

# ESTIMATES 2009-2010

## Question on Notice

### Minister for Health

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*Overseas staff recruitment*

Jeremy Hanson MLA : To ask the Minister for Health

In relation to: ACT Health

1. How many ACT Health staff, are employed from overseas;
2. Further to question 1. above, what is the breakdown of staff recruited overseas by discipline/profession;
3. Of the staff recruited overseas what is the breakdown by country of origin;
4. Further to question 1. above, what has been the rate of recruitment and retention of staff recruited overseas, by financial year, since 2002;
5. Further to question 1. above, how many of these overseas staff have returned to their country of origin, by financial year, since 2002;
6. What is the average length of employment of staff recruited overseas;
7. What is the cost of overseas recruitment campaigns, by financial year, since 2002.
8. How many staff recruited overseas are expected to be employed in 2009-10 financial year?

Katy Gallagher MLA : The answer to the Member's question is as follows:–

1. ACT Health currently has 209 staff employed from overseas on 457 visas.
2. ACT Health currently has 115 Nurses, 6 Health professionals and 88 Medical Officers.
3. This information on country of origin is not recorded as 457 visas require only a valid passport.
4. The majority of overseas recruits are employed under 457 visas and complete their contract obligations with ACT Health. A large proportion of nurses and health professionals remain with ACT Health and are sponsored for permanent residency. This is not the case with medical officers, only a small percentage are sponsored for permanent residency as the employment framework is such that all junior doctors are on temporary contracts. Actual rates of recruitment and retention since 2002 are not available.
5. This information is not available.
6. ACT Health provides contract ranging from 1 to 4 years under 457 visas. Sponsorship for permanent residency is also provided on request as long as the applicant meets the necessary requirements. Specific data on average length of employment are not available.
7. In March 2006 a recruitment drive for nurses was undertaken in the United Kingdom at the approximate cost of \$30,000. In early 2008 a recruitment drive for medical officers was undertaken in New Zealand at the approximate cost of \$23,000.
8. There are currently 44 offers of employment with overseas nurse candidates. It is expected that this number will rise as requests for employment are received and assessed. At this point, the number of medical officer cannot be predicted however it is expected because of the number of Australian graduates that the number of overseas doctors will decrease over the coming years.

*Calvary Public Hospital funding*

Jeremy Hanson MLA : To ask the Minister for Health

In relation to : ACT Health and Calvary Public Hospital

1. How much funding has Calvary public hospital been allocated, by financial year, since 2002;
2. Further to question 1. above, how much supplementary funding has Calvary public hospital required in addition to that originally allocated in the budget, by financial year, since 2002.

Katy Gallagher MLA : The answer to the Member's question is as follows:–

|             | <b>Recurrent</b> | <b>Supplementary</b> | <b>Capital</b> |
|-------------|------------------|----------------------|----------------|
|             | <b>\$000's</b>   | <b>Funding</b>       | <b>\$000's</b> |
|             | <b>\$000's</b>   | <b>\$000's</b>       | <b>\$000's</b> |
| 2002-03     | 66,155.4         | 500.0                | 3,282.0        |
| 2003-04     | 73,657.6         | 1,355.0              | 2,356.0        |
| 2004-05     | 82,707.0         | 1,970.0              | 4,978.0        |
| 2005-06     | 88,625.9         | 0.0                  | 14,452.0       |
| 2006-07     | 97,945.2         | 216.2                | 4,865.0        |
| 2007-08     | 108,779.8        | 3,500.0              | 658.0          |
| 2008-09     |                  |                      |                |
| Preliminary | 116,812.0        | 1,000.0              | 5,395.0        |

*Expenditure*

Zed Seselja : To ask the Minister for Health

In relation to : Expenditure in ACT Health

1. For the financial year to date, detail the expenditure in ACT Health on reports commissioned by
  - a) The Minister for Health
  - b) ACT Health that have been outsourced or contracted out?
2. What was the purpose of the reports in (1)?
3. Who or what organisations prepared the reports in (1)?
4. What was the cost of the reports in (1)?
5. Have the reports in (1) been tabled or presented to the Assembly?
6. What has been the outcome of the reports in (1)?

Katy Gallagher MLA : The answer to the Member's question is as follows:–

1. a) Nil
- b) The following reports were contracted out by ACT Health:
  - Annual Report (2007-08)
  - Canberra Hospital Research report (2004-2006)
  - ACT Chief Health Officer's Report 2008
  - Final Report on a Follow-up Communications Research Study
  - Identification of Technology Opportunities in Relation to the ACT Capital Asset Development Plan
  - TCH Temporary Carpark Options Report
  - Engineering Services Master Plan – Canberra Hospital
    - Mental Health Assessment Unit Value Management Review Report
    - Sterilizing Services Value Management Review Report
    - Site Establishment and Traffic Management Report
2. Annual Report (2007-08) reports on the operations of ACT Health in the last financial year.

Canberra Hospital Research report (2004-2006) reports on research in our health sector.

ACT Chief Health Officer's Report 2008 is an account of the health of the ACT population.

Final Report on a Follow-up Communications Research Study measures knowledge and awareness of the ACT health system.

The Identification of Technology Opportunities in Relation to the ACT Capital Asset Development Plan Report identifies future technology options for the ACT Health system.

The TCH Temporary Carpark Options Report identifies options for temporary carparking options for the Canberra Hospital.

The Engineering Services Master Plan identifies an overall master plan for the development of engineering support services for the Canberra Hospital.

The Mental Health Assessment Unit (MHAU) Value Management Review Report documents the results a value management review process for the MHAU.

The Sterilizing Services Value Management Review Report documents the results a value management review process for sterilising services in the ACT.

The Site Establishment and Traffic Management Report sets out the plan to manage the current and planned construction on the TCH site.

3. Annual Report (2007-08) was prepared by Mogues Enterprises Pty Ltd (trading as SWET).

Canberra Hospital Research report (2004-2006) was prepared by PMP Digital.

ACT Chief Health Officer's Report 2008 ACT Publishing Services.

Final Report on a Follow-up Communications Research Study was prepared by Winton Sustainable Research Strategies.

The Identification of Technology Opportunities in Relation to the ACT Capital Asset Development Plan Report was prepared by Price Waterhouse Coopers (PWC).

The TCH Temporary Carpark Options Report was prepared by RD Gossip.

The Engineering Services Master Plan for the Canberra Hospital was prepared by Bassetts and IQON.

The Mental Health Assessment Unit (MHAU) and Sterilizing Value Management Review Reports were produced by Tracey Brumstrom & Hammond.

The Site Establishment and Traffic Management Report was produced by RD Gossip and IQON.

4. Annual Report (2007-08) – Printing \$14872 Compilation \$39468

Canberra Hospital Research report (2004-2006) - \$13035

ACT Chief Health Officer's Report 2008 - \$1579

Final Report on a Follow-up Communications Research Study - \$27170

The Identification of Technology Opportunities in Relation to the ACT Capital Asset Development Plan Report - \$246,000

The TCH Temporary Carpark Options Report: \$62,000

The Engineering Services Master Plan for the Canberra Hospital: This work is being undertaken as part of the overall work of THINC Projects (the CADP Project Director) in developing the Project Definition Plans for the CADP and hence their fees are not split up into individual deliverables.

The Mental Health Assessment Unit (MHAU) and Sterilizing Value Management Review Reports: \$10,000

The Site Establishment and Traffic Management Report: This work is being undertaken as part of the overall work of THINC Projects (the CADP Project Director) in developing the Project Definition Plans for the CADP and hence their fees are not split up into individual deliverables.

5. Annual Report (2007-08) was tabled to the Assembly - Yes

Canberra Hospital Research report (2004-2006) - No

ACT Chief Health Officer's Report 2008 - Yes

Final Report on a Follow-up Communications Research Study – No

The Identification of Technology Opportunities in Relation to the ACT Capital Asset Development Plan Report – No

The TCH Temporary Carpark Options Report: No

The Engineering Services Master Plan for the Canberra Hospital: No

The Mental Health Assessment Unit (MHAU) and Sterilizing Value Management Review Reports: No

The Site Establishment and Traffic Management Report: No

6. Annual Report (2007-08) has satisfied the legislated mandatory reporting requirement.

Canberra Hospital Research report (2004-2006) has assisted us to enhance our research.

ACT Chief Health Officer's Report 2008 has informed the public about public health.

Final Report on a Follow-up Communications Research Study has helped us to target health information campaigns more effectively.

The Identification of Technology Opportunities in Relation to the ACT Capital Asset Development Plan Report – Informing CADP Project Definition Planning

The TCH Temporary Carpark Options Report: Informed development of temporary carparking options.

The Engineering Services Master Plan for the Canberra Hospital: Informing CADP Project Definition Planning

The Mental Health Assessment Unit (MHAU) and Sterilizing Value Management Review Reports: Informing CADP Project Definition Planning

The Site Establishment and Traffic Management Report: Informing the ongoing management of the CADP.

*Litigation costs*

Zed Seselja : To ask the Minister for Health

In relation to : Litigation Costs for ACT Health

1. For the financial year to date, detail the expenditure in ACT Health on litigation costs that were incurred by;
  - c) The Minister for Health
  - d) The ACT Health that have been outsourced or contracted out?

1. Have any reports on these costs been tabled or presented to the Assembly?

3. If so, what has been the outcome of those reports?

*Compensation payments*

Zed Seselja : To ask the Minister for Health

In relation to : Compensation payments for ACT Health:

1. For the financial year to date, how much was paid in compensation and what did these payments relate to, for:
  - a. The Minister for Health
  - b. ACT Health
2. How much was paid in compensation payments resulting from legal claims against ACT Health?

Katy Gallagher MLA : The answer to the Member's question is as follows:–

1. (a) The Minister for Health has not instructed on, nor has ACT Health paid for, any compensation on behalf of the Minister.  
(b) The expenditure for this financial year to the end of April 2009 for all compensation payments outsourced or contracted out within ACT Health is \$5,694,968.37. This amount reflects payments made by ACT Health for litigated medical negligence, public liability, and employment (excluding workers compensation) matters only . They do not include costs incurred in investigating matters which do not eventuate in a claim and are shown gross of insurance recoveries and agency insurance excess payments. The amounts include both damages and plaintiffs' legal costs as ACT Health and ACTIA's databases do not make that distinction. In some instances, matters are settled inclusive of plaintiff's legal costs therefore no breakdown between damages and plaintiffs' legal costs is available. (The above amount is part of the \$7,479,060.12 of total litigation costs included in the response to QoN No. E09-023)
2. Same as amounts shown at question 1. (b).

