMAC initiative that is now being managed by DVA.

The Department will engage a Mental Health Technical Advisor to work with DVA to design and develop the governance framework and policies and procedures to support the peer support model to be used in the pilot.

**Agenda Item 23. Homelessness**

Mr von Berg wrote to the Department regarding its response to homelessness within the veteran community.

Mr Carmody acknowledged the challenges in understanding the scale of the problem, including identifying veterans unknown to the Department, and those who make a conscious decision to live a certain lifestyle despite assistance that may be available.

Although the number of veterans experiencing homelessness is unknown, it is known that the majority of homeless veterans or those experiencing housing stress are aged 65 or more.

DVA has no direct legislative role in the provision of housing and accommodation services. Homelessness is addressed through the National Partnership Agreement on Homelessness (NPAH) between the Commonwealth and all state and territory governments. However, DVA has undertaken a range of activities to assist homeless veterans in getting care and support and is currently exploring ways to better identify a more accurate estimate of homelessness in our client population.

Mr Carmody noted DVA is interested in receiving more specific information about veteran homelessness and the actual number of homeless (or at risk) veterans an Ex-Service Organisation (ESO) is providing assistance to, and what services the ESO provides in those situations.

Members also discussed the number of veterans currently incarcerated, and how DVA may be able to better track them. It was agreed this would be discussed further at the next meeting.

**Action Item**

Item 29/16 Provide information regarding the number of homeless (or at risk of) veterans provided with assistance by their organisations, and the types of services offered. [Members]

Item 29/17 Include agenda item to discuss incarcerated veterans at August 2015 meeting. [Secretariat]

**Agenda Item 24. Letter from AMA dated 16 January 2015 re “unique identifier for serving and former ADF personnel”**

Mr Gray tabled a letter from A/Prof Brian Owler, President of the Australian Medical Association (AMA) providing advice on the Defence Health Working Group (DHWG). The group was recently formed for the purpose of developing and advancing policy for the care of serving former ADF personnel.

In his letter, A/Prof Owler advised that the DHWG felt that the introduction of a unique identifier may assist in improving the robustness of future research into the health of serving and former ADF personnel.

Mr Carmody discussed the complexities around a single unique number for serving and former ADF personnel, including system limitations and expense.

Members also discussed the use of a veterans’ identification card and how it may enable DVA to better track veterans and at what point such a card could become effective. The Chair noted the option for transitioning ADF personnel to opt out of receiving further contact from DVA and how this is increasing the number of transitioned personnel DVA becomes aware of. Mr Carmody will provide an update on the number of personnel opting out at the August 2015 meeting.

The Chair advised that he will be meeting with Defence and the AMA next week and will gain advice on the extent that the AMA has connected with clients and the issues relating to the provision of services to veterans and ADF personnel.

Mr Gray advised that he would respond to the AMA President and on behalf of Legacy Australia and acknowledge that DVA is represented on the AMA.

The Chair thanked Mr Gray for raising the issue.

**Action Item**

Item 29/18 Provide an update on the response of those opting out of receiving contact from DVA following transition into civilian life. [Shane Carmody]

**Agenda Item 25. ESORT Performance Evaluation – refer Action Item 28/12 from November meeting.**

The Chair advised that following his request at the November 2014 ESORT meeting to seek some general feedback on how the members felt ESORT is tracking, Mr Gray, Mr von Berg and Mr Thomas have developed a performance evaluation methodology for consideration by members.

Members discussed the purpose and value in conducting a full evaluation of the ESORT. MAJGEN Kelly noted the Terms of Reference mention a review will be conducted every three years, the last being an extensive review into the whole National Consultative Framework in late 2013 with the outcomes implemented early in 2014.

Mr Doolan noted this may be an additional administrative layer for what is essentially an information sharing forum. Mr von Berg advised that committees often review and evaluate themselves.

The Chair advised he is open to feedback at any time, including regarding the regularity of meetings, and welcomed comments to be forwarded to him as Chair.

It was agreed that Mr Gray would consult further with members to gather their feedback and determine if the proposed evaluation will proceed.

**Action Item**

Item 29/19 Further consult members and advise if the proposed evaluation is to proceed. [David Gray]

**Agenda Item 26. Other Business**

The Chair asked that members note three issues raised by the Vietnam Veterans Federation of Australia (VVFA). A written response to these issues was provided to members at the meeting:

* The Dysfunctional Appeals System from Repatriation Medical Authority Decisions;
* The Crippling of the Veterans Children’s Education Scheme; and
* Guarantee of Childcare at the VVCS.

Please email any comments and feedback the secretariat.

The Chair thanked the ESORT and the DVA staff for their attendance at the first meeting of 2015.

The next ESORT meeting is the budget briefing scheduled for 12 May 2015 and will be held via video conference.