

40TH PARLIAMENT



Education and Health Standing Committee

Report 7

ANNUAL REPORT 2018-19

Presented by
Ms J.M. Freeman, MLA
September 2019

Committee Members

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Education and Health Standing Committee

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Report No. 7

Presented by

Ms J.M. Freeman, MLA

Laid on the Table of the Legislative Assembly on 19 September 2019

Chair's Foreword

THIS annual report is submitted at a time when the Western Australian Parliament is debating the circumstances in which we die, as it considers the Voluntary Assisted Dying Bill 2019. What is clear from the speeches of Members of Parliament is their commitment to West Australians living healthy and prosperous lives.

In Australia, 24 people a day die from type 2 diabetes complications. The illness is the leading cause of end-stage kidney disease, and two-thirds of all deaths from cardiovascular disease occur in people with diabetes or pre-diabetes.

This Committee's recent report on type 2 diabetes therefore comes at a pivotal time.

The Food Fix: The role of diet in type 2 diabetes prevention and management makes it clear that the thinking around type 2 diabetes as an illness whose trajectory cannot be reversed is unsupported by recent research. Indeed, it is evident that with good public health guidance around the food we eat in our homes, at our local sporting fields, at the community markets and in our workplaces, people can be assisted to make choices that can prevent or treat type 2 diabetes.

At Finding 28 the Committee noted the major health reform that is part of the *Public Health Act 2016*, which will require local governments to act on health priorities in their communities. The type 2 diabetes report recommended the State Government support local governments in their increasing role in chronic disease prevention.

Subsequent to the report being delivered the Committee received praise from doctors, dietitians and other health professionals.

Award-winning¹ WA pharmacist Ms Amanda Bryce congratulated the Committee on addressing the needs of the *'sickest and most vulnerable in society'*, explaining that five years ago she *'discovered that the standard Australian diet that I was following (and telling my patients to follow) was indeed making me SAD and unhealthy'*.

She outlined how she had recently completed qualifications to become a credentialed diabetes educator, *'specifically to educate T2D patients on the value of LCHF [low carbohydrate high fat diet], as the UK has demonstrated'*.

NSW dietitian Jennifer Elliot applauded the committee and its excellent research, and hopes *'WA leads the way in providing correct information on this metabolic disorder'*.

¹ Bryce Luff, 'Bicton's Gerald Burns Pharmacy wins Pharmacy Guild of Australia award', *Melville Times* (web-based), 17 May 2018, <www.communitynews.com.au>

Ron Raab OAM, past vice president of the International Diabetes Federation, said in an email: *'You have done a great job. Indeed pioneering. Hope it lands on fertile ground.'*

In addition to these we received other emails from individuals who welcomed the WA Parliament addressing the important issue of diet and type 2 diabetes.

It was therefore a disappointment that the benefits outlined in my response to a media enquiry regarding the Committee's trip to the UK were not highlighted in the article.

Given the public interest in this report I have included the response I made to the journalist regarding the trip and assure the community that travel is approved when it adds value to the inquiry, which it clearly did, given the endorsements above.

Thank you for your interest in this very important bipartisan report. Type 2 diabetes 'consumes' 3% of the State Budget, a cost to our community that sees 10% of the Health Budget allocated to treating this disease, having economic as well as increasing health impacts on West Australians.

Between 4 and 5 per cent of the WA population suffers from type 2 diabetes and a new diagnosis is made every hour. This disease is not one of individual lifestyle, but a significant community health issue, which if properly addressed benefits all our community.

To answer your question about whether the trip was worthwhile I would refer you to the tabling speech by fellow committee member Mr Shane Love MLA (Hansard, Thursday 11 April 2019, page 3), who states that while first sceptical of the need for travel, the benefits soon became clear: 'It was a complete eye opener to compare the attitude of some of the medical professionals in the UK with those in Western Australia.'

Britain is at the forefront of accepting the 'revolutionary' notion that type 2 diabetes can be put into remission (some argue cured) through dietary programs and studies supported by their government.

