SELECT COMMITTEE ON ESTIMATES 2010-2011

Questions on Notice

Minister for Health

Table of Contents

12 Health Smyth

Health budget - 2010 budget speech

BRENDAN SMYTH: To ask the Minister for Health

[Ref: Health, 2010 Budget speech]

In relation to: Health budget

1. Why did you tell the Assembly in your 2010 Budget speech, on 4 May 2010, that: 'Based on current growth projections, expenditure on health services could equate to the total ACT Budget by 2042'.

2. Why did you not also tell the Assembly that this situation would not arise because of policy decisions that would be made many years before any such occurrence.

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

1. This statement is based on modelling of growth in health costs. The Member would be aware the sustainability of health costs is a challenge for all States and Territories as well as the Australian Government. Indeed the Australian Government report *A National Health and Hospitals Network for Australia's Future* stated that "…by 2045–46, health spending alone would be more than all revenue collected by state and local governments - and that in some states, this will happen earlier." (March 2010 report, page 5).

2. The Budget speech goes on to explain the national and local reforms in place to address this issue (see 2010-11 Budget Paper 1 pages 6 and 7).

59 Health Hanson

Sobering-up Shelter

Jeremy Hanson CSC MLA: To ask the Minister for Health

In relation to the "Sobering-up Shelter", funded by ACT Health and operated by Centacare Canberra and Goulburn:

1. How much funding has been committed to the shelter in the 2010-11 budget?
2. How much funding has been provided in the last three financial years?
3. How many clients have accessed this service in the last three financial years?
4. What is the capacity of the facility?
5. How many people have been unable to access or turned away from the service for the last three years due to the facility being at capacity?
6. On average, what was the cost per person per night for the most recent financial year to date?
7. Has ACT Health calculated or estimated the savings to the community that this facility provides in terms of not using ACT Policing resources?
8. How is the performance and effectiveness of the shelter measured?
9. How many evaluations have been conducted to ensure the facility and service model is meeting the needs of the community?
10. Has the sobering-up shelter proved to be an effective manner in which to deal with intoxicated persons, whilst also freeing up police resources?
11. Has ACT Policing ever requested additional capacity for the sobering-up shelter?

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

1. $377,466 has been committed to fund the shelter in the 2010-11 budget.

2. Funds totalling $1,023,184 have been provided to the shelter in the last three financial years:
   $328,312 2006-07
   $340,624 2007-08
   $354,248 2008-09

3. A total of 747 clients have accessed the service in the last three financial years:

	Number of clients accessing the service
2006-07	256
2007-08	174
2008-09	317
Total	**747**

4. The facility has the capacity to operate 17 beds however the service is funded to operate 5 beds.

5. A total of six clients have been turned away from the service during the last three years.
   Two clients in 2006-07
   One client in 2007-08

Three clients in 2008-09

The shelter has a policy of not accommodating men and women in the one bedroom. As referral numbers grew over 2008-09 there was increased demand from women for beds. Rather than turn the women away the shelter opened up single rooms currently not utilised within the shelter to accommodate the women. This occurred on two occasions in the last 6 months of the 2008-09 financial year.

6. For the 2008-09 financial year, on average the cost per person per night was $1,118.

7. ACT Health has not calculated or estimated the savings to the community that this facility provides in terms of not using ACT Policing resources.

   A costing for an overnight stay at the Watchhouse versus an overnight stay at the sobering up shelter was not looked at within the scope of the evaluation of the sobering up shelter conducted by the School of Social Work, Australian Catholic University in 2006. The evaluation report of the Australian Catholic University states that in any social program it is difficult to weigh up non material benefits against financial costs or to calculate costs of non material events.

8. The performance and effectiveness of the shelter has been measured through:
   (a) Exit surveys completed by clients
   (b) Regular meetings between CatholicCare and the Police
   (c) Complaint mechanism in place for shelter clients
   (d) Incident register maintained
   (e) The service applies the Australian Health and Community Services Standards - Alcohol Tobacco and Other Drug Services Module 2004 as well as the Dual Diagnosis Capability in Addiction Treatment as the frameworks to underpin its service delivery and assist with the continuous improvement of the program
   (f) External evaluation conducted by the School of Social Work, Australian Catholic University in 2006
   (g) Review by the Commonwealth Ombudsman Office of complaints relating to police dealings with intoxicated people which included interviews with the key stakeholders, police beat observations, interviews with members at police stations, and review of police practices, procedures and guidelines and training material related to dealing with people detained. (Australian Federal Police Use of Powers Under the Intoxicated People (Care and Protection) Act 1004, October 2008, Report by the Commonwealth and Law Enforcement Ombudsman, Prof. John McMillan, Report No. 11/2008)

9. One evaluation has been conducted to ensure the facility and service model is meeting the needs of the community: Evaluation of the Sobering Up Shelter, July 2006, School of Social Work, Australian Catholic University.

10. The sobering up shelter proves to be an effective manner in which to deal with intoxicated persons.

Over the last six years of operation, highly intoxicated and vulnerable adults have been cared for in an appropriate and respectful manner. There have been no critical incidents since the service commenced operation.

As well as providing care and support, the service also provides the opportunity for education, brief intervention and referral in the morning before people are discharged. All clients who leave the service are provided with information regarding the impact of binge drinking on their health and wellbeing and information on the ACT alcohol and other drug treatment and support services.

The 2006 evaluation of the sobering up shelter reported that the safety and wellbeing of people intoxicated by alcohol and other drugs was successfully achieved for those who accessed the service. Client satisfaction data, client interviews, worker interviews, CatholicCare procedures and discussion with their stakeholders, in particular, ACT Policing supported this conclusion.

CatholicCare report from their regular meetings with police that police are happy with the mechanisms in place between the shelter and police for referring and transporting intoxicated people to the service. The service continues to build its relationship with police through quarterly meetings with senior officers from the Watchhouse and the Northern Districts to help address any perceived barriers for police in referring to the shelter. Earlier this year policing invited sobering-up shelter staff to attend the Watchhouse on a Saturday night to observe the operations with the aim of encouraging a better understanding of the shelter eligibility criteria by Watchhouse staff as well as encouraging consideration for referring intoxicated people being admitted to the Watchhouse, to the shelter instead. New police recruits are encouraged to visit the shelter during their training to learn about the objectives of the service in supporting the police and providing brief intervention to intoxicated people.