*Agency revenue*

Zed Seselja : To ask the Minister for Health

In relation to : Agency revenue

1. Explain the difference in estimates of agency revenue between the period ending June 30 2008 and the financial year to date?
2. What are the reasons for the difference?

Katy Gallagher MLA : The answer to the Member's question is as follows:–

Revenue comparisons between 2007-08 and 2008-09 year to date (April) are below:

|                                      | <b>2007-08</b> | <b>Apr YTD</b> |
|--------------------------------------|----------------|----------------|
| a) Resources Received Free of Charge | 1,098          | 915            |
| b) User Charge                       | 158,578        | 135,300        |
| c) Commonwealth Grants               | 11,890         | 11,752         |
| d) Interest Revenue                  | 275            | 196            |
| e) Other Receipts                    | 6,510          | 10,770         |
| f) Other Gains                       | 2,849          | 718            |

- a) There is no difference in the resources received free of charge. This revenue item relates to 'free' services provided by the ACT Government Solicitor and the Office of Parliamentary Council.
- b) User Charges are forecast to be higher than 2007-08 mainly related to increased Cross Border revenue from NSW for escalation in price and increased activity and increased patient related revenue associated with private patient activity.
- c) Commonwealth grants relate to reimbursement of highly specialised drugs from the Federal government and are increasing annually at around 18%.
- d) Interest revenue will be lower in 2008-09 due to the general reduction in bank interest rates.
- e) Other Receipts are significantly higher in 2008-09 due to a number of one-off funded programs including the National Health Connect project (\$2.1m) and Aboriginal Health funding (\$1m). This category of revenue also covers grants for research related activity.
- f) The 2007-08 figure for Other Gains includes a one-off transfer of land from the Land Development Agency for the car park off Yamba Drive near the Canberra Hospital campus.

*Consulting services*

Zed Seselja : To ask the Minister for Health

In relation to : Consulting Services

- 1). For the financial year to date, detail the expenditure in ACT Health on consulting services by  
The Minister for Health  
ACT Health that have been outsourced or contracted out?
- 2). How much was spent on consulting services in the financial year to date?
- 3). Detail the individual contracts i.e who they were awarded to, at what cost, for what reason, and how they were awarded (i.e by tender, with certificate of exemption etc)?
- 4). How much is estimated to be spent on consulting services in the financial year to date?

Katy Gallagher MLA : The answer to the Member's question is as follows:–

The information will be available in the 2008-2009 ACT Health Annual Report.

*Advertising*

Zed Seselja : To ask the Minister for Health

In relation to : Advertising

1. Detail how much has been spent in the financial year to date on advertising, promotion, the dissemination of policy information or other information which included the Minister's photograph and/ a message from the Minister.

Katy Gallagher MLA : The answer to the Member's question is as follows:-

1. The amount spent is \$2400.00 on hard copy publications distributed externally. Other documents were only distributed through our ACT Health website [www.health.act.gov.au](http://www.health.act.gov.au)

*Media*

Zed Seselja : To ask the Minister for Health

In relation to : Media

1. For the financial year to date, detail the expenditure in the ACT Health on media by
  - (a) The Minister for Health
  - (b) The ACT Health that have been outsourced or contracted out?
2. Please provide an individual breakdown for print media, television, radio and other media such as brochures including direct mail by:
  - (a) the Minister's Office;
  - (b) ACT Health;
  - (c) another department or Minister's office on behalf of the Minister for Health or ACT Health.
3. Did the Minister or the Minister's office approve the publication in each case?
4. How much has been allocated for these activities in the financial year to date by
  - (a) the Minister's office
  - (b) the ACT Health

Katy Gallagher MLA : The answer to the Member's question is as follows:-

1. a) nil  
b) \$347961.76
2. a) nil  
b) Print (including brochures etc): \$188234.76; TV: \$117482.00; Radio: \$42245.00  
c) nil
3. No
4. a) nil  
b) The administrative budget for the Communications and Marketing Unit for the whole financial year is \$530,000. This budget is for advertising, all media activities, training, leasing of PCs and general administrative expenses. The type of promotional activities listed fit within this budget.

*Public focus groups*

Zed Seselja : To ask the Minister for Health

In relation to : Public Focus Groups

1. How many public focus groups were conducted through the area of ACT Health in the financial year to date?
2. When were they held and what was the nature of each focus group?
3. If focus group participants were paid to attend the focus group, how much were they paid?
4. Where can members get the details and findings of these publicly funded focus groups?

**Katy Gallagher MLA: The answer to the Member's question is as follows:-**

1. ACT Health did not conduct any public focus groups in the financial year to date.
2. Not applicable.
3. Not applicable.
4. Not applicable.

*Maintenance*

Zed Seselja : To ask the Minister for Health

In relation to : Maintenance of the Minister's Office

1. What was the cost of maintaining your ministerial offices in the financial year to date? What is the forecast for the financial year ending 30 June 2010?

Ms Gallagher: The answer to the Member's question is as follows:-

The day to day running costs for my office includes stationery, copy paper, complimentaries, repair and maintenance of plant and equipment, newspapers, telecommunications and general miscellaneous items. Excluding general costs such as heating and lighting the cost for the period 01 July to 26 May 2009 is \$11,300.

Costs for the 2009-10 financial year are not able to be provided before the 2009-10 Budget has been passed in the Assembly.

*Hospitality*

Zed Seselja : To ask the Minister for Health

In relation to : Hospitality

1. How much did you spend on official Hospitality outside of the ACT Legislative Assembly during the financial year to date?
2. How many taxpayer funded functions did you host in the ACT Legislative Assembly during the financial year to date?
3. List the ACT Legislative Assembly functions you hosted and how much each function cost?

Ms Gallagher: The answer to the Member's question is as follows:-

The below answers include costs relating to all Minister Gallagher's portfolios.

1. There were no costs associated with official Hospitality outside of the ACT Legislative Assembly during the financial year to date.
2. I hosted three taxpayer funded functions in the ACT Legislative Assembly during the financial year to date.
3. The list below refers to functions hosted within the Assembly and the cost.
  - Post budget thank you \$488
  - GP Forum \$257
  - Kidney Health Awareness Week \$136

*Transport*

Zed Seselja : To ask the Minister for Health

In relation to : Transport

1. How much did you spend on hire cars or limousines in the financial year to date in the performance of your official duties?

Ms Gallagher: The answer to the Member's question is as follows:-

The answer covers all of Minister Gallagher's portfolios.

For the period 01 July 2008 to 22 May 2009 there was no expenditure on hire cars or limousines.

*Budget improvement target*

Zed Seselja : To ask the Minister for Health

In relation to : Budget Improvement Target

1. What was the Budget improvement target for the department in the financial year to date?
  - (a) has it been achieved and how?
2. What is the target for the financial year ending 30 June 2010?
  - (a) how do you intend to achieve it?

Katy Gallagher MLA : The answer to the Member's question is as follows:—

There are two categories of efficiency targets for ACT Health. They are the productivity components of staff collective agreements and the targeted reduction in the cost of acute health services required to bring public hospital costs down to within 110% of the national peer group benchmark over a five year period.

The approach being used by ACT Health to achieve the improvement in the cost of acute services to within 110% of the national peer group benchmark, is through a combination of expenditure management and increased third party revenue. The nominal target for this item in 2008-09 was \$7.361m.

The productivity components of staff collective agreements (\$3.139m) are to be achieved through expenditure management.

The targeted areas of expenditure control for ACT Health are leave management, improved roster management, reduction in un-rostered overtime in nursing and medical, reduced reliance on agency staff to cover gaps in rosters, the introduction of assistants in nursing, efficiencies in the nurse management structure and ongoing procurement improvements.

The challenge for ACT Health, and indeed all health systems, has been to deal with increasing demand for services and competition for scarce clinical resources.

Acute activity in 2006-07, 2007-08 and again in 2008-09 has been materially higher than the budgeted targets. Consequently costs in most of the targeted areas have increased due to the need to service the higher activity. At the same time we have collected higher third party revenues linked to the increased activity.

Some of the expenditure strategies have not been achieved yet due to implementation issues (assistants in nursing) and also due to delayed sign off on the medical officers staff collective agreement. Management has progressed improvements in leave management, procurement reform, better management of rosters and access to un-rostered overtime.

The work undertaken in ACT Health through improved service delivery, high activity levels and increased third party revenues has contributed to a reduction in the ACT

health benchmark for acute from 130% to 113% in 2006-07 and the likelihood that the rate will be even lower again when the 2007-08 data is released.

2. The 2009-10 national benchmark efficiency target is a further \$8.378 million and the productivity component of the staff collective agreements is \$2.277m.
  - a) The approach for delivering on these efficiency targets in 2009-10 will involve continuing to manage leave, the use of agency staff, un-rostered overtime, procurement reforms, the introduction of assistants in nursing and collection of third party revenue.

*Territory taxes and fees*

Zed Seselja : To ask the Minister for Health

In relation to : Territory taxes and fees

1. Detail how much the department estimates it pay in territory taxes and fees in the financial year to date and how much will be paid in the financial year ending 30 June 2010?

Katy Gallagher MLA : The answer to the Member's question is as follows:–

The only significant territory taxes or fees paid by ACT Health relates to vehicle registration fees. Year to date to April 2009, ACT Health has expensed \$120,612 on vehicle registration fees (excluding third party insurance).

Costs for the 2009 – 10 financial year are not able to be provided before the 2009 – 10 Budget has been passed by the Assembly.

*Legal expenses*

Zed Seselja : To ask the Minister for Health

In relation to : Legal Expenses

1. For the financial year to date, detail the expenditure in ACT Health on legal expenses by
  - (a) The Minister for Health
  - (b) ACT Health that have been outsourced or contracted out?
2. What has been the expenditure under the standard classification of legal expenses in the financial year to date for this activity?
3. How much has been allocated in the next financial year for this activity?