The findings of our report have received international coverage and have been commended for tackling this major economic and health issue.

I thank the staff and Committee Members for their contribution to a very successful past year and look forward to working together over the next year.



MS J.M. FREEMAN, MLA
CHAIR

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Chapter 1

Committee activities

Introduction

During the course of this reporting period, the Committee:

- conducted one inquiry
- tabled two reports in Parliament
- held 20 deliberative meetings
- took evidence from/was briefed by 63 persons

Table 1.1 Summary of activities of the Committee, 1 July 2018–30 June 2019

Description	Activity
Reports tabled	2
Deliberative meetings	20
Public hearings	14
Briefings	17
Witnesses appearing	63

Portfolios

The three portfolio areas of the Committee as determined by the Speaker of the Legislative Assembly are:

- Education and Training
- Health
- Mental Health

Public Hearings

Pursuant to Assembly Standing Order 264, the Committee has power to send for persons, papers and records. During the period 1 July 2018 to 30 June 2019, the Committee conducted 14 public hearings, taking evidence from 23 witnesses to assist with its investigations (Table 1.2).

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Table 1.2 Public Hearings of the Committee, 1 July 2018–30 June 2019

Date	Witness	Position	Organisation
12 September 2018	Mr Mark Shah	Co-lead, Diabetes and Endocrine Health Network	Department of Health
	Prof Timothy Davis	Co-lead, Diabetes and Endocrine Health Network	
19 September 2018	Mrs Patricia Marshall	Public health nutritionist and diabetes educator	Curtin University
	Dr Christina Pollard	Adjunct senior research fellow	
10 October 2018	Mrs Sophie McGough	Health Services Operations Manager	Diabetes WA
17 October 2018	Prof Jennie Brand-Miller	Professor of Human Nutrition; President	University of Sydney; Glycaemic Index Foundation
31 October 2018	Prof Jeffrey Hamdorf	Professor of Surgical Education; consultant surgeon (bariatric surgery)	University of Western Australia
7 November 2018	Mr Maurice Swanson	Executive Director	Australian Council on Smoking and Health
21 November 2018	Ms Carol Rolston	Clinical psychologist	Western Surgical Health, Advance Surgical
21 November 2018	Mrs Christine Kane	General Manager, Strategy & Health Planning	WA Primary Health Alliance
28 November 2018	Dr Andrew Robinson	Acting Assistant Director General	Department of Health
	Dr Duncan Williamson	Assistant Director General, Clinical Excellence Division	
	Ms Denise Sullivan	Director, Chronic Disease Prevention	
28 November 2018	Dr Andrew Kirke	President; Director; general practitioner	Rural Doctors Association of WA; Rural Clinical School of WA
1 March 2019	Ms Joanne Burges	Executive Manager, People and Place	Western Australian Local Government Association
	Ms Kirstie Davis	Policy Manager Community	
15 May 2019	Dr Jon Mason	Theme Leader Digital Education Futures, School of Education	Charles Darwin University
12 June 2019	Dr Jeremy Pagram	Senior Lecturer, School of Education	Edith Cowan University
12 June 2019	Ms Lisa Rodgers	Director General	Department of Education
	Ms Jennifer McGrath	Deputy Director General, Education Business Services	
	Mr Lindsay Hale	Executive Director, Statewide Services	
	Mr Jay Peckitt	Executive Director, Finance and Commercial Services	
	Mr David Dans	Chief Information Officer	

Briefings

In addition to the formal hearings, the Committee held a series of briefings to gather information in relation to its type 2 diabetes inquiry, as well as two briefings (following the inquiry) relevant to the health portfolio.