11. During 2009-10 ACT Policing has requested additional capacity for the sobering-up shelter. This request relates to opening up the service on additional nights to coincide with Canberra festivities (that is nights other than Thursday, Friday and Saturday that coincide for example with Canberra Melbourne Cup day celebrations). Each request from CatholicCare for funding to operate the service outside the normal nights of operation has been agreed to by ACT Health.

60 Health Bresnan

Mental health growth funds

Amanda Bresnan MLA : To ask the Minister for Health

Ref: Health, Budget paper 3, page 80, output class 1.2

In relation to: Mental health growth funds

(1) Can a further description of each of the items that the Mental health growth funds will be spent on for 2010-11 please be provided? (ie. more detailed than what was provided in the hearings).

(2) How does ACT Health plan to spend the growth funds that were appropriated in the 2009-10 budget for 2010-11?

Simon Corbell: The answer to the Member's question is as follows:–

(1)

Mental Health ACT Growth Funding:
Funding of $500,000 in 2010 and $2.092 million over 4 years will be focused on:

(a) A quality improvement consumer consultant position will be established to work with consumers, carers and service providers to enhance the focus on consumer-centred service delivery, in line with the *ACT Mental Health Services Plan 2009-2014*. As part of this, there will be a particular focus on implementation of the revised National Standards for Mental Health Services, planning for recovery and research of innovative models of service.

(b) Enhancement of the Forensic Mental Health team to facilitate increased capacity to provide specialist interventions for sexual offenders at the Alexander McConochie Centre, including funding specialist training and supervision for the Forensic Mental Health Team.

(c) Establishment of a coordinator position for Dialectical Behaviour Therapy (DBT) for adolescents, young adults and adults across the service. DBT is a specialised psychological therapy used in the treatment of individuals with personality dysfunction, particularly Borderline Personality Disorder.

(d) Upgrading of the Mental Health ACT information system (MHAGIC) to best reflect developing clinical paradigms.

(e) Administrative support to enhance accountability within Mental Health ACT consistent with contemporary governance standards and reporting requirements (territory and national), and provide secretariat support to the Territory-wide Disaster Recovery Counselling Committee.

(2)

Community Sector Mental Health
Open Tender
Short term early intervention step-up step-down in home support
$370K

The provision of short term, (for a period up to 3 months) "*step up, step down*" intensive outreach support, including after hours, using a case management approach for people aged 18 to 64 years old suffering from mental illness. This short term support will assist mental health consumers in the community receive appropriate additional support if they are at risk of hospitalisation, as well as assist consumers manage the transition back to the community following discharge from hospital. This is a service for mental health consumers suffering sub-acute mental illness. In a similar manner to the step-up step-down supported accommodation programs this will be a partnership program with Mental Health ACT.

Gugan Gulwan
Young Aboriginal and Torres Straight Islander Mental Health and Wellbeing Program
$150K

As part of the ACT funding for the National Partnership Agreement "Closing the Gap", the goal of intervention by this project is to respond to the high incidence of social and emotional well-being problems and mental ill health of Aboriginal and Torres Strait Islander young people in the ACT. The focus will be on early intervention through creating a youth outreach network to support early diagnosis, treatment and advice to at-risk Aboriginal and Torres Strait Islander young people.

ADACAS - ACAT Advocacy
$25K

At present ADACAS appears in the Tribunal on behalf of or alongside a significant number of people with mental health issues in relation to the making of guardianship or financial management orders. This initiative will enable ADACAS to meet growing demand and provide an appropriately trained individual advocate to assist individuals fronting the Tribunal with information about the process, assisting them to speak before the Tribunal or representing the person's wishes to the Tribunal, particularly when the Tribunal is considering making or reviewing a treatment order, a community care order, a financial management order or a guardianship order.

TANDEM - 500 hours Additional Family Support
$30K

Over the past 12 months Tandem's mental health respite program has shown a strong improvement in client outcomes and outputs, reflected by a dramatic increase in referrals and client numbers. This has contributed to the large unmet need within the ACT for mental health respite services. This initiative will allow an additional 500 hours of mental health respite to be provided through Tandem's mental health respite program to begin to address this local and systemic need.

Mental Illness Fellowship of the ACT (MIFACT) – Certificate II Horticulture
$25K
This initiative will enable mental health consumers undertaking the MIFACT rehabilitation program through NorthSouth Contractors to obtain a formal qualification through in-program training in Certificate II in Horticulture. This will mean that consumers exiting the rehabilitation program will have formal qualification that is recognised throughout Australia, and will expansively facilitate the opportunity to obtain employment in the open workplace.

(2) The funds that were appropriated in the 2009 – 2010 Budget are committed to recurrent programs, such as Mental Health ACT Forensic mental health liaison officer in the Courts, Mental Illness Education ACT additional capacity funding.

The exception to this was the 2009-10 funding for the Review of the community sector mental health services. The Review will conclude by October 2010 and the funding line has been committed recurrently in 2010-11 to capacity building for community sector organisations as outlined above (ADACAS, Tandem, Mental Illness Fellowship ACT).

61 Health Bresnan

Total government payment for Mental health service

Amanda Bresnan MLA : To ask the Minister for Health

Ref: Health, Budget paper 4, page 223, output class 1.2

In relation to: total government payment for Mental Health Service

The total government payment for Mental Health Service is $71.594 million.

In 2010-11, how much funding has the ACT Government allocated for:

(1) Hospital based acute mental health services in total?
   (a) capital works relating to hospital based acute mental health services?
   (b) non-capital related hospital based acute mental health services?

(2) ACT Health community based mental health services in total?
   (a) capital works relating to ACT Health community based mental health services?
   (b) non-capital related ACT Health community based mental health services?

(3) Mental health services provided by the community sector, in total?
   (a) capital works relating to mental health services provided by the community sector?
   (b) non-capital related mental health services provided by the community sector?

Simon Corbell MLA: The answer to the Member's question is as follows:–

Output reporting by ACT Health differs from the functional internal allocations across ACT Health for a number of reasons, including the reporting of some Mental Health activity as Early Intervention and Prevention (Output 1.7) and the attribution of overheads. Overheads include human resources, financials, information technology, executive co-ordination and business and infrastructure. The below figures are based on functional allocations and therefore do not reconcile back to the $71.594 million figure referred to above. A reconciliation of the $71.594 million figure has been provided in a separate Question Taken on Notice.