Katy Gallagher MLA : The answer to the Member's question is as follows:—

1. (a) The Minister for Health has not authorised, nor has ACT Health paid for, any legal expenses on behalf of the Minister.  
(b) ACT Health does not employ solicitors but rather all legal services are outsourced to the ACT Government Solicitors (ACTGS) except where doing so may be perceived as a conflict of interest. (i.e. representing more than one department in an opposing claim) In the latter circumstance, legal services are contracted out accordingly. It is important to note that ACT Health seeks legal advice on a range of issues outside of litigation including, but not limited to, procurement and contractual matters, fees and charges, intergovernmental arrangements, memorandum of understandings, compliance matters, duty of care issues, power of attorney and guardianship issues, mental health treatment and care provision matters, discrimination issues, privacy matters, and subpoenas. The expenditure for this financial year to the end of April 2009 for all legal expenses outsourced or contracted out within ACT Health is \$ 1,788,981.41. However, an adjusted amount of \$874,481 properly reflects expenditure by removing \$914,500 of ACTGS costs provided free of charge.
2. The expenditure for this financial year to the end of April 2009 for all legal expenses within ACT Health is \$ 1,788,981.
3. The budgeted allocation for legal expenses in 2009-10 is \$ 1,573,000. The annual expenditure in this category can vary from year to year as it is subject to the timing and type of matter being finalised. For example, medical negligence claims are complex and can be ongoing for many years.

*Sustainability*

Caroline Le Couteur: To ask the Minister for Health

In relation to: sustainability reporting

1. How much energy is it estimated your Department used for office functions in 2008-09 per FTE and /or per square metre of office space?
2. How does this compare with the Commonwealth benchmark/target of 7,500 megajoules /person / per year?
3. How will you contribute to meeting the Government's target of zero net emissions? What steps do you have in place to reduce Departmental energy use?
4. How much is your Department spending on energy efficiency measures?
5. Is your Department eligible for the ACT Government energy efficiency loan fund?
  - a. If not, why not?
  - b. If yes, have you applied, or will you?
6. How much waste is it estimated your agency generated per FTE in 2008-09?
7. What systems do you have in place for recycling of waste?
8. How much water is it estimated that your Department used in 2008-09? How much water will you use in 2009-10?
9. Do you use any benchmarks to assess your environment performance? If yes, please detail.
10. What financial savings have you made to date from improvements in your environmental resource efficiency?
11. Do you have a target for future reductions – across energy, water, waste?
12. Does your agency have a Sustainability Action Plan or a Resource Management Plan?
13. What other initiatives / measures are you undertaking to become carbon neutral as required under Action 2 of Weathering the Change?
14. Can you please provide all these answers in terms of office use and other, recognising that some Departments have specific service delivery needs that are not comparable to other Departments – ie schools, hospitals, public facilities

*Breakdown of mental health funding*

Amanda Bresnan MLA: To ask the Minister for Health

In relation to: a breakdown of mental health funding.

On page 203 of budget paper 4, the total government payment for Output 1.2, Mental Health Services, is \$73.207 million.

1. In 2009-10, how much funding has the ACT Government allocated for:
  - a. Hospital based acute mental health services in total?
    - i. capital works relating to hospital based acute mental health services?
    - ii. non-capital related hospital based acute mental health services?
  - b. ACT Health community based mental health services in total?
    - i. capital works relating to ACT Health community based mental health services?
    - ii. non-capital related ACT Health community based mental health services?
  - c. Mental health services provided by the community sector, in total?
    - i. capital works relating to mental health services provided by the community sector?
    - ii. non-capital related mental health services provided by the community sector?
2. In 2008-09, how much funding did the ACT Government provide for:
  - a. Hospital based acute mental health services in total?
    - i. capital works relating to hospital based acute mental health services?
    - ii. non-capital related hospital based acute mental health services?
  - b. ACT Health community based mental health services in total?
    - i. capital works relating to ACT Health community based mental health services?
    - ii. non-capital related ACT Health community based mental health services?
  - c. Mental health services provided by the community sector, in total?
    - i. capital works relating to mental health services provided by the community sector?
    - ii. non-capital related mental health services provided by the community sector?
3. In 2007-08, how much funding did the ACT Government provide for:
  - a. Hospital based acute mental health services in total?
    - i. capital works relating to hospital based acute mental health services?
    - ii. non-capital related hospital based acute mental health services?

- b. ACT Health community based mental health services in total?
  - i. capital works relating to ACT Health community based mental health services?
  - ii. non-capital related ACT Health community based mental health services?
- c. Mental health services provided by the community sector, in total?
  - i. capital works relating to mental health services provided by the community sector?
  - ii. non-capital related mental health services provided by the community sector?

Katy Gallagher MLA : The answer to the Member's question is as follows:–

- 1. (a) \$15,198,000.
  - i. \$0
  - ii. \$15,198,000
- (b) \$48,175,000 plus  
portion of Belconnen Health Centre Enhancement
  - i. A portion of \$51,344,000 for the enhanced Belconnen Community Health Centre – the mental health component cannot be separately identified.
  - ii. \$48,175,000
- (c) \$9,505,000 + additional minor capital works.
  - i. plus portion of \$525,000 electrical and mechanical services to community health sites including old Watson Hostel (Centacare and Ted Noffs)
  - ii. \$9,505,000
- 2. (a) \$49,685,000
  - i. \$37,575,000
  - ii. \$12,110,000
- (b) \$42,077,000 + portion of Gungahlin Community Health Centre and refurbishment of other Community Health Centres
  - i. A portion of \$23,000,000 for new Gungahlin Community Health Centre and refurbishment of other Community Health Centres – the mental health component cannot be separately identified.
  - ii. \$42,077,000

- (c) \$8,250,000 + additional minor capital works
  - i. \$67,000 plus portion of \$327,000 electrical and mechanical services to community health sites including O'Connor (Richmond Fellowship) and old Watson Hostel (Centacare and Ted Noffs)
  - ii. \$8,183,000
  
- 3. (a) \$14,566,000
  - i. \$3,490,000
  - ii. \$11,076,000
  
- 4. (a) \$38,579,00
  - i. \$93,000
  - ii. \$38,486,000
  
- 5. (a) \$6,787,000
  - i. \$137,000
  - ii. \$6,650,000

*Whole of government funding of mental health services*

Amanda Bresnan MLA: To ask the Minister for Health

In relation to: whole of government funding for mental health services.

On page 203 of budget paper 4, the total government payment for Output 1.2, Mental Health Services, is \$73.207 million.

1. Does all this money come through programs funded by ACT Health? Is there money under any other ACT Government portfolios directed towards improving access or providing services or assistance to people affected by mental illness? If yes, what are these services and what is the level of ACT Government funding for each of these services?

Katy Gallagher MLA : The answer to the Member's question is as follows:–

1. Yes, all the money identified in Output 1.2, Mental Health Services, is funded through ACT Health.
2. Yes, other ACT Government departments provide funding directed to providing services or assistance to people affected by mental illness or mental health problems.
3. The Department of Disability, Housing and Community Services (DHCS) funded three organisations for mental health programs in 2008-09, and has allocated \$1,021,716 in 2009-10. These organisations and services are:
  - Menslink - \$262,858: DHCS funds *The Mentor Program* which aims to increase the self-esteem and social interaction of young men through mentoring, and the *Young Men's Support Network* which provides counselling/life-coaching.
  - Messengers- \$177,208: A youth high school initiative to promote resilience through the arts.
  - Lifeline -\$581,650 provides a range of mental health support services including counselling, suicide prevention training and the LYNX program aimed at supporting and empowering young people.

The Department of Justice and Community Services provided \$314, 601 for the Mental Health Tribunal in 2007-08. Figures for the 2008-09 are not yet available as these are determined retrospectively rather than budgeted for.

*ACT Health accountability indicator*

Amanda Bresnan MLA: To ask the Minister for Health

In relation to: ACT Health accountability indicator (j), on page 207 of budget paper 4, being the percentage of clients with outcome measures completed.

The Budget sets Mental Health ACT's aim as a 65% completion rate, with a current 54% completion rate estimated for 2008-2009.

1. What percentage of clients, and type of Mental Health ACT client, has outcomes nominated for them that are then measured and used to calculate accountability indicator (j)? (for example, is it only long term clients who are given care plans that are measured and reported against.)
2. What are the types of outcomes that would be nominated for a client? (for example, would it be something like the person is in stable accommodation, or appears stable on medication)
3. Does the ACT Government acquire information on the percentage of non-government organisation mental health clients with outcome measures completed? If yes, what are the result? If no, does the Government intend to do this in the future?

**Katy Gallagher MLA: The answer to the Member's question is as follows:-**

1. Approximately 40% of people accessing Mental Health ACT are eligible for outcome measures to be collected. The types of Mental Health ACT clients include those that have an inpatient admission and those clients allocated to a community mental health team with a designated case manager and receiving ongoing service contact beyond an initial assessment.
2. Outcome measures included for Output 1.2(j) are specific suite measures required for collection by the National Outcomes and Casemix Collection. These include the Health of the Nation Outcomes Scale (HoNOS/CA/65+) CA – Child and Adolescent, 65+- Older persons, Living Skills Profile (LSP), Resource Utilisation Groups – Activities of Daily Living (RUGADL), BASIS-32 (Behaviour and Symptom Identification Scale) and SDQ (Strengths and Difficulties Questionnaire). There are a number of other smaller measures also used.
3. No, the ACT Government does not acquire information on the percentage of non-government organisation mental health clients with outcome measures completed. Yes, the ACT Government does intend to introduce outcome measurement for non-government organisation mental health clients when a reliable and validated system of outcome measurement for the non-government sector is introduced at a national mental health level. ACT Health will work with the local non-government mental health sector to prepare for such a national introduction.

*Funding for mental health growth*

Amanda Bresnan MLA: To ask the Minister for Health

In relation to: funding for mental health growth, on page 76 of budget paper 3

1. What programs and organisations does the ACT Government propose or anticipate the funding will be spent on, and how much funding is dedicated to each program and organisation?
2. Does the ACT Government have an estimate of what is the level of unmet need for non-government community based psychosocial services? If yes, what is the estimated level and what does it involve? (ie. what types of services)

Katy Gallagher MLA : The answer to the Member's question is as follows:—

1. Of the \$2 Million mental health growth, announced on page 76 of budget paper 3, this was split between Mental Health ACT (MHACT) and the community mental health sector on a 50/50 basis.

**\$1Million to public mental health services (MHACT):**

With the increased consumer access to primary healthcare clinical mental health services, MHACT has experienced increased referrals from General Practise and private psychologists. The MHACT community occasions of service have increased indicating increased service demand.

This funding will assist MHACT meet this demand and to continue the reform direction set out in recent service reviews and ensure that MHACT is able to deliver the most effective and appropriate clinical services to the population of ACT.