Table 1.3 Briefings provided to the Committees, 1 July 2018–30 June 2019

Date	Name	Position	Organisation
28 September 2018 (Adelaide)	Prof Grant Brinkworth	Principal Research Scientist, CSIRO Health and Biosecurity	Commonwealth Scientific and Industrial Research Organisation (CSIRO)
	Dr Natalie Luscombe-Marsh	Research Scientist, CSIRO Nutrition and Health Group	
	Dr Malcolm Riley	Principal Research Scientist, CSIRO Health and Biosecurity	
28 September 2018 (Adelaide)	Prof Alex Brown	Aboriginal Health Theme Leader	South Australian Health and Medical Research Institute
28 September 2018 (Adelaide)	Prof Rebecca Robker	Biomedical scientist	The Robinson Research Institute, School of Medicine, University of Adelaide
21 November 2018	Prof Kerin O’Dea	Retired (formerly Professor of Nutrition and Population Health at University of South Australia)	
28 January 2019 (London, UK)	Mr Andrew Selous, MP	Members, Health and Social Care Committee	House of Commons, UK Parliament
	Ms Diana Johnson, MP		
29 January 2019 (London, UK)	Prof David Napier	Professor of Medical Anthropology; Global academic lead	University College London; Cities Changing Diabetes
29 January 2019 (London, UK)	Mr Ahmed Ahmed	Consultant surgeon	British Obesity and Metabolic Surgery Society
	Mr Marco Adamo	Consultant surgeon	
	Dr Alex Miras	Consultant in endocrinology	
29 January 2019 (London, UK)	Mr Douglas Twenefour	Deputy Head of Care	Diabetes UK
30 January 2019 (London, UK)	Dr David Halpern	Chief Executive	Behavioural Insights Team, UK
	Mr Hugo Harper	Head of Health	
30 January 2019 (Southport, UK)	Dr Jen Unwin	Consultant clinical health psychologist	National Health Service, UK
31 January 2019 (Southport, UK)	Dr David Unwin	General practitioner	Norwood Surgery, Southport, UK
31 January 2019 (Southport, UK)	Ms Charlotte Summers	Chief Operations Officer	Diabetes Digital Media Ltd, UK
	Mr Arjun Panesar	Chief Executive Officer, head of AI	

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1 February 2019 (Leicester, UK)	Prof Melanie Davies Dr Sophie O'Connell Ms Carol Akroyd Ms Bernie Stribling Mr Mark Gray Dr Charlotte Edwardson Dr Joe Henson Dr Deirdre Harrington Dr Emma Baldry Ms Sally Schreder Mr Chris Brough Ms Laura Willcocks Dr Alison Dunkley		Leicester Diabetes Centre, UK
4 February 2019	Mr Craig Blundred	Obesity Prevention Lead	Newcastle City Council, UK
	Mr Harry Wearing	Policy and Communication Business Partner	
	Cr Kim McGuinness	Cabinet member for Culture, Sport and Public Health	
	Prof Eugene Milne	Director of Public Health	
	Prof Roy Taylor	Professor of Medicine and Metabolism	University of Newcastle
19 June 2019	Dr Christine Jeffries-Stokes	Chief Investigator	The Western Desert Kidney Health Project
26 June 2019	Prof Tarun Weeramanthri	Inquirer	Climate Health WA Inquiry
	Dr Sarah Joyce	Project Director	

Investigative travel

The Committee travelled to South Australia and to the United Kingdom during the reporting period. The purpose of the travel was to gather information in relation to the Committee's inquiry into the role of diet in type 2 diabetes prevention and management.

Table 1.4 Summary of Committee travel, 1 July 2018–30 June 2019

Date	Description	Attendees	Cost
September 2018	Type 2 diabetes inquiry, South Australia	2 Committee members, 1 staff member, 1 Hansard reporter	\$12,640
January-February 2019	Type 2 diabetes inquiry, United Kingdom	4 Committee members, 1 staff member	\$69,883

Adelaide travel

The Committee sought funding to travel to Adelaide for a day of briefings after learning that this is where the Nutrition and Health Division of the CSIRO is based. Three CSIRO researchers working in the area of nutrition and obesity (including on the CSIRO Total Wellbeing Diet and Low Carb Diet) met with two Committee members and staff.