(1a) $18.979 million
(1b) $18.844 million

(2a) While not separately identified, community Mental Health services are included within the Capital Works projects for the community Health Centres (Belconnen, Gungahlin and Tuggeranong).
(2b) $40.403 million

(3a) Nil
(3b) $10.970 million

Budget submissions from non-govt organisations with relation to mental health

Amanda Bresnan MLA : To ask the Minister for Health

Ref: Health, Budget paper 4, page 223, output class 1.2

In relation to: budget submissions from non-government organisations with relation to mental health

(1) What is the ACT Health's response to the 2010-11 budget submission from Woden Community Services seeking funding for a professional peer support program called Transition Towards Recovery?

(2) What is the ACT Health's response to the 2010-11 budget submission from Headspace ACT?

(3) What is the ACT Health's response to the 2010-11 budget submission from MHCCACT, with regard to the establishment of:
(a) an 'Extended Service Hours Program' for a range of existing Community Mental Health Services?
(b) Mental Health Legal Centre?

Simon Corbell: The answer to the Member's question is as follows:–

(1) The budget submission from Woden Community Services (WSC) for the Transition Towards Recovery program is a well laid out submission using peer support workers to assist the transition from hospital to home. The proposed open tender for short term step-up step-down outreach support encompasses support for people in transition from hospital to home as well as increased psychosocial assistance to help avoid hospital admission and will welcome innovative evidence-based models of service delivery.

(2) Headspace ACT submission: Headspace ACT is fully funded through Commonwealth funds directed through Headspace Australia. The ACT Government provides in-kind support to Headspace ACT with regular clinical sessions from Mental Health ACT and other ACT funded organisations. Headspace ACT has recently been notified of their successful application in the ACT Health, Health Promotion grants round. Headspace ACT will also receive increased capacity funding through the 2010-11 Commonwealth budget.

(3)

(a) Extended Service Hours program; ACT Health supports the direction of providing flexible hours for psychosocial support; in 2008-09 the Government provided funding for Richmond Fellowship to extend their hours of support. The open tender for short term step-up step-down outreach will also fund some capacity for extended hours. The ACT Government will continue to incrementally support extended hours for community sector mental health outreach support both as the evidence for additional extended hours supports and as funding availability and priorities allow.

(b) Mental Health Legal Centre: In 2008-09 the ACT Government provided $75,000 for individual advocacy especially advocacy for mental health consumers coming before the Mental Health Tribunal. In 2010-11 the Government proposes to increase this support for mental health consumers before the Mental Health Tribunal.

In 2009 the Women's Centre for Health Matters researched the legal needs of women with mental health problems and the research indicated that the women did not need or want an additional legal centre, however they did need the existing legal services to understand and respond to their mental health needs. ACT Health supports the Government providing additional support to the existing legal services for increased mental health informed services as funding availability and priorities allow.

63 Health Bresnan

Corrections health

Amanda Bresnan MLA : To ask the Minister for Health

Ref: Health, Budget paper 4, page 224, output class 1.3

In relation to: Corrections health

(1) What health services are being provided to prisoners located in the transitional release cottages?

(2) Some groups have said that prisoners need to be able to access confidential counselling by trained non-custodial staff. Is the provision of counselling the responsibility of Corrections or Health? And if it is the responsibility of Health, what is being done to provide these services?

Simon Corbell MLA: The answer to the Member's question is as follows:–

(1) A fortnightly medical clinic is held at the Transitional Release Centre (TRC); where client books an appointment with the Hume Health Centre receptionist. The on-call medical officer can be contacted at any time. A Registered Nurse attends every afternoon for medication rounds and triaging of new health issues.

(2) Mental Health ACT provides higher level in-depth counselling which includes various models of psychotherapy. Allied Health staff employed by ACT Corrective Services also provide counselling.

Men's health

Amanda Bresnan MLA : To ask the Minister for Health

Ref: Health, Budget paper 4, page 224, output class 1.3

In relation to: Men's health

(1) Has the ACT Government a vision for a male health policy (that reflects the National Male Health Policy)? and if so, what resources will be allocated to developing the policy?

(2) What amount of funding and percentage of the Health budget currently goes directly towards men's health and wellbeing initiatives?

(3) What is the proportion of spending on men's health and wellbeing; broken down by
(a) acute care; and
(b) promotion, prevention and early intervention?

(4) What resources are currently directed towards male health education programs for
(a) primary health care; and
(b) community health workers?

(5) How much funding is dedicated to suicide prevention in the ACT, particularly services for men and boys (77% of suicide statistics)?

(6) What is the current spending on collecting male health data in the ACT?

Simon Corbell MLA: The answer to the Member's question is as follows:–

(1) The National Male Health Policy - *Building on the Strengths of Australian Males* was launched on 6 May 2010. ACT Health is working toward development of a Strategic Framework/Policy for Male Health in the ACT that will reflect the six priority areas for action in the national policy:

- Optimal health outcomes for males;
- Health equity between population groups of males;
- Improved health for males at different life stages;
- A focus on preventive health for males;
- Building a strong evidence base on male health; and
- Improved access to health care for males.

The Framework will be developed within existing ACT Health resources.

(2) It is not possible to isolate the amount of funding and percentage of the ACT Health budget that currently goes directly towards men's health and wellbeing initiatives. During development of the ACT Women's Plan 2010-2015, gaps in sex-disaggregated data in the ACT became evident. ACT Health will, in accordance with the ACT Government commitment to introduce gender

mainstreaming to policy development, planning and service delivery, identify opportunities to improve capacity to capture and report sex-disaggregated data.