## **\$1Million to the community mental health sector**

The community sector mental health 2009-10 budget initiatives are as follows:

**a) Establishment and secretariat for Mental Health Advisory Council - \$35,000**

**b) Sector Reform and Capacity Building**

***Community Sector Review - \$150,000***

(see answer to Q 2. below for detail)

***Sector Development Quality and Training - \$155,000***

The community sector review will contribute to knowledge of how to improve the quality standards within the community mental health sector.

***Mental Health Consumer Scholarships - \$32,000***

Scholarships will be offered to mental health consumers, with the aim to increase employment opportunities for mental health consumers within the mental health sector.

***Women's Centre for Mental Health Matters – Policy Support - \$24,000***

To assist the development of policy to affect changes to services for women in the community.

**c) Enhanced Supported Accommodation and Outreach**

***Centacare - Rental at the Lodge - \$119,000***

This funding will meet the additional costs associated with maintaining the long-term supported accommodation and respite program as a result of changes to tenancy arrangements. (Centacare operates 15 long term beds for people with dual diagnosis and 4 short term respite beds at The Lodge in Ainslie Village).

***Supported Hospital Exit Program (SHEP) - \$48,000***

A new initiative, the Supported Hospital Exit Program (SHEP) is designed for people living with a mental illness who require community reintegration upon hospital discharge.

***St Vincent de Paul, Samaritan House - Supported Accommodation and Outreach - Men \$250,000***

A new initiative, an identified gap in longer term accommodation and support for single men with mental health issues.

**d) Mental Health Promotion and Prevention**

***Mental Illness Education ACT (MIEACT) - Expand existing program to meet demand - \$70,000***

MIEACT operates a highly effective mental health promotion program for school and the wider community. It aims to provide understanding about mental health, as well as to reduce stigma and discrimination towards people with mental illness.

***Belconnen Community Service – Expand Bungee to Tuggeranong region - \$117,000***

Bungee is an extremely effective mental health early intervention program, run through Belconnen Community Services, that promotes resilience in children and young people, aged 5 - 18 years.

2. No.

*Reduction in ACT Government funding*

Amanda Bresnan MLA: To ask the Minister for Health

In relation to: a reduction in ACT Government funding

1. Are there any government or community sector health related programs or services that are to receive a reduction in ACT Government funding moving from the 2008-09 to the 2009-10 budget?
2. If yes, which areas/organisations are they? What service is it that they provide that will be reduced? And what level of funding were they allocated for this service in 2008-09 and then 2009-10?

Katy Gallagher MLA : The answer to the Member's question is as follows:—

The Government has not reduced funding to government run or community sector programs for 2009-10. There is however one organisation, Directions ACT, who have elected to cease providing a Women and Children Detoxification program and will consequently have their budget reduced by \$52,000 in 2009-10.

*Expenditure*

Zed Seselja : To ask the Minister for Health

In relation to : Expenditure in ACT Health

1. For the financial year to date, detail the expenditure in ACT Health on reports commissioned that have been outsourced or contracted out.
2. What was the purpose of the reports in (1)?
3. Who or what organisations prepared the reports in (1)?
4. What was the cost of the reports in (1)?
5. Have the reports in (1) been tabled or presented to the Assembly?
6. What has been the outcome of the reports in (1)?

*Litigation costs*

Zed Seselja : To ask the Minister for Health

In relation to : Litigation Costs for ACT Health

1. For the financial year to date, detail the expenditure in ACT Health on litigation costs that were incurred by ACT Health.
2. Have any reports on these costs been tabled or presented to the Assembly?
3. If so, what has been the outcome of those reports?

*Compensation payments*

Zed Seselja : To ask the Minister for Health

In relation to : Compensation payments for ACT Health:

1. For the financial year to date, how much was paid in compensation and what did these payments relate to, for ACT Health
2. How much was paid in compensation payments resulting from legal claims against ACT Health?

*Legal expenses*

Zed Seselja : To ask the Minister for Health

In relation to : Legal Expenses

1. For the financial year to date, detail the expenditure in ACT Health on legal expenses by ACT Health that have been outsourced or contracted out.
2. What has been the expenditure under the standard classification of legal expenses in the financial year to date for this activity?
3. How much has been allocated in the next financial year for this activity?

*Promotional activities*

Zed Seselja : To ask the Minister Health

In relation to : Promotional activities

1. In reference to promotional activities of ACT Health:
  - a. What promotional activities, publications, advertising in any media have been undertaken by ACT Health, the Minister's office, or any other office or agency on behalf of ACT Health or the Minister's office in the financial year to date?
  - b. What was the total amount spent on such activities and was it costed to ACT Health, the Minister's office or another Minister's office or another department?
  - c. Detail the promotional activities, publications and advertising undertaken by ACT Health, the Minister's office or those undertaken by the Minister's office or another department on behalf of the Minister or ACT Health?
  - d. What were the promotional activities, publications and advertising meant to achieve, did they achieve their purpose and how was that measured?
  - e. How much has been allocated both within the Minister's office and ACT Health for those activities in the financial year to date?

Katy Gallagher MLA : The answer to the Member's question is as follows:–

1. a) In the financial year to date, ACT Health has undertaken these promotional activities: Help Stop the Spread of Flu campaign; Capital Asset Development Plan (CADP); Go for 2&5 Fruit and vegetable campaign; Find 30 minutes of exercise campaign; H1N1 Human Swine Flu Influenza supplementary campaign.
- b) Total amount spent on promotional activities is \$347,961.76, which was costed to ACT Health.
- c) See 1 (a) above.
- d) Flu campaigns were aimed at stopping the spread of seasonal flu and H1N1 Human Swine Flu Influenza; CADP was aimed at communicating the new health infrastructure currently under development in the ACT; the Go for 2&5 Fruit and Vegetable Campaign was aimed at increasing consumption of Fruit and Vegetables; the Find 30 campaign is aimed at encouraging Canberrans to exercise for at least 30 minutes every day. We measure the success of these campaigns by tracking the number of hits to relevant web pages, and we conducted extensive market research to measure awareness of key messages and health services.
- e) The administrative budget for the Communications and Marketing Unit for the whole financial year is \$530,000. This budget is for advertising, all media

activities, training, leasing of PCs and general administrative expenses. The type of promotional activities listed fit within this budget.

*Advertising*

Zed Seselja : To ask the Minister for Health

In relation to : Advertising

1. Detail how much has been spent in the financial year to date on advertising, promotion, the dissemination of policy information or other information which included the Minister's photograph and/ a message from the Minister.

*Media*

Zed Seselja : To ask the Minister for Health

In relation to : Media

1. For the financial year to date, detail the expenditure in the ACT Health on media by
  - a. The Minister for Health
  - b. The ACT Health that have been outsourced or contracted out?
  
2. Please provide an individual breakdown for print media, television, radio and other media such as brochures including direct mail by:
  - a. the Minister's Office;
  - b. ACT Health;
  - c. another department or Minister's office on behalf of the Minister for Health or ACT Health.
  
3. Did the Minister or the Minister's office approve the publication in each case?
  
4. How much has been allocated for these activities in the financial year to date by
  - a. the Minister's office
  - b. the ACT Health

*Focus groups*

Zed Seselja : To ask the Minister for Health

In relation to : Focus Groups

1. How many focus groups were conducted through the area of ACT Health in the financial year to date?
2. When were they held and what was the nature of each focus group?
3. If focus group participants were paid to attend the focus group, how much were they paid?
4. Where can members get the details and findings of these publicly funded focus groups?

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*Maintenance*

Zed Seselja : To ask the Minister for Health

In relation to : Maintenance of the Minister's Office

1. What was the cost of maintaining your ministerial offices in the financial year to date? What is the forecast for the financial year ending 30 June 2010?

*Maintenance*

Zed Seselja : To ask the Minister for Health

In relation to : Interstate and Overseas Travel

1. List the interstate trips taken by you as Minister for Health in the financial year to date, including but not limited to
  - (a) Detail the purpose of each interstate trip taken by you as Minister for Health.
  - (b) Detail the duration of each trip taking by you as Minister for Health.
  - (c) Detail the costs you incurred in each interstate trip.
  - (d) Detail outcomes achieved from each interstate trip.
2. List all Ministerial staff who accompanied you on all interstate trips taken by you in the financial year to date.
3. Detail the costs incurred by the Ministerial staff on each interstate trip in the financial year to date/
4. List all ACT Health staff who accompanied you on all interstate trips taken by you in the financial year to date.
  - (a) Detail the costs incurred by ACT Health staff accompanying you on each interstate trip.
5. List any non-Governmental citizens who accompanied you on any interstate trips who Government paid partial or full travel and accommodation costs for.
6. List the overseas trips taken by you as Minister for Health in the financial year to date, including but not limited to
  - (a) Detail the purpose of each overseas trip taken by you as Minister for Health.
  - (b) Detail the duration of each trip taking by you as Minister for Health.
  - (c) Detail the costs you incurred in each overseas trip.
  - (d) Detail outcomes achieved from each overseas trip.
7. List all Ministerial staff who accompanied you on all overseas trips taken by you as Speaker in the financial year to date.
8. Detail the costs incurred by the Ministerial staff on each overseas trip in the financial year to date.
9. List all ACT Health staff who accompanied you on all your overseas trips taken by you as Speaker in the financial year to date.
10. List an non-Government citizens who accompanied you on any overseas trips who Government paid partial or full travel and accommodation costs for.

11. Detail any overseas trips undertaken by any of your Ministerial staff that you were not present on where that staff member was travelling on your behalf.
  - (a) Detail the purpose of such trips and costs incurred by the Ministerial staff on any such trips.
  - (b) Detail the duration of each such trip.

Katy Gallagher MLA : The answer to the Member's question is as follows:—

The 2008 Ministerial Travel report was tabled in the Assembly Tuesday 24 February 2009.

*Hospitality*

Zed Seselja : To ask the Minister for Health

In relation to : Hospitality

1. How much did you spend on official Hospitality outside of the ACT Legislative Assembly during the financial year to date?
2. How many taxpayer funded functions did you host in the ACT Legislative Assembly during the financial year to date?
3. List the ACT Legislative Assembly functions you hosted and how much each function cost?

*Territory taxes and fees*

Zed Seselja : To ask the Minister for Health

In relation to : Territory taxes and fees

1. Detail how much the department estimates it pay in territory taxes and fees in the financial year to date and how much will be paid in the financial year ending 30 June 2010?