At this early stage of the inquiry, this provided the Committee with a valuable overview of the science behind some of the debates surrounding diet and health, as well as the programs CSIRO has developed to help people improve their health through diet.

Recommendation 33 of the inquiry report was that the Department of Health investigate how the low carbohydrate program developed by CSIRO can be made readily available to WA doctors as part of treatment guidelines for people with pre- and type 2 diabetes.

The members were also briefed by Aboriginal medical researcher Professor Alex Brown, deputy director and theme leader for Aboriginal Health at the South Australian Health and Medical Research Institute, as well as chair in Aboriginal Health at the University of South Australia. Professor Brown's work has focussed on heart disease and diabetes in Aboriginal people. He explained how the Western diet and poor access to medical advice and services had contributed to a much higher incidence of type 2 diabetes in the Aboriginal population.

Professor Brown emphasised the importance of an Indigenous health workforce in tackling diabetes. Recommendation 22 of the inquiry report was that type 2 diabetes management and prevention in Aboriginal communities be community led, with better resourcing for Aboriginal community health workers.

Committee representatives were fortunate also to meet with Professor Rebecca Robker, a biomedical scientist working in the area of reproductive biology at The Robinson Research Institute within the School of Medicine at the University of Adelaide. She explained the role of genetics and epigenetics in predisposing a person to type 2 diabetes, and emphasised the importance of good nutrition before becoming pregnant and in the teenage years.

UK travel

The Committee applied for funding to undertake investigative travel to the UK after learning that researchers, GPs and public health bodies were trialling and beginning to introduce some exciting new strategies for putting type 2 diabetes into remission. Four members and the principal research officer attended 11 briefing sessions in four UK cities between January 28 and February 4. The investigative travel was invaluable and every briefing resulted in one or more inquiry findings and/or recommendations.

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In London, two members of the UK Parliament's Health and Social Care Committee (the equivalent of this Committee) discussed the success of the soft drink industry levy in driving product reformulation and were keen to see it extended to other products, such as breakfast cereals.

After meeting with the founder of the international Cities Changing Diabetes program, Professor David Napier, the Committee recommended that the State Government and/or local government authorities use the tools developed by the program to help cities and communities understand the particular social, cultural and environmental factors that underlie the development of type 2 diabetes.

Two bariatric surgeons and an endocrinologist at a London public hospital made the case for the cost-effectiveness of bariatric surgery, and argued it should be performed sooner rather than later on patients with type 2 diabetes.

Diabetes UK, the leading charity for people affected by diabetes in the UK, explained why it had been a key supporter of the trial of a very low calorie diet to put type 2 diabetes into remission through weight loss (the DiRECT study), seeing it as having the potential to change the lives of millions of people.

The final London meeting was with the head of health and the chief executive at the Behavioural Insights Team. They explained how people can be nudged to change their eating habits in small ways, and how food retailers can be encouraged to promote healthier food and drink choices through competitive pressure.

The Committee visited Southport, several hours north-west of London, to meet GP David Unwin, who has overseen type 2 diabetes remission in dozens of patients by recommending they follow a low carbohydrate diet. This has resulted in significant savings in diabetes medications to the National Health Service. Dr Unwin's chart for showing the glycaemic load of specific foods through teaspoon-of-sugar equivalents is being used by some local GPs who have been unable to find a similar Australian resource.

The Committee was also briefed by Dr Unwin's wife Jen Unwin, a psychologist who has worked closely with him in developing better ways to talk to patients about weight loss.

Representatives from Diabetes Digital Media, which developed the online diabetic community diabetes.co.uk, also gave a presentation to the Committee on the digital resources they can provide to diabetes sufferers. Dr Unwin first became aware of the low carb diet for treating type 2 diabetes through a patient who had joined the diabetes.co.uk community. In the absence of adequate support from medical practitioners, members of the public seek out other forms of advice. The Committee

recommended that GPs receive support to ensure their knowledge of nutrition is adequate and that they feel confident discussing weight issues with patients.