(3) It is not possible to isolate the proportion of spending on men's health and wellbeing - broken down by acute care and promotion, prevention and early intervention. Development of an ACT Health Strategic Framework/Policy for Male Health in 2010-2011 will assist in identifying resources specifically directed to male health. Examples of current male health specific activities include:

- (a) Acute Care: Group continence sessions for men who are booked for surgical prostatectomy and who will leave hospital with a catheter;
- (b) Promotion, prevention and early intervention includes: Health Promotion Grants 2009-10 that target men (or mainly men): Cricket ACT SunSmart ($30,000); AFL NSW/ACT Smokefree ($20,000); OZ Help - Tradies Tune Up ($98,000 over 3 years); Boyzdance at Wanniassa P-10 School ($6,000); and Bimberi Youth Justice Centre - Bimberi Life Skills Program ($13,000) and the significant ACT investment ($52,000 in 2010-11) in the Measure Up campaign that puts considerable focus on male obesity. The Healthy Workers pilot program will target some predominantly male blue collar workplaces.
- (c) Mental health promotion, prevention and early intervention activities that target males include: early commencement of discharge planning in the Canberra Hospital inpatient psychiatric facility; Programs for prison detainees (who are mostly male) including risk screening assessment on arrival, skill straining in mental health literacy for ACT Corrections and Bimberi operations staff, information and education programs for detainees and establishing links with support services in the community; Children of Parents with a Mental Illness (COPMI) project to meet the needs of children of parents (many of whom are male) affected by mental illness and Vulnerable Families training for government and community sector employees who may come into contact with COPMI families; and the Shadow Men's Support Group that provides a supportive contact point for gay, transgender and/or bisexual Aboriginal and Torres Strait Islander men.

(4) As outlined in (3 b)

(5) It is not possible to isolate spending on suicide prevention for men in the ACT. *Managing the Risk of Suicide - A Suicide Prevention Strategy for the ACT 2009-14* articulates a collaborative and cooperative whole-of-government and inter-sectoral approach to preventing suicide across the life span. While gender, in particular being male, is a significant factor, many other risk factors contribute to suicide. Men are identified as an 'at risk' target group within the Strategy. Specific actions identified to address men include:

- The promotion of education and training programs aimed at increasing service providers awareness of issues affecting men’s ability to access services and their skills in engaging men;
- Continued delivery of workplace mental health and suicide prevention programs, including Tradies Tune-up and Mates in Construction;
- Delivery of suicide prevention and mental health and wellbeing programs in Bimberi Youth Detention Centre and the Alexander Maconochie Centre;

- Exploration of possibilities for hosting a biannual workshop on engaging and working with men, with a particular emphasis on suicide prevention;
- Promotion of evidence based workplace programs for at risk men, such as the Staying Connected program; and
- Regular forums for professionals and para-professionals to promote learning and sharing of information and resources available to those working with at risk men.

Additionally, MensLink, an organisation funded by the Department of Housing, Disability and Community Services and an active member of the Suicide Prevention Implementation and Evaluation Working Group provides valuable mentoring and counselling services to men and boys.

(6) It is not possible to isolate spending on the collection of male health data in the ACT. As stated in (2) ACT Health will, in accordance with the ACT Government commitment to introduce gender mainstreaming to policy development, planning and service delivery, identify opportunities to improve capacity to capture and report sex-disaggregated data.

65 Health Bresnan

HACC triennial plan

Amanda Bresnan MLA: To ask the Minister for Health

Ref: Health, Budget paper 4, page 225, output class 1.6

In relation to: HACC triennial plan

1. Has the triennial plan for HACC funding been finalised?

2. If the triennial plan is not yet finalised, why is it delayed, and when is it expected to be finalised?

3. If the triennial plan is in place, what are its priorities for funding?

4. Can a copy of the triennial plan or an outline of it please be provided?

Simon Corbell : The answer to the Member's question is as follows:–

The HACC Triennial plan covers the period 1 July 2008 to 30 June 2011 and was agreed by the Federal Minister for Ageing on 7 April 2009.

The priorities for funding in the triennial plan, included maintaining community sector viability by applying the higher ACT level of indexation to funded organisations and the expansion of basic client services.

The outline of the triennial priorities are:

ACT Priorities

A key priority for the ACT is maintaining sector viability. The community care sector workforce has a high turnover rate and organisations are finding it increasingly difficult to maintain staff in the community sector, when both the ACT and Australian Governments are offing salary rates at a much higher level.

The ACT Government has endorsed an 80/20 Wage Cost / CPI indication model to more comprehensively reflect the real costs incurred by the community sector.

The ACT in developing the triennial plan has included indexation at a rate of 4% for each year to recognize the higher costs of providing services in the Territory.

Should the level of ACT community services indexation acknowledged within the ACT Budgets for 2009 or 2010 be lower than 4%, then the lower Territory rate would be applied in Year 2 and Year 3 of the triennium. This will maintain a consistent level of indexation across ACT community programs.

Service Priorities

The ACT has consistently invested growth funds towards direct client services.

There are no land or building assets that have been purchased with ACT HACC program funds.

Priorities identified for the Triennium included domestic assistance, personal care, transport and home modifications.

These priorities were determined based on sector feedback provided in the six monthly reporting from HACC funded organisations. Feedback at the monthly HACC Network also reflected that these were areas experiencing increased referrals and as a result an increase in the waiting lists of several agencies.

The ACT Procurement Guidelines require the Territory to test the market through an open and competitive process. The tender documentation highlighted the priority areas, but also allowed organisations to apply for all HACC services types where they could demonstrate unmet need or increased demand.

Year 1 Annual Supplement 2008-09

The Annual Supplement for 2008-09 reflects the priorities demonstrated through this formal unmet demand analysis and represents a real growth in direct client services.

Essential components of the tender selection criteria weightings were; demonstrated demand for additional services and the capacity of the organization to deliver the increased services.

Direct client services to be enhanced in 2008-09 and 2009-10 include;

- Domestic Assistance
- Personal Care
- Social Support
- Centre Based Day Care
- Transport
- Client care coordination
- Case Management
- Home Modifications
- Occupational Therapy Assessments for Home Modifications.

Year 2 Annual Supplement

One of the key benefits of triennial planning is the ability to be able to commence additional client services much earlier in the financial year.

The open tender process demonstrated the capacity of respondents to expand services for Year 2 of the triennium.

As a result, the ACT submitted the Year 2 Annual Supplement after acceptance of the Triennial Plan. With early joint agreement, all 2009-10 HACC growth funding was fully allocated in September 2009.

Year 3 Annual Supplement 2010-11

Growth funding will again be prioritised to direct client services.

An Annual Supplement will be prepared for 2010-11 and submitted to the Australian Government by the due date of 31 July 2010.

Meeting this timeframe, however, is dependent upon the Federal Minister of Ageing formally advising an offer of growth funding. In the last two years, this letter of offer was not received until mid July.

66 Health Bresnan

Epidemiology branch

Amanda Bresnan MLA : To ask the Minister for Health

Ref: Health, Budget paper 4, page 224, output class 1.4

In relation to: Epidemeology Branch

(1) Referring to the Epidemiology publications - Health Series (available at http://health.act.gov.au/c/health?a=&did=11032719) why is it that no reports have been made available on this page that are post 2005?