*Department revenue*

Zed Seselja : To ask the Minister for Health

In relation to : Departmental revenue

1. Explain the difference, if any, in estimates of departmental revenue between the period ending June 30 2009 and the financial year to date?
2. What are the sources of that revenue in both cases?
3. What are the reasons for the difference, if any, between estimated revenue and actual revenue?

*Consulting services*

Zed Seselja : To ask the Minister for Health

In relation to : Consulting Services

1. For the financial year to date, detail the expenditure in ACT Health on consulting services by ACT Health that have been outsourced or contracted out?
2. How much was spent on consulting services in the financial year to date?
3. Detail the individual contracts i.e who they were awarded to, at what cost, for what reason, and how they were awarded (i.e by tender, with certificate of exemption etc)?
4. How much is estimated to be spent on consulting services in the financial year to date?

*QTON - Southcare*

Mr Smyth : To ask the Minister for Health

In relation to : Southcare

**MR SMYTH:** And how many— well perhaps if you want to take it on notice, how many callouts in say the last three years, what is the growth?

**Mr Thompson:** Yes, it is approximately 400 a year but we can take that on— at the moment, but we can take it on notice what the growth is

Ms Gallagher : The answer to the Member's question is as follows:—

The Doctors are not just involved in helicopter missions.

**Total** retrieval activity (SouthCare, Road retrievals, fixed wing, consults) is as follows:

2001 - 385

2002 - 370

2003 - 358

2004 - 366

2005 - 449

2006 - 449

2007 - 444

2008 - 442

The growth for health is in the road missions and advice (consults) that the doctors provide. From 2001 to 2008 the consult activity increased by 83% (13 to 75 occurrences).

Total road activity increased with the commencement of the road retrieval service.

2005 - 58 missions

2006 - 30 missions

2007 - 42 missions

2008 - 47 missions

*QTON – Cost weight separations*

Mr Smyth : To ask the Minister for Health

In relation to : Cost weight Separations

**MR SMYTH:** Okay. When is the next version due? How often is this updated?

**Mr Thompson:** I will need to take on notice when the next version is due, unless

Ms Gallagher : The answer to the Member's question is as follows:–

The Commonwealth Department of Health and Ageing publish a revised version of the National Public Hospital Cost Weights annually. The publication of the cost weights occurs between September and December.

FREE 1

*QTON – pressures on community health organisations*

**BRESNAN :** To ask the Minister for Health

In relation to : 225 and incorporating 223

Pressures on Community health organisations, particularly in relation to the AMC

**Mr Cormack:** I cannot recall having received a formal request for assistance for services arising from demand due to the AMC that we have not responded to, but I am happy to check the record on that.

**Ms GALLAGHER :** The answer to the Member's question is as follows:–

Neither my office nor the Policy Division within ACT Health which manages funding agreements with non-government organisations responsible for the delivery of health services in the ACT have any outstanding requests for assistance from these organisations in relation to the delivery of health services in the AMC.

*QTON – current positions vacant*

**Mr SMYTH:** To ask the Minister for Health

In relation to: Current Positions Vacant

Is it possible to get a breakdown of the positions that are currently vacant?

**Ms GALLAGHER:** The answer to the Member's question is as follows:-

ACT Health regularly collects vacancy data on clinical staff. Vacancy data collected at February 2009 is as follows:

| Group          | Vacancies | Budgeted FTE | Vacancy Rate |
|----------------|-----------|--------------|--------------|
| Allied Health  | 53.93     | 585.46       | 9.21%        |
| Junior Doctors | 15.6      | 169.81       | 9.19%        |
| Senior Doctors | 10.4      | 155.12       | 6.70%        |
| General Nurses | 139.14    | 1908.5       | 7.29%        |
| Mental Health  |           |              |              |
| Nurses         | 22.96     | 196.26       | 11.70%       |
| Other          | 4.7       | 50.69        | 9.27%        |
| Grand Total    | 246.73    | 3065.84      | 8.05%        |

*QTON – number of prisoners in AMC in detox/withdrawal*

Ms Bresnan : To ask the Minister for Health

In relation to : Number of Prisoners in AMC that may go through withdrawal or detox – national data

**MS BRESNAN:** I appreciate that you cannot give stats off the top of your head, but do you have any idea how many prisoners there might be in the AMC going through withdrawal or detox?

**Ms Reading:** I cannot give you those figures, but, generally, from a statistical perspective, 80 per cent of prisoners have an alcohol or other drug issue. I am happy to provide further information out of session on what the national statistics are with that.

**Ms Gallagher :** The answer to the Member's question is as follows:–

The ACT prison population has a demographic profile similar to that of the NSW prison population. The health status of the ACT prison population, including use of illicit drugs can only be inferred from NSW data until ACT data is available mid 2010.

From the 2001 NSW Inmate Health Survey: 80% of detainees had a lifetime use of illicit drugs; 40% of detainees had an issue with illicit drugs at the point of arrest; and 20% of detainees continued to use while in custody.

*QTON – bush healing farm*

Mr Seselja : To ask the Minister for Health

In relation to : Bush Healing Farm

**The Chair:** Well what I want to know is how you satisfied yourself that there was not Did the department then look into that issued and say, “Well, no, someone has raised this. We have looked at it. There is no pre-existing relationship. There is nothing that would cause concern, any genuine concern, about a conflict of interest. So there was a investigation took place and then you had a report from the department that said, “Loc this is all fine”.

**Ms Gallagher:** That is as I recall it, yes. And I remember we had several discussions. mean I meet every Monday with Health. As we went through this I had a number of meetings with Mark and Ross about this. I was very concerned, as I still remain, that local opposition to this could - well, not could jeopardise it because we own the land now and we will build this facility but I wanted to make sure that, as much as we could we had the support of the local community as we went on this journey to build this fantastic service. For the first time in the ACT we would have an indigenous specific healing farm which had the support of the indigenous community and we had a great location.

I did not want to pursue this in a way that antagonised or did not address the concerns local landowners, by any means. I mean that is not my approach and I understand this project is high risk in terms of community acceptability of it. But I am very satisfied. I am very, very satisfied with the work that Health did, both in advising me around concerns and in going out and talking to a number of landowners out there in addressing, or attempting to address, concerns and I am still not aware of any - I am aware of allegations of conflict of interest but I am not aware of any conflict of interest that exists.

**THE CHAIR:** Indeed. Just finally on that and I think Mr Smyth has some more questions, so are you able to provide to us the details of that investigation to the committee, please?

**Ms Gallagher:** I can certainly look at what briefs were generated around that. certainly recall a couple or at least one that I recall. But I will see what I can provide, for sure

**Ms Gallagher :** The answer to the Member’s question is as follows:–

There is no conflict of interest regarding the purchase of Miowera.

In March 2008 the Aboriginal and Torres Strait Islander Reference Group were alerted to a property for sale on the private market - ‘Miowera’, Block 241 Paddy’s River, by an independent consultant providing advice on development potential and the potential for animal husbandry and native regeneration on the sites identified in the Procurement Feasibility Study. The property was advertised on the private market through a real estate agent.

Negotiations regarding the procurement of the site were undertaken through the real estate agent, Peter Blackshaw Real Estate, the ACT Government Solicitors Office and the vendor’s legal representation.

In June 2008, in response to correspondence from a neighbouring rural leaseholder, ACT Health prepared an internal departmental briefing confirming that *‘Officers in ACT Health involved in the attempted purchase have had no contact and have no existing or prior relationship to the vendor’*.

In March 2009, there was a media query which questioned whether the former owner had ever been employed by ACT Health. At this time, ACT Health investigated this issue further and found that there was no record of Miowera’s former owner, having ever worked for ACT Health on the current administrative system.

*QTON – overseas staff*

Mr Smyth : To ask the Minister for Health

In relation to : Overseas staff – number who return to their country of origin

**Mr SMYTH:** On that, is there data that supports what you said about people going home? What percentage does actually return to their country of origin?

**Ms Gallagher:** I am sure we can find that.

**Mr SMYTH:** Take it on notice?

**Ms Gallagher :** The answer to the Member's question is as follows:–

This information is not available.

*QTON – young person’s mental health unit*

Ms Bresnan : To ask the Minister for Health

In relation to : Young Person’s Mental Health Unit

**MS BRESNAN:** So when was the decision actually made to move the young persons unit to TCH? We were under the impression not that long ago that it was going to be at Calvary.

**Ms Gallagher:** Yes. I must say I originally had concerns around the trees on the Calvary block when I saw the work that had been done in looking at the preferred site. Some of that originally was around synergies with ward 2N and the private mental health facilities that are there at Calvary. In relation to that, there was support for it to be located at that site. Pretty much as soon as the budget came out I was approached informally—not through a letter or anything but just at a function—by a number of our specialists in child and adolescent health who raised concerns with it being located at Calvary. In addition, it became clear there would be some issues around the trees on the back of that block at Calvary. I asked the department to look at whether there were opportunities on the Canberra Hospital site.

Once all the work that we have already outlined in the capital asset development plan is completed at the Canberra Hospital, because we are better using the space, there will still be pockets of space available for future growth outside of the capital asset development plan. So I think a formal decision, as I recall it, was taken around the same time that cabinet decided not to proceed with the forensic unit on that site.

**MS BRESNAN:** So it was actually the same time?

**Ms Gallagher:** If it was not at the same time, it was around the same time when cabinet was considering not only the mental health precinct but the young persons unit as well.

**MS BRESNAN:** I do not believe that was made public at the same time. I do not recall it being made public at the same time.

**Ms Gallagher:** Yes, I think it was.

**MR HANSON:** The young persons unit?

**Ms Gallagher:** Yes, I will check that.

**Ms Gallagher :** The answer to the Member’s question is as follows:–

Cabinet decided to locate the Young Person’s Mental Health Unit on the Canberra Hospital site and to seek an alternate site for the Secure Mental Health Unit on the 16<sup>th</sup> February.

I issued a media release on the 23 February 2009 in which I announced both decisions.

Both decisions were also included in the ACT Health CADP Community Update which was distributed between 14-16 April 2009.



**Katy Gallagher MLA**  
DEPUTY CHIEF MINISTER

TREASURER  
MINISTER FOR HEALTH  
MINISTER FOR COMMUNITY SERVICES  
MINISTER FOR WOMEN  
MEMBER FOR MOLONGLO

**MEDIA RELEASE**

MR07H

**Site selection process required for new ACT mental health facilities**

The ACT Government will consult over three potential sites identified as suitable to accommodate the Secure Adult Mental Health Inpatient Unit after detailed design work concluded that the TCH site was not large enough to accommodate both the secure facility and the acute inpatient unit.