On the recommendation of Diabetes WA, the Committee visited Leicester Diabetes Centre, which developed the diabetes education and self-management model currently being trialled in Western Australia. Leicester Diabetes Centre is one of the largest facilities in Europe for conducting clinical research in diabetes. The team there organised a whole day of presentations from various staff.

As one of the UK's most multi-culturally diverse cities, it was particularly useful to hear Leicester's approaches to informing people from different cultural and religious backgrounds about diet and diabetes. Leicester is also part of the Cities Changing Diabetes program.

The Committee then travelled north to Newcastle to meet Professor Roy Taylor, whose ground-breaking discovery about the relationship between type 2 diabetes and the amount of fat in the liver and pancreas has led to a trial to induce type 2 diabetes remission through weight loss, particularly from around the vital organs.

Hearing Professor Taylor's explanation of the science behind his discovery firsthand – and being able to ask questions of him – was invaluable. He is part of the team leading the Diabetes Remission Clinical Trial (DiRECT), which provides meal replacements (usually liquid) to people with type 2 diabetes to produce rapid weight loss and then assists them to maintain their new weight through a food-based moderate calorie diet.

Professor Taylor said the fact that so many people signed up for the trial was an indication that people with type 2 diabetes hate their condition and do not like taking medication to manage it. The Committee recommended that the State Government monitor the success of a UK National Health Service trial of subsidised meal replacements being implemented as part of its type 2 diabetes prevention program.

While in Newcastle, the Committee took the opportunity to meet with representatives of Newcastle City Council. Public health has been in the hands of local government authorities since 2013 in the UK, and is soon to become a much bigger responsibility for local governments in WA.

Newcastle City Council's public health plan has a focus on eating healthier food by making it more attractive and accessible. It was one of the first local government authorities in the UK to have a health objection in a planning application for a fast food outlet. The inquiry report recommended that health and wellbeing be a relevant consideration in fast food restaurant planning applications in WA. The visit demonstrated to the Committee that addressing healthy eating requires the effort of the whole community.

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Conferences

As part of the oversight in relation to the education portfolio, a Committee representative attended the *Positive Schools 2019* conference, held in Fremantle.

Reports tabled

The Committee tabled two reports during the 2018–19 reporting period. One of these was the annual report for 2017–18, and the other was the report of the inquiry into The Role of Diet in Type 2 Diabetes Prevention and Management, tabled on 11 April 2019.

[The Food Fix: The role of diet in type 2 diabetes prevention and management](#),

reported that dietary interventions were now challenging the conventional treatment of type 2 diabetes. A number of international studies (as reported above) have shown that the metabolic changes occurring in patients following either a very low calorie or a reduced carbohydrate diet can successfully put type 2 diabetes into remission.

Given the success indicated by the studies, as well as hearing first hand of dietary interventions being used successfully overseas, the Committee has recommended that the Department of Health recognise the success of dietary interventions and that they be formally offered as a management option.

The Committee also found bariatric surgery to be an effective method of treating type 2 diabetes. However, given the cost of surgery in the private health system and long waiting periods in the public health system, this option was unavailable to many people. The inquiry found that most surgery is carried out in private hospitals with large out-of-pocket expenses for those without private health insurance.

Given the cost savings in the treatment of type 2 diabetes over the longer term, the Committee believes this option should be made more accessible and has recommended a greater proportion of procedures be performed in the public system, affording equity of access.

The Committee reported that the estimated cost of type 2 diabetes to the State is \$1 billion, representing around 10 per cent of the State health budget. However, it is difficult to determine an accurate cost because of a lack of data on how many people have been treated for type 2 complications. Diabetes WA estimates that complications from type 2 diabetes alone consume 30 per cent of acute care hospital bed capacity in the metropolitan area and up to 80 per cent in some regional centres.