(2) How has the nature of the work of this Branch changed over the last 10 years?

(3) How has the size of the Branch changed over the last 10 years?

Simon Corbell MLA : The answer to the Member's question is as follows

(1) Since 2005, the branch has produced a number of publications which are available on the above web site, these include:

Number 38: Review of ACT child deaths, PHRC, June 2006

Number 39: The results of the 2005 ACT secondary student drug and health risk survey, PHRC, February 2007

Number 40: The Health of Aboriginal and Torres Strait Islander People in the ACT, 2000 – 2004, May 2007

Number 41: Sustainable Healthy Development – the ACT way, June 2007

Number 42: Cancer in the ACT 1998-2004, August 2007

Number 43: Report on the 2006 ACT Year 6 Physical Activity and Nutrition Survey, August 2007

Number 44: Maternal and Perinatal Health in the ACT 2000-2004, December 2007

Number 45: Perinatal Mortality in the ACT 2001-2005, August 2008

Number 46: Health Status of Women in the ACT, November 2008

Number 47: Cancer in the ACT Survival estimates 1995-2004, August 2009

Number 48: Cancer in the ACT Incidence and Mortality 2009, August 2009

Along with the above Health Series publications, the Epidemiology Branch has also produced the ACT Chief Health Officer's Report in 2006 and again in 2008. The ACT Chief Health Officer's Report provides detailed analysis of the health status of the ACT population including information relating to demographics, health service utilisation, risk factors, disease prevalence and emerging public health issues.

A number of reports are currently in Draft format and will be available on the website in the near future. These include:

Breast cancer in the ACT

ACT secondary school risk factor survey, 2009

ACT Chief Health Officer's report 2010

Maternal and Perinatal Health in the ACT 1998-2008

(2) The Epidemiology Branch (EB, previously named Population Health Research Centre) of ACT Health maintains and adds to an ongoing health series of publications to inform health professionals, policy developers and the community on health status in the Territory. These publications assist in the development of appropriate policy and service delivery models, the evaluation of programs, and an understanding of how the ACT compares with Australia as a whole with regard to health status.

Over the past 4 years, the Epidemiology Branch has actively improved the availability of information on the ACT population for use by program and policy areas, researchers and for reporting on health indicators by:

- commissioning and maintaining a survey program that includes the ACT Adult General Health Survey, the ACT Child Health Survey, ACT Secondary Students Alcohol and Drug Survey and the ACT Year 6 Physical Activity and Nutrition Survey;
- developing data linkage capacity for the ACT;
- establishing surveillance and monitoring for health issues such as falls in older people and children's healthy weight;
- leading population health indicator development for the ACT;
- managing and reporting on ACT samples from national surveys and death registers;
- advocating for the ACT in national data collections such as the Australian Health Survey;
- maintaining and improving the ACT Cancer Registry and the ACT Maternal Perinatal Data Collection;
- partnering with research institutions to conduct ACT specific research into selected health topics eg. Serious and Continuing Illness Policy and Practice Study (SCIPPS), Correctional services health surveillance and Centre for Mental Health research;
- implement strategic framework for best practice evaluation of PHD programs and policies; and
- working to improve the identification of Aboriginal and Torres Strait Islander people in ACT Health administrative data collections.

(3) In its current format the Epidemiology Branch staffing has decreased slightly over the past eight years. The staffing established decreased by one FTE in 2006 as a result of staff cuts in ACT Health.

67 Health Bresnan

Palliative care

Amanda Bresnan MLA: To ask the Minister for Health

Ref: Health, Budget paper 4, page 223, output class 1.1

In relation to: Palliative care

1. How is the ACT Government adressing concerns raised by the community in late 2009
   that the consultancy model of home based palliative care service requires review?

2. How is the ACT Government adressing concerns raised by the community in late 2009
   that improved palliative care services are required in Residential Aged Care Facilities?

Simon Corbell MLA: The answer to the Member's question is as follows:–

(1) The home based palliative care service (HBPCS) has been reviewed twice in the last 12 months. The first review in 2009 found that the ACT's HBPCS was comparable to the HBPCS in Victoria. There were no recommendations for improvement. In 2010 a more extensive external review was undertaken of the HBPCS. The outcomes of that review are expected in a report due to be presented to Calvary Health Care by the end of May 2010.

(2) While the responsibility for Residential Aged Care Facilities (RACFs) lies with the Commonwealth, the ACT has introduced a number of initiatives to assist RACFs in the provision of quality palliative care services.

For example, two new nursing positions funded from the 2008/09 ACT budget were established in 2009 to enhance current palliative care service provision for older people in Residential Aged Care Facilities (RACFs) .

The Clinical Nurse Consultant (CNC) for Palliative Care / Aged Care was established at Clare Holland House to enable the provision of specialised assessment, support and referral for residents with palliative care needs (and their families) as well as support for staff who care for the residents.

The ACT Palliative Care Society was also funded to establish a Palliative Care / Aged Care Volunteer Coordinator to ensure that RACFs have access to volunteers with palliative care training, which in turn will enhance the service and care given to residents in their final stages of life.

In 2009, under the Commonwealth funded Program of Experience in the Palliative Approach (PEPA), Clare Holland House (CHH) in partnership with 2 RACFs conducted a pilot project to introduce a palliative care pathway into these settings. The aim of the pilot was to improve early identification of the deteriorating resident and to develop strategies to improve provision of palliative care to the aged care sector in the ACT. As one of the strategies to

improve care, CHH staff in partnership with the ACT PEPA Manager, conducted a number of workshops to educate RACF staff in a palliative approach to care.

In March 2010, a new initiative coined “Reverse PEPA”, which involves introducing an experienced palliative care nurse into organisations for placement commenced in an ACT RACF. The PEPA placement operates alongside staff within the organisation, enabling mentoring and education in the palliative approach to care. There are a further five placements planned until the end of June 2010.