Last year's Budget provided more than \$37 million for a new suite of mental health facilities including the Secure Adult Mental Health Inpatient Unit, a new 40 bed inpatient facility, a mental health assessment unit at TCH and the forward design of the Young Person's Mental Health Unit at Calvary Public Hospital.

"Initial plans to locate the secure facility on the TCH site, and the Young Person's unit at the Calvary site have now been found to be unsuitable," Minister for Health Ms. Katy Gallagher said.

"During detailed planning and site assessment for both of the facilities it became apparent that limitations of the proposed sites would result in significant compromise in quality and functionality of the units."

"The proposed site for the young person's unit on the Calvary Hospital campus comes under significant environmental protection that precludes any clearing of protected trees. It can not proceed on that site.

"Similarly, benchmarking against best current evidence in contemporary mental health facility design concluded that there is insufficient space in the proposed Canberra Hospital mental health precinct to fit the secure unit adjacent to a new adult mental health inpatient unit."

"From a clinical perspective it is essential that the new adult mental health inpatient unit is located on the Canberra Hospital site, and whilst desirable, it is not clinically essential that the secure unit be located on a hospital site."

"A detailed assessment of three potential sites for the secure unit will be undertaken and a recommendation made on the final preferred location will be based on community consultation, operational efficiencies, access to hospital services, land size, construction complexities and visual aspect for consumers."

The ACT Government has identified three potential sites to locate the secure mental health facility.

The sites that have been identified as suitable are:

- o Gungahlin Block 440;
- o Gungahlin Block 775 (adjacent to Bimberi)
- o Symonston Section 49 Block 11 (former Quamby site)

"Extensive community and stakeholder consultation will commence shortly with details to be advertised through the local media and via the ACT Health website in coming weeks," Ms. Gallagher said.

A detailed site selection process for the young person's unit will also be undertaken. It is desirable for the young person's unit to be located in proximity to paediatric services which are predominantly located on the Canberra Hospital campus.

Statement Ends  
Date 23 February 2008  
Media Contact:

Angie Drake Ph: 6205 0139(w) 0408 092 016(m)

*QTON – Deloitte’s review of implementation of e-health*

Mr Smyth : To ask the Minister for Health

In relation to : Deloitte’s Review of implementation of e-health

**MR SMYTH:** Minister, Deloitte did a review of implementation of e-health and that review has gone to health ministers. I understand the executive summary has been released, but not the full review. Will it be made public?

**Mr Cormack:** I am pretty sure—I will take it on notice, but I understand that at the last health ministers meeting the ministers actually launched the national e-health strategy. It was either the last one or the one before that. I understood it had been made publicly available.

**MR SMYTH:** I understand the executive summary has been released, but as of 12 March the strategy itself had not been released.

**Mr Cormack:** I will have to take that—

**MR SMYTH:** All right. So you will look at to whether or not you can release the report to the committee.

**Ms Gallagher:** Sure. We will see.

**Ms Gallagher :** The answer to the Member’s question is as follows:—

The release of the full version of the national e-health strategy is subject to agreement by all Health Ministers

*QTON – co-generation project*

Ms Le Couteur : To ask the Minister for Health

In relation to : Co-generation project

**MS LE COUTEUR:** Have you any more information about where you are up to with the cogeneration project, particularly as I am aware that it has been rejected in the past? Is there anything more you can say about that?

**Ms Kennedy:** Until the plan is finalised and decisions have been made around that, we do not have an outcome—

**MS LE COUTEUR:** When is that likely to be?

**Mr Cormack:** We'll take it on notice.

**Ms Kennedy:** Yes, we'll take it on notice.

**Ms Gallagher :** The answer to the Member's question is as follows:—

The Engineering Services Master Plan for the Canberra Hospital will be completed in February 2010. Aligned with this Plan will be a sustainability strategy for the Capital Asset Development Program and a feasibility study for a Central Energy Plant.

*QTON – car park Canberra hospital*

Mr Smyth : To ask the Minister for Health

In relation to : Car Park at The Canberra Hospital – Cost of each option considered

**MR SMYTH:** Could you just take on notice what each of the options cost and provide them to the committee—how much the expansion of the northern one would have cost and how many parks it would have provided with the southern one in place and vice versa?

Ms Gallagher : The answer to the Member’s question is as follows:–

ACT Health’s initial option to increase car parking at Canberra hospital was to build a new northern car park providing 1086 spaces at a cost of \$29million. In the context of the Capital Asset Development Plan and a new master plan for the Canberra Hospital it was apparent that additional car parking would be required. In comparing the options of a new multi-storey carpark at the northern end of the campus with a new multi-storey carpark at the southern end of the campus it was clear the functional disadvantages associated with the northern option were so substantial to make this option unrealistic.

In summary, the new masterplan for the Canberra Hospital has a new acute building 3 and mental health precinct towards the southern end of the campus which effectively moves the centre of the hospital further south. This would mean that the northern carpark would be further away from the main hospital activity, whereas the southern option would be within a 4 minute walk of the centre of the hospital. It would also obviously better serve the needs of the mental health facilities. Construction on the northern carpark would also require temporarily moving the helipad, which would have significant operational and financial implications.

*QTON – step up step down*

**MR HANSON :** To ask the Minister for Health

In relation to : p330

- (1) It would be useful to see what the capacity of those organisations is – step-up, step-down or one of those other organisations – to see what pressures are building if that is possible.
- (2) And, if it is possible, just say where we are at with those in terms of demand and capacity. That would be useful.

**Minister for Health :** The answer to the Member’s question is as follows:–

The Adolescent Step Up Step Down facility opened in April 2008. For the 2008/09 year to date, the occupancy rate per month has been:

|           |     |
|-----------|-----|
| July      | 50% |
| August    | 61% |
| September | 61% |
| October   | 70% |
| November  | 60% |
| December  | 37% |
| January   | 29% |
| February  | 23% |
| March     | 80% |
| April     | 43% |

The Adult Step-Up Step-Down facility opened in mid - January 2009. For the 2008/09 year to date, the occupancy rate per month has been:

|          |                       |
|----------|-----------------------|
| January  | 40% (start-up effect) |
| February | 84%                   |
| March    | 87%                   |
| April    | 75%                   |

QTON – bush healing farm FOI

Mr Hanson : To ask the Minister for Health

In relation to : Bush Healing Farm FOI

**MR HANSON:** Can I just ask then, in the FOI that was provided on this issue, on a copy of the letter, why is it that the word “cellar door” was blacked out, what was the rationale behind blacking that out in the FOI that was provided? The original correspondence reads, “The aim was establishing a vineyard and ultimately with government approval cellar door sales and possibly a bed and breakfast establishment.” What was the rationale behind blacking that out—

**Mr Cormack:** I will have to—

**MR HANSON:** —if we were not trying to hide the purpose of that land?

**Mr Cormack:** Okay. I will have to check the decision-makers’ justification against the legislation for deleting references. As you would be aware, the FOI legislation contains a number of clauses that enable full release, partial release or no release and I am happy to take that on notice

**Ms Gallagher :** The answer to the Member’s question is as follows:—

All Freedom of Information requests are considered against the relevant sections of the *Freedom of Information Act 1989*, which has provisions to exempt the release of certain information.

In this instance, this information was included in correspondence received from a third party. ACT Health determined that it would not be appropriate to release this information under section 41 of the Act (Documents affecting personal privacy). Under this section it is stipulated: ‘*A document is an exempt document if its disclosure under this Act would involve the unreasonable disclosure of personal information about any person*’.

In this instance, the exempted information would have identified the author of the correspondence, due to its specific nature.

The legislation was followed by the decision maker and the applicant is welcome to seek a review of the Department’s decision under the Act.

*QTON – HACC payments*

Ms Bresnan : To ask the Minister for Health

In relation to: HACC payments

**Ms Bresnan:** Thank you Mr Chairman. Minister, over the last few months you and I and Ms Bresnan have had conversations about HACC payments.

**Ms Gallagher:** Yes.

**MRS DUNNE:** And you wrote to me in May giving me an update. Could you explain - first of all can you assure me and assure the community that all of the outstanding HACC payments for this financial year have been made to all the organisations?

**Ms Gallagher:** As far as I am aware, they have.

**MRS DUNNE:** And when were they made?

**Ms Gallagher:** Can you answer that, Ross?

**Mr O'Donoghue:** I just need to double check. Ross O'Donoghue, Executive Director, Policy. The only circumstance where payments may not have been made is where the organisation in particular has not completed their side of the documentation. I am not aware of any - I can not think of any examples of that having occurred. So essentially all the funds for this year have been fully expended.

Ms Gallagher : The answer to the Member's question is as follows:–

Payments were made upon receipt of the signed variations to funding agreements during April and May. At the time of this question (21 May 2009), one payment of \$446 was outstanding. The variation to the funding agreement has now been returned from the organisation and this amount paid in full. This means that all HACC funds for both indexation and growth for this year have been fully expended.

*QTON – bush healing farm*

Mr Seselja : To ask the Minister for Health

In relation to : Bush Healing Farm Negotiations

**THE CHAIR:** What did they - in terms of the - it was \$1.4 million I think was the final price, is that correct? Was that the first and only offer that was made or was there a lower offer that was given originally.

**Mr O'Donoghue:** There was some negotiations around the price. There was an initial lower offer made.

**Ms Gallagher:** And I should say, I mean, just in balancing up some of those concerns, is there was - you know, it has also been put to me by somebody else and this is some of the myths and you know, a bit of the nuisance that has happened, as I see it, that there was a number of local people who wished to purchase that land for their own purposes that were unhappy with the price that ACT Health came in and paid. That has been put to me as well. Now, I just put that as another view about what happened and we leave it at that. But, you know, there has been quite a bit of turbulence flying around about this and what I would love out of your process is, I am happy to provide you with whatever I can to address your concerns, is that we move on and build this Bush Healing Farm.

**Ms Gallagher :** The answer to the Member's question is as follows:—

The farm was valued by Egan National Valuers on 2 June 2008. The report was provided to ACT Health on 20 June 2008, which valued the property at \$1.4 million. The valuers provided a recommendation that ACT Health provide an initial offer of \$1.3 million. ACT Health followed this advice and made an offer of \$1.3 million for the property. After a series of negotiations a final sale price of \$1.4 million was agreed.