The Committee was troubled that the Department of Health has not prioritised a disease which can be prevented and managed in a way that can reduce not only health costs but the personal toll on health.

It is also frustrating that the disease is still cast as being the fault of an individual's lifestyle, due to its strong association with being overweight or obese. However, when two-thirds of the population is overweight or obese, we have to look beyond the individual to systemic causes.

The report recommended that the State support a combination of interventions – including dietary interventions, bariatric surgery, group self-management programs and regulatory measures – to stem the increasing incidence of type 2 diabetes and pre-diabetes. Doing nothing was declared the most costly option.

The report made 39 findings and 36 recommendations. The government response to the report is due in the next financial year.

Other activities

Briefings outside of inquiries

In June, former Chief Health Officer Professor Tarun Weeramanthri briefed the Committee in his role as inquirer for the Department of Health's recently established *Climate Health WA Inquiry*. The inquiry will review the health system's capacity to respond to the effects of climate change, and make recommendations for improvement. It is due to report in March 2020.

The Committee also heard from Dr Christine Jeffries-Stokes, a Goldfields paediatrician and chief investigator for the *Western Desert Kidney Health Project*. Her research, conducted across 10 communities in remote Western Australia, uncovered an apparent link between high levels of uranyl nitrate in drinking water and high rates of kidney disease and type 2 diabetes. Dr Jeffries-Stokes still has concerns regarding water quality in isolated Goldfields communities and suggests each affected community requires a tailored solution.

The Committee resolved to write to the Minister for Health seeking more information about frequency of water testing and the suitability of the drinking water guideline values for nitrate.

Hearings outside of inquiries

The Committee held three hearings towards the end of the reporting period to help establish the focus of its next inquiry. These were related to the use of digital technology in education.

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Dr Jon Mason, Senior Lecturer in E-Learning at Charles Darwin University, spoke with the Committee via video-link about the importance of technology as an enabler (particularly in remote locations), and the use of technology for facilitating self-directed learning.

The Committee also heard from Dr Jeremy Pagram, Senior Lecturer in Education and director of the Centre for Schooling and Learning Technologies at Edith Cowan University. Dr Pagram spoke about how digital technology can be used to bridge the gap between metropolitan and regional schools. He also emphasised that technology needed to be used in an appropriate way and it was important to ensure that there was an educational benefit.

Representatives from the Department of Education, including the Director General, Ms Lisa Rodgers, attended a hearing to respond, in part, to the Auditor General's report *Information and Communication Technology (ICT) in Education*.² The Department representatives also provided an overview of the provision of ICT to schools throughout the State and the professional development support available to teachers who need to know how to use digital technology.

Work in progress

The Committee announced an inquiry into Digital Innovation in Secondary Education on 27 June 2019. The inquiry will consider how digital innovation can assist secondary students to learn anything, anywhere, anytime. It is hoped that the inquiry will uncover innovative ways to improve secondary school engagement and retention for students from all cultural backgrounds, of all abilities and in all parts of the State. The inquiry is due for completion by 28 November 2019.

² Auditor General of Western Australia, *Information and Communication Technology (ICT) in Education*, Office of the Auditor General Western Australia, August 2016.

Chapter 2

Financial Statement

The Committee does not have its own formal budget and is funded out of the budget of the Legislative Assembly. Approval for major expenditures is required on a case-by-case basis and is entirely at the discretion of the Speaker.

The Committee's expenditure for the financial year 1 July 2018 to 30 June 2019 (in accordance with Standing Order 276) is detailed below:

Table 2.1 Expenditure items of the Committee, 1 July 2018–30 June 2019

Expenditure Item	Amount (\$)
Advertising	\$1874
Conference fees	\$303
Travel	\$82,523
Protocol	\$1084
Printing	\$695
TOTAL	\$86,479

Notes:

- Figures rounded to nearest \$100.
- Salaries of committee staff are not included.
- Costs of shared administrative expenses, including lease costs for committee accommodation, not included.



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CHAIR



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