81 Health Hanson

Health records legislation

Jeremy Hanson CSC MLA: To ask the Minister for Health

In relation to Health Records legislation:

1. Is ACT Health subject to the same conditions as other health record keepers under the *Health Records (Privacy and Access) Act 1997*? If not, why not?
2. Please list every profession currently in the ACT that are subject to the *Health Records (Privacy and Access) Act 1997*?
3. On what basis are fees for accessing health records determined?
4. Is ACT Health, or the Minister, aware of concerns held by various health record keepers about the proposed changes to the *Health Records (Privacy and Access) Act 1997*? If so, what concerns have been put to Government, and how has Government responded?

Simon Corbell MLA : The answer to the Member's question is as follows:–

1. ACT Health is subject to the same conditions as other health record keepers under the *Health Records (Privacy and Access) Act 1997*.
2. The *Health Records (Privacy and Access) Act 1997* applies to all professions that hold health records. Health records are defined as any record, or any part of a record—

   (a) held by a health service provider and containing personal information; or

   (b) containing personal health information.
3. Fees for accessing health records are determined by the Minister under section 34 of the *Health Records (Privacy and Access) Act 1997*. The level of fees are determined in consultation with key stakeholders taking into account the level of fees that apply in other jurisdictions and the need to strike a balance between keeping the costs of access for consumers at a reasonable level whilst also allowing a reasonable amount of cost recovery for providers.
4. The changes made to the *Health Records (Privacy and Access) Act 1997* were only undertaken after extensive consultation with key stakeholder groups by the GP Taskforce. Only a small number of concerns have been raised with ACT Health or the Minister, however, with any change to legislation there are general concerns as to how the changes will apply in particular instances. The Government has sent letters to all the professional groups explaining the changes. In addition, information sessions on the changes to the *Health Records (Privacy and Access) Act 1997* will be provided by the Health Services Commissioner in August and September 2010 prior to the changes coming into effect on 1 October 2010.

82 Health Hanson

Nurse Led walk-in-centre TCH

Jeremy Hanson CSC MLA: To ask the Minister for Health

In relation to the Nurse Led Walk-in Centre (WiC) at The Canberra Hospital:

1. What is the projected number of occasions of service for the WiC per year?
2. What is the expected impact on ED presentations?
3. How many Nurse Practitioners will be rostered on at any given time?
4. Have we recruited Nurse Practitioners specifically for the WiC, or have they been transferred from other areas of ACT Health; if so from what areas and what impact will the staff movement have on those services?
5. Will the ED FastTrack service continue to operate once the WiC is operational? Explain the difference between the existing Fast Track service and the new WiC?

Simon Corbell MLA: The answer to the Member's question is as follows

1. The Walk-in-Centre (WiC) is expected to cater for up to 30,000 visits a year.

2. During the development of the WiC model of care it was identified that in 2007-08, nearly 100,000 people presented to the ACTs two public EDs for treatment, with 60% of those presentations seeking treatment for minor or semi-urgent conditions. The WiC provides a convenient alternative for people who currently attend an ED for the treatment of minor ailments and illnesses, and is expected to reduce the number of people with minor ailments and illness presenting to the ED.

3. There is a total of three nurses (a mix of Nurse Practitioners, Advanced Practice Nurses and Advanced Practice Nurses qualifying to become Nurse Practitioners) rostered during morning shifts and three nurses rostered onto the evening shifts.

4. There are currently two qualified Nurse Practitioners working in the WiC and two Advanced Practice Nurses qualifying to become Nurse Practitioners. The Nurse Practitioners have a primary health care background and were recruited from outside ACT Health.

5. The ED FastTrack service will continue to operate. FastTrack is staffed by a doctor, an Advanced Practice Nurse and a physiotherapist. It is intended as a low acuity, low dependence treatment area for the management of simple conditions. The WiC provides assessment and treatment of clients with minor illness and injury. Care is provided by Nurse Practitioners, Advanced Practice Nurses and Advanced Practice Nurses qualifying to become Nurse Practitioners under the guidance of clinical treatment protocols and medication standing orders.

83 Health Hanson

Elective surgery waiting lists

Jeremy Hanson CSC MLA: To ask the Minister for Health

In relation to Elective Surgery waiting lists:

1. How many elective surgery waiting lists were cancelled at late notice in this financial year to date at Calvary Public Hospital and The Canberra Hospital?
    a. For each hospital, list the specialties affected and the number of lists cancelled at late notice in each?
    b. For each specialty at each hospital, list the reasons why the lists were cancelled at late notice?
2. Are there any critical shortages of staff at either hospital which are contributing to cancellation of elective surgery procedures, for example, anaesthetists? For each hospital, please list all staff shortages contributing to delays or late cancellations of lists.
3. What effect do late cancellations have on the public waiting lists?
4. How many patients in total have been affected by late cancellations of surgery lists? Please list for each hospital.
5. What effect do late cancellations have on patient care?

Simon Corbell : The answer to the Member's question is as follows:–

1. There is no national definition for "late cancellation". A definition of "late cancellation" will need to be provided to enable this question to be answered.
2. No.
3. There is no national definition for "late cancellation".
4. There is no national definition for "late cancellation". In relation to general postponements of surgery, the 7.2% reported for the first ten months of 2009—10 demonstrates a continued improvement in this area, with a figure of 9.2% reported for the same period last year and 13.1% reported just three years ago.
5. The principal reason for postponing surgery is "substituted by a more urgent patient". As such, most postponements occur to improve access to surgery for people with more urgent needs. A postponement will only impact on a patient's condition if the postponement results in the extension of the waiting time beyond the most appropriate time for the relevant procedure. Additional funding to be allocated to elective surgery in the ACT by both the ACT and Commonwealth Governments will enable ACT Health to provide record levels of access to elective surgery over the next four years. A portion of this funding will enable ACT Health to access surgery in the private sector which will further limit the possibility of surgery postponements.

84 Health Hanson

Young person's acute mental health

Jeremy Hanson CSC MLA: To ask the Minister for Health

In relation to young person's acute mental health acute inpatient services for this financial year to date and the previous financial year:

1. How many adolescents have accessed acute inpatient services?
2. Please outline which facilities were used to provide adolescent mental health acute inpatient services?
    a. How many were admitted to the paediatrics ward?
    b. How many were admitted to the Psychiatric Services Unit?
    c. How many were referred interstate, and to which facility/facilities interstate?
    d. If others, please list?

Simon Corbell MLA: The answer to the Member's question is as follows:–

1. In 2008/9 there were 20 adolescents who accessed acute Mental Health inpatient services. The data for mental health access in Paediatrics were not separately collated so a precise figure is not available.