*QTON – phasing out open wood burning*

Ms Bresnan : To ask the Minister for Health

In relation to : Phasing out open wood burning

**MS BRESNAN:** Just in relation to that, I mean there has been, I think there are three areas in Australia, that is Launceston, Armidale and I think Tuggeranong that have been identified as areas where that is most, where it is, I guess at the highest level, because obviously there is an inversion layer which creates the situation where wood smoke does cause issues. I mean has there been a committee thought about looking at, I think particularly Armidale are now doing some, taking some action around, looking at what they are doing because obviously it does still cause an issue in that area with the wood smoke because of other factors which are affected as well.

**Dr Guest:** Well I do not think that I should comment on what is happening in Armidale.

**MS BRESNAN:** No, I am just wondering if there had been any - so you have not sort of looked at what they are doing there in terms of addressing the issue?

**Dr Guest:** We could take that on notice. I think that we are certainly in touch -

**MS LE COUTEUR:** That would be helpful.

**Dr Guest:** Through the Environment Health Council, the En-Health Council, we are in touch with all national developments on air quality, improvement measures being taken around the country, so let us take that on notice.

Ms Gallagher : The answer to the Member's question is as follows:-

The ACT Government aims to reduce winter air pollution with programs and campaigns run in relation to air quality issues in the ACT.

Monitoring

Ambient air quality in the ACT is being monitored in accordance with the national standard. In relation to particles, the national standard requires monitoring and reporting of results for particles that are 10 micrometres in diameter (PM<sub>10</sub>). Due to new scientific findings concerning health effects of PM<sub>2.5</sub> (particulate matter that is 2.5 micrometres in diameter), the national standard was varied in 2003 to add an advisory reporting standard for PM<sub>2.5</sub>. Monitoring of PM<sub>2.5</sub> fraction commenced at the ACT

Health Monash air quality monitoring site in June 2003. In 2005 and 2006, as part of the wood-smoke initiative, a network of specific air monitors which monitor for PM<sub>2.5</sub> fraction was set up across the ACT.

Wood Heater Replacement Program

The *Wood Heater Replacement Program* aims to reduce winter air pollution from wood smoke by offering a subsidy to eligible householders for replacing an old wood heater with a new gas heater.

Don't Burn Tonight Campaign

The *Don't Burn Tonight* campaign, launched in 2001, encourages Canberrans to use alternative heating on cold, still nights when smoke is unlikely to clear quickly. The program, which is entirely voluntary, encourages people to act responsibly.

Provision of Information

The Environment Protection Unit of the Department of the Environment, Climate Change, Energy and Water provides information on how to use solid fuel heaters efficiently including guidelines for acceptable smoke emissions.

It is understood that similar programs and actions to reduce winter air pollution have been employed in Armidale. Armidale Dumaresq Council monitors air quality in the area and publishes results on the website. The Council provides information to householders about how to reduce their woodsmoke emissions and people with 'smoky chimneys' would be advised on wood smoke prevention. The Council also provides information on woodsmoke and health, weather conditions and alternative heating systems. Advice on how to keep heat in the house through the use of, for example, insulation and door snakes is also provided. It is understood that the Council had a grant to assist people to upgrade their woodstoves.

*QTON – centacare staff*

Mr Smyth : To ask the Minister for Health

In relation to : Centrecare staff – meals from weight watchers

**Mr Smyth:** I noticed in the paper this morning, the *Canberra Times* this morning, there is an article about, that the Prime Minister was a bit outraged that Centacare staff and Defence staff have been getting assistance with meals from Weight Watchers. Should he be outraged this is occurring in the ACT Public Service, in particular the Department of Health?

**Ms Gallagher:** I have not got across that article I have to say.

**Mr Cormack:** I am certainly not aware of any special weight loss dietary programs with the provision of food being offered to our staff, but I am happy to have a closer look at that. But I am certainly not aware of it

**Ms Gallagher :** The answer to the Member's question is as follows:–

This practice does not occur in ACT Health.

*QTON – nicotine replacement therapy*

Mr Smyth : To ask the Minister for Health

In relation to : Nicotine Replacement Therapy

**Mr Smyth:** Right, but on assistance to staff, the Nicotine Replacement Therapy has been offered to staff when we went to smoke-free hospitals earlier, which I think is a great initiative. How many staff have taken that up?

**Mr Cormack:** I will have to take that on notice.

**MR SMYTH:** All right, and do we have an allocation in the budget for it? Do we know how much its estimated cost?

**Ms Gallagher:** We have made an allocation for it. I remember seeing, recalling a figure. We will get that for you.

Ms Gallagher : The answer to the Member's question is as follows:–

ACT Health has not made a separate, specific allocation for the Nicotine Replacement Therapy as expenditure is dependent on staff take up. Costs will be covered by individual cost centre budgets.

*QTON – tri-annual funding*

Mrs Dunne : To ask the Minister for Health

In relation to : Tri-annual funding

**Mrs Dunne:** So in that case, Mr O'Donoghue, can you actually explain what the tri-annual funding arrangement does and how is it different from what currently arises? I actually thought that the tri-annual arrangement would do away with the problem of having to negotiate every year on indexation?

**Mr O'Donoghue:** I would need to take on notice the matter of indexation. I must say it is a matter of detail that I am not specifically across but the tri-annual plan in broader terms sets out the strategies and priorities for that entire period. And that expedites the process.

**MRS DUNNE:** Could you get back to the committee on the indexation?

**Mr O'Donoghue:** Certainly, the indexation matter.

Ms Gallagher : The answer to the Member's question is as follows:–

The Federal Minister for Ageing has agreed to the priorities identified in the triennial plan. One of the key priorities within the plan is maintaining sector viability through the application of the Territory level of indexation in Year 2 and Year 3 of the Triennium. Therefore, there is already an in principle agreement to pay a higher level of indexation.

There is still however, a requirement for the Federal Minister to sign and agree an Annual Supplement in Year 2 and Year 3, that includes the level of indexation and the agreed service growth in outputs.

*QTON – \$80m agreed to at COAG*

Mr Seselja : To ask the Minister for Health

In relation to : \$80m agreed to at COAG

**Mr Seselja:** So how much did go to health out of that COAG money, that SPP money?

**Ms Gallagher:** I will have to get you the exact figure, I think it was about \$100 million, 120.

Ms Gallagher : The answer to the Member's question is as follows:–

The total amount of additional funded onpassed to ACT Health in the 2009-10 Budget as a result of the Australian Healthcare – National SPP renegotiation is \$78.8m over 5 years.

This is likely to be reduced by \$5.7m as a result of revised indexation parameters.

*QTON – food labelling*

Ms Le Couteur : To ask the Minister for Health

In relation to : Food labelling

I have a question totally different. On 1 May this year I understand the Food Regulation Ministerial Council Meeting decided to review the food labelling law and policy. Can you provide the terms of reference for that review and the timing? When it will start and—

**Ms Gallagher:** I am sure, I am sure we can, yes

Ms Gallagher : The answer to the Member's question is as follows:—

I am advised that on 1 May 2009, members of the Australia and New Zealand Food Regulation Ministerial Council agreed to the Terms of Reference for an independent, comprehensive review of food labelling law and policy. The Ministers' view was that it would be premature to release the Terms of Reference as the review panel is yet to be confirmed, including the Chair who will be selected by the Ministerial Council once funding for the review has been secured.

The commencement of the review is contingent on securing a source of funds for this work. I am advised that the jurisdictions are currently working on this issue.

*QTON – GE ingredients*

Ms Le Couteur : To ask the Minister for Health

In relation to : GE Ingredients

Is that review going to cover GE ingredients, genetically engineered ingredients?

**Dr Guest:** I believe it is but we will check that for you

Ms Gallagher : The answer to the Member's question is as follows:–

Yes. It is understood that the proposed independent and comprehensive review of food labelling law and policy in Australia will evaluate current policies, standards and laws relevant to food labelling, including the labelling of genetically modified food.

QTON – HACC

Mrs Dunne : To ask the Minister for Health

In relation to : HACC

**Mrs Dunne:** Is there - could you come back to us perhaps, Mr O'Donoghue, with some way forward to build in some flexibility for agencies who were not aware that the expression of interest process you ran was a two year process?

**Mr O'Donoghue:** Certainly, we can come back to you on that. I need to seek advice about to what extent it is locked in to the tri-annual plan, I do not believe that it actually is. But we can come back with advice on that.

Ms Gallagher : The answer to the Member's question is as follows:–

The HACC Triennial plan for the period July 2008 to June 2011 has identified the strategic directions for the HACC program. Targeted growth in the three years of the triennium is directed to the expansion of direct client services for the HACC eligible population.

To ensure that HACC funds flow early in Year 2 of the Triennium, the HACC growth tender clearly stated that projects would be identified for funding allocation in the second year of the Triennium. The next HACC growth round will be advertised in February 2010 for allocation in Year 3 of the triennium 2010-11.

*QTON – gender split for smoking*

Mrs Seselja : To ask the Minister for Health

In relation to : Gender split on smoking

**Mr Seselja:** Do we have a gender split on any of these figures in terms of is it, is it still more young women taking up smoking?

**Dr Guest:** Yes we do and I will just see if I can put my finger on it in the Chief Health Officers report which you will have. Certainly a concern in recent years has been smoking in young women, but it used to be pretty popular in both males and females and I think it is best if I just take that on notice but we have that information, yes.

**THE CHAIR:** And just the final part of that question which I asked earlier, when are those, when are the more up to date figures going to be available, where are we up to with that?

**Dr Guest:** And I will take that precisely on notice as well.

**Ms Gallagher:** I am pretty sure we are doing or have done the secondary school smoking survey which was probably done late last year.

**Dr Guest:** So the data on that would come out - I will not guess.

**Ms Gallagher:** Soon.

**THE CHAIR:** Soonish.

**MR SMYTH:** My favourite word, just before you go -

**Dr Guest:** And we will take that on notice.

Ms Gallagher : The answer to the Member's question is as follows:-

Results from the 2007-08 Australian Bureau of Statistics National Health Survey were released on 11 May 2009. ACT estimates indicate that 16% of females aged 15 years and over were current smokers. This compares to 21.2% of males.

In terms of younger females, results from the 2005 Australian Secondary School Alcohol and Drug Survey indicate that female secondary school students (9.8%) were more likely to be current smokers than male secondary school students (7.5%). Results from the 2008 Australian Secondary School Alcohol and Drug survey have not been released and will not be available until later in 2009.