   In 2009/10 to date, there have been 10 adolescents who accessed acute Mental Health inpatient services. Mental Health access in Paediatrics has been collated since May 2009 – May 2010 and there have been 35 children/adolescents who have accessed services. (See note 2)

2. The facilities used to provide adolescent mental health inpatient services were the Psychiatric Services Unit, Ward 2N at Calvary and Paediatric Ward at the Canberra Hospital.

   For 2008/9 there were 25 admissions total (of 20 people)

   a. data does not separate paediatrics admissions related to mental health. However a review indicates mental health access was provided to 51 children and adolescents (See note 2).
   b. 19 were admitted to the Psychiatric Services Unit (See note 1).
   c. Data is not collected on the number of referrals interstate.
   d. 6 were admitted to Calvary ward 2N.

   For 2009/10 there were 13 admissions total (of 10 people).

   a. Data has been collated for mental health access in Paediatrics since May 2009 and as in 1 above May 2009 – May 2010. 35 Paediatrics admissions have had mental health services provided. This includes children and adolescents. (See Note 2)
   b. 9 were admitted to the Psychiatric Services Unit. (See note 1)
   c. Data is not collated on the number of referrals interstate.
   d. 4 were admitted to Calvary Ward 2N.

Note 1: Adolescents admitted to PSU are almost always in the 16 – 17 year age group, have complex mental health issues and are not appropriate for Paediatric admission.

Note 2: Data provided via Children and Adolescent Mental Health Services cannot be sourced precisely via the Canberra Hospital. It is estimated that 90% of the children/adolescent figure represents service to adolescents.

85 Health Hanson

Australian General practice Training program

Jeremy Hanson CSC MLA: To ask the Minister for Health

In relation to the Australian General Practice Training (AGPT) program, and for information sessions organised by the AGPT program for the 2011 selection cohort:

1. Did the ACT host a hospital seminar as was arranged for in other States and Territories? If not, why not?
2. Were junior doctors employed by ACT Health advised of these seminars, and encouraged to attend, even in relation to interstate seminars? If not, why not?

Simon Corbell MLA: The answer to the Member's question is as follows

1. Yes on 11 May 2010.
2. Yes. This seminar was advertised both as a flyer sent out via MATU (Medical Appointments Training Unit TCH) to all hospital Junior Medical Officers and in informal discussions.

86 Health Hanson

Government media releases

Jeremy Hanson CSC MLA: To ask the Minister for Health

References:
Government Media Releases:
Proposals invited for GP aged day service **(25/01/2010)**
Supporting General Practice: 2010 GP Development Fund Round 2 Opens **(07/05/2010)**
Supporting General Practice: 2010 ACT Health - ANU GP Scholarships **(28/04/2010)**

In relation to various GP initiatives outlined above:

1. What is the status of the Aged Care business hour's GP locum service?
    a. Has a company been selected yet, and will this service commence on July 1 2010 as outlined by the Chief Minister on 25 January 2010?

2. How many GP development fund grants have been handed out since the program commenced?
    a. How many applications for funding have there been since the program commenced?
    b. Please list all of the programs, initiatives or capital works that were provided funding?

3. In relation to the GP Scholarships, what is the earliest possible date for a scholarship recipient to be working in an ACT medical practice as a fully qualified GP, with unconditional registration by the Medical Board of Australia?
    a. Is there any scope to target such a program to current interns/JMO's/residents, whether in the ACT or not, rather than second year Medical students, as a means of placing people into General Practice sooner? What was the rationale for targeting medical students rather than current interns, JMO's or residents, in the ACT or elsewhere?
    b. How many vocational GP training places, or Australian General Practice Training places, are currently allocated to the ACT in each year by CoastCityCountry (CCC) and what guarantee is there that CCC will allocate the required number of places for all scholarship recipients? Will scholarship recipients have priority to a GP training place over non-recipients?

Simon Corbell : The answer to the Member's question is as follows:–

1. The procurement process for the GP Aged Day Service is being finalised.

a. ACT Health plans to commence the GP Aged Day Service on 1 July 2010. This will, however, depend upon the finalisation of the procurement procedures with the selected applicant.

2. Twenty GP Development Fund grants have been offered from Round 1 of the program.

a. Forty-seven applications were received in Round 1.

b.

Funding Category	Funded Proposal
Education and Training	Masters in Higher Education to facilitate improved medical student learning and appreciation of practical applications
	Education grant for practice nurse to study diabetic education through UTS, Sydney
	Upskilling of Nursing Staff to Increase Capacity and Retention
	Masters in Higher Education to enrich medical education of students and young doctors in the ACT
	Funding for the practice nurse to attend a continuing education seminar
	Information support to registrars, interns and medical students
Attraction and Retention	Recruitment in Designated Area of Need with District of Workforce Shortage Approval
	Recruitment of full-time, overseas-trained General Practitioner to augment and expand our current medical services
	Proposal to recruit and relocate overseas GPs
Infrastructure	Renovation of existing room to increase consulting rooms from two to four and one nurse room
	Realigning the internal layout of the practice to create an additional consulting room and increasing the size of the treatment room and waiting room.
	Infrastructure expansion to support training for medical students and registrars and the role of practice nurses
	Structural renovation in existing premises to increase nursing, medical and clerical capacity for patient care
	Enhancing Teaching and Nursing Capacity by Infrastructure Investment
	Infrastructure to accommodate additional GPs, nurses and pathology
	To create two new GP consulting rooms
	To have the space and staff to become an efficient fully vertically integrated teaching practice
	Installation of computer network
Innovation	Vertically Integrated Teaching Clinic
	Improving the care of patients living in a Residential Aged Care Facility (RACF)

3. Following graduation, a scholarship recipient could be working as a fully-qualified GP within six years.

a. This initiative targets third and fourth-year medical students at the Australian National Medical School.

The rationale for targeting medical students, rather than interns, JMO or residents is that this initiative is:

- complemented by the other four initiatives that form the GP Development Program
- this Program aims to encourage growth across the training continuum for general practice
- this specific initiative is aiming to build long-term sustainability.

b. The number of places allocated varies each year. Most recently, sixteen General Pathway places granted to CCC of which nine were allocated to the ACT. Five additional positions were directly granted to the ACT in December 2009.

The CCC is not obliged to automatically allocate training places to scholarship recipients.