*QTON – femur fractures*

Mr Smyth : To ask the Minister for Health

In relation to : Femur Fractures

**Mr Smyth:** You said good to be best in the country, what is the national average, do we know.

**Mr Cormack:** I do not actually have that on me, sorry.

Ms Gallagher : The answer to the Member's question is as follows:-

In 2006-07 the national femur fracture rates was 7.5 per 1,000 Australian population aged 75 years and over. This is the most recent data published by the Australian Institute of Health and Welfare. This rate is higher than the ACT rate recorded in 2007-08 of 5.7 per 1,000 ACT population aged 75 years and over.

*QTON – dental health*

Mrs Dunne : To ask the Minister for Health

In relation to : Dental Health

**Mrs Dunne:** Low fees, okay. Yes.

**Ms Reading:** Yes. So it is very affordable for families and it is capped. I just need to check what the current fees are, but it was about \$200 for a family of five and that gave them the whole gamut of routine restorative treatment.

**Ms Gallagher :** The answer to the Member’s question is as follows:–

I can confirm that while the fees are very affordable and for some families the service is free, the rates are not capped. For the record:

The service provides children and young people with the following dental services:

- Comprehensive assessment;
- Oral health plans based on individuals' needs;
- General preventative and restorative treatment; and
- Emergency treatment.

Standard Fees:

- Children 5 years to under 14 years of age - \$49.00 per child per “Course of Care”;
- Children under 5 years (who require treatment) - \$49.00 per child per “Course of Care”;
- **Free** for families (until children are 17 years of age) who receive the Family Tax benefit Part A at more than the minimum rate per child per fortnight; and
- **Free** for families (until children are 17 years of age) covered by a current Centrelink Concession Card.

*QTON – diabetes diagnosis*

Ms Burch : To ask the Minister for Health

In relation to : Diabetes Diagnosis

**Ms Burch:** Yes I am ready now, thank you Chair. 196, looking at indicator 11 on diabetes. The data seems to be quite old, so I am just wondering if there is update data and again it is probably similar questions to before about how we are going with diabetes diagnosis—

**Dr Guest:** Charles Guest. World-wide there is a pandemic of diabetes, that is for certain, if not of other things. And here in the ACT we are tracking along with diabetes at about the Australian pattern but somewhat less for the reasons that I have suggested before which is the relative advantage here. Now the figures in the Chief Health Officer's Report are not more recent, so —

**MS BURCH:** Do you rely on national health surveys, data? Is there any local population health—

**Dr Guest:** Yes, we do

**MS BURCH:** So there is no local population health data to get a sense of diagnosis of problem—

**Dr Guest:** No, we rely on national health surveys. The point about diabetes prevalence is that while some people have type 1 diabetes which is much better documented and known about, a lot of people have type 2 diabetes and are on treatment for example only from their general practitioner. And the Health Department does not hold any central data set on that, so yes we are dependent on national data sets.

**MS BURCH:** And any idea when that data will be updated? I think it is '04-'05.

**Dr Guest:** Yes, it will be soon but I would have to come back to you on that.

Ms Gallagher : The answer to the Member's question is as follows:—

The latest national data giving information on the prevalence of diabetes is the 2007-08 Australian Bureau of Statistics National Health Survey. ACT estimates for diabetes are not yet available. National estimates indicate, however, that the percentage of

Australians aged 15 years and older with a long term condition of diabetes mellitus was 4% in 2007-08. This compares to 3.6% in 2004-05 and 2.9% in 2001.

*QTON – Governance model of Calvary*

Mr Smyth : To ask the Minister for Health

In relation to : Evidence to support proposed Governance model of Calvary

**MR SMYTH:** So is there a document that supports the view that the one governance model is the better model?

**Ms Gallagher:** A document specifically?

**MR SMYTH:** Yes. Is there evidence to support that claim? Is there something you or the department could table for the committee that says, “This is the work we’ve done and this supports the claim”?

**Ms Gallagher:** I would have to go back and have a look. There has been so much work done on the government’s model at Calvary, and I am very happy to look at what we can provide to the committee, for sure.

Ms Gallagher : The answer to the Member’s question is as follows:–

The Reid Report, which was a review of the organisational arrangements of Government health services, was received in May 2002.

The approach recommended in the Reid report was based on the objective that “a health service the size of the ACT should be characterised by collaboration, collegiality, shared accountabilities, clinical involvement in planning, complementarity and integration, as the tools for quality and efficiency, rather than rivalry and duplication” (p8).

In general terms, the approach for achieving this was to be through:

Amendments to the Health and Community Care Service Act are thus proposed to create a more standard organisational structure whereby:

- There is one clear line of accountability established for the various aspects of the ACT health system – health policy, planning and service delivery – from the individual managers within the ACT health system through the Chief Executive of the Department, to the Minister and Government; and
- The distinctions inherent in the purchaser/provider model are removed. (Executive Summary, pii)

This approach was implemented for all aspects of the public health system except Calvary Public Hospital. The separate ownership of Calvary Public Hospital prevented the full implementation of this approach, with accountability for most aspects of Calvary Public Hospital remaining with the Little Company of Mary and a purchaser/provider arrangement remains between ACT Health, and Calvary Public Hospital.

Specific examples of changes which were not made are highlighted in respect of Recommendation 4 of the report (pp19-20). This Recommendation included proposals for legislative change to achieve the following arrangements that related to Calvary Public Hospital:

- iii. To provide that the Chief Executives of the individual health services are subject to the control and direction of the Chief Executive of the Department in the exercise of their functions and consistent with these reporting arrangements to provide that their executive employment contracts are with the Department's Chief Executive;
- iv. To provide that the Chief Executive of the Department must approve the appointment of the Chief Executive of the Calvary Public Hospital;
- v. To provide for the making of an annual service agreement between the Department and the Calvary Hospital in relation to the delivery of public hospital and other health services; and
- vi. To vest in the Department's Chief Executive, appropriate powers to enable inquiry into standards of services and administration at the Calvary Hospital - Public Division.

These legislative changes were not made, and ACT Health is not able to exercise these powers as envisaged in the Reid Report.

I also draw your attention to the Auditor General's Report on Management of Calvary Hospital Agreements, May 2008.

Other material is being considered in the context of the current negotiations with Little Company of Mary and therefore is commercial-in-confidence.

*QTON – Calvary*

Mr Smyth : To ask the Minister for Health

In relation to : Ownership / Governance Arrangements for Calvary – Meeting with Little Company of Mary (LCM).

**THE CHAIR:** Were there departmental officials at that first meeting?

**Ms Gallagher:** Yes. Mr Cormack usually sits in on those meetings.

**THE CHAIR:** So there would be some file notes that can confirm some of that?

**Ms Gallagher:** Sure.

**THE CHAIR:** Is that able to be provided—the detail of that?

**Ms Gallagher:** Sure.

Ms Gallagher : The answer to the Member’s question is as follows:–

I met with two officials from the LCM on 6 August 2008, including Tom Brennan, Chairman of LCM Health Care. I was accompanied by the ACT Health Chief Executive.

At this meeting I indicated the Government’s preference to own and operate Calvary Public Hospital under the direct governance of ACT Health.

It was agreed that both parties would work together to develop the proposal further, and meet in the near future to discuss the proposal in further detail.

Due to the current status negotiations with LCM I do not intend to provide any further details on this matter at this time.

*QTON – Women’s and Children’s Hospital*

Mr Hanson : To ask the Minister for Health

In relation to : Articulation of bed numbers at Women’s and Children’s Hospital /  
any reduction in any of the programs in terms of scope

**MR HANSON:** The reason I raised this—and it does have some relevance—is that what has happened with the AMC project is that the budget has stayed largely intact, but what they did was they reduced scope. So they had \$130-odd million, but as they went forward they realised that they weren’t going to be able to deliver what they had originally conceived within the budget, so they reduced the scope. Have we seen that starting to occur yet? For example, for the women’s and children’s hospital, have we articulated the number of beds that were going to be delivered in that program, and have we seen any reduction in any of the programs in terms of scope?

**Mr Cormack:** No

**Ms Gallagher:** No, there hasn’t been. We have articulated the numbers, and I am happy to provide that to the committee.

**Ms Gallagher:** LBRT, yes. Thankfully I won’t be needing those again, but they will be very nice for whoever needs them. But there will be some growth in there, but the idea behind the women’s and children’s was also around co-locating women’s and children’s health into one spot. And so we can provide that for the committee.

**Ms Gallagher :** The answer to the Member’s question is as follows:–

- The Capital Asset Development Plan process identified the need to establish a Women’s and Children’s Hospital on the TCH campus.
- Clinical services planning identified the number of overnight inpatient beds required by the year 2022 (the timeframe of the Capital Asset Development Plan) for women’s and babies and adolescent and paediatric hospital services. This planning was carried out in the context of planned expansion of neonatal intensive care facilities and a range of model of care/demand management decisions such as the expansion of outpatient clinics for women’s and children’s services, increasing the range of services to be delivered in the community and proposed new models of patient care including a continuity of care model for maternity services.
- A Feasibility Study for the Women and Children’s Hospital was undertaken in 2008. A comparison of the agreed beds in that Study with those in the current plans shows:
  - The number of proposed Neonatal Intensive Care Unit cots has remained at 30;
  - Women’s and Babies services remain at 52 beds; and
  - Paediatric beds remain at 64 beds.

Zed Seselja : To ask the Minister for Health

In relation to : Consideration of a recommendation to the Minister for Planning that Call-in powers be applied to the Southern Carpark Project at TCH.

Katy Gallagher: “.....There is only one brief on this, on this, on 18 May, and I did send it back to the department seeking further information and amendments to the letter which was attached to that brief.”

The Chair: “Are you able to table that correspondence for us – that brief”

Katy Gallagher MLA : The answer to the Member’s question is as follows:–

A copy of the 18 May brief regarding the consideration of a recommendation to the Minister for Planning that Call-in powers be applied to the Southern Carpark Project at TCH is attached.

It was attached and submitted to the Committee but due to its size was not included in this document

**Brendan Smyth :** To ask the Minister for Health

**In relation to :** Correspondence to the Minister for Planning that Call-in powers be applied to the Southern Carpark Project at TCH.

**Brendan Smyth:** Minister, in your letter, which I have just read, it mentions the issues but it also says that a summary of the comments received and ACT Health's response to these issues is attached. It is certainly not attached to the copy that I have been provided with. Can that attachment be provided to the Committee?

**Katy Gallagher MLA :** The answer to the Member's question is as follows:–

A copy of this document is attached.

A copy was attached to the Estimates Committee but due to size is not included here.