87 Health Hanson

Specialist locum services

Jeremy Hanson CSC MLA: To ask the Minister for Health

In relation to specialist locum services required by ACT Health:

1. How much did ACT Health spend on locum services for:
    a. This financial year to date?
    b. The previous financial year?
2. Further to part 1, what specialties did ACT Health require locum services for and how much was spent for each specialty for:
    a. This financial year to date?
    b. The previous financial year?
3. Further to part 1 and 2, what were the reasons for procuring locum services for each specialty for:
    a. This financial year to date?
    b. The previous financial year?

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

1.

a. $851,143
b. $1,096,362

2.

a.

Speciality	**Cost to date**
Dental	$59,496
Emergency Medicine	$75,500
Influenza Clinics	$38,611
Gastroenterology	$13,641
Psychiatry	$94,227
O&G	$220,115
Intensive Care	$198,403
Neurosurgery	$89,240
Plastic Surgery	$41,418
Rheumatology	$20,492
Total	**$851,143**

b.

Speciality	**Cost**
Anaesthesia	$47,148
Emergency Medicine	$176,944
Orthopedic Surgery	$421,357
Paediatric Surgery	$1,833
Psychiatry	$354,314
Retrieval Services	$39,582
Intensive Care	$48,340

Neurosurgery	$6,804
Total	**$1,096,322**

3.

a.

Speciality	**Reasons**
Dental	**Provision of more complex orthodontic problems and more complex oral surgery.**
Emergency Medicine	**backfill pending successful recruitment against vacant positions and staff going on leave.**
Influenza Clinics	**Establishment of Community Influenza Assessment Clinics.**
Gastroenterology	**Backfill for long service leave**
Psychiatry	**backfill pending successful recruitment against vacant positions**
O&G	**backfill pending successful recruitment against vacant positions**
Intensive Care	**backfill pending successful recruitment against vacant positions**
Neurosurgery	**Replacement for Specialist on extended leave.**
Plastic Surgery	**Coverage over Easter and some weekends while vacancy being filled.**
Rheumatology	**Backfill for leave and pending commencement of new staff member.**

b.

Speciality	**Reasons**
Anaesthesia	**backfill pending successful recruitment against vacant positions**
Emergency Medicine	**backfill pending successful recruitment against vacant positions and staff going on leave.**
Orthopedic Surgery	**backfill pending successful recruitment against vacant positions**
Paediatric Surgery	**Expertise for particular surgical technique.**
Psychiatry	**backfill pending successful recruitment against vacant positions**
Retrieval Services	**Backfill for vacancy**
Intensive Care	**Coverage for staff member who reduced hours to part time.**
Neurosurgery	**Replace daily sessions.**

88 Health Hanson

ANU School of Medicine

Jeremy Hanson CSC MLA: To ask the Minister for Health

In relation to the Australian National University (ANU) School of Medicine, Bachelor of Medicine, Bachelor of Surgery (MBBS) graduates:

1. How many graduates are currently employed by ACT Health who graduated in the following years:
    a. 2006
    b. 2007
    c. 2008
    d. 2009
2. Further to part 1, for each year cohort, detail what positions those graduates are employed in including:
    a. Intern
    b. Resident
    c. Registrar
    d. Other (if other, please specify)

Simon Corbell MLA : The answer to the Member's question is as follows:–

1.
a. 2006 – Nil – No ANU graduates this year
b. 2007 – Nil - No ANU graduates this year
c. 2008 - 21
d. 2009 - 38
e. 2010 – 40 expected

2.
a.–c. Data is not available prior to 2009
d. 18 Resident Medical Officers, 1 Senior Resident Medical Officer
e. 29 Resident Medical Officers, 8 Senior Resident Medical Officers, 3 Registrars

89 Health Hanson

Graduates employed by ACT Health

Jeremy Hanson CSC MLA: To ask the Minister for Health

In relation to graduates employed by ACT Health:

1. How many International Medical Graduates (IMG's) are currently employed by ACT Health as an intern, JMO or RMO?
    a. How many IMG's have successfully completed the Australian Medical Council (AMC) Examination?
2. Does ACT Health guarantee places for all ANU MBBS graduates? If not why not?

Simon Corbell MLA : The answer to the Member's question is as follows:–

1. 13 IMG Interns and 28 IMG RMOs (RMOs & SRMOs)

a. 26

2. All applications received from ANU medical graduates have been offered positions in ACT Health to date.

90 Health Hanson

GST revenue

Jeremy Hanson CSC MLA: To ask the Minister for Health

In relation to the proportion of Goods and Services Tax (GST) revenue that the ACT Government has agreed to have withheld by the Commonwealth as part of the national health reform plan:

1. What proportion of the ACT's GST revenue will be retained by the Commonwealth as part of the national health reform for the next ten financial years and what are the respective dollar amounts in each year?
    a. Will this money be paid by the Commonwealth directly to hospitals, or will it be paid to the ACT Government who will then appropriate the money to ACT hospitals?
    b. Under which financial governance arrangements will the money be appropriated?
    c. On what basis has the ACT Government agreed to the level of GST that is to be retained by the Commonwealth, and could you please provide the Committee with details on how this is calculated, including any assumptions that underpin the calculations.
2. What health services will be funded directly by the ACT Government following the implementation of the national health reform, and how much will this cost annually, and what is the growth rate, on average, of the cost of providing these services (in nominal and real terms).
3. What health services will be funded directly by the Commonwealth Government following the implementation of the national health reform, and how much will be cost annually, and what is the growth rate, on average, of the cost of providing these services (in nominal and real terms).
4. Following the Council of Australian Governments' (COAG) Agreement by all Australian Governments, with the exception of Western Australia, to enter into a health reform agreement, on the 20th of April 2010, how many times, and when did the ACT Government publicly announce the proportion and amount of GST revenue to be retained? Please provide relevant references to ACT Government Media releases or media articles clearly and unambiguously outlining the details as answered in Q1 above.

Simon Corbell : The answer to the Member's question is as follows:–

1. The premise of the question is incorrect. As explained during the recent Select Committee on Estimates Hearing for ACT Health, the Commonwealth is not retaining GST from the ACT. For information on the reform model agreed by the Council of Australian Governments, please refer to the *National Health and Hospital Network Agreement.* The Agreement is available on the COAG website.

   With respect to the governance and structure of the Local Hospital Network, which in turn may influence how funds are appropriated, the Member should note that the Agreement provides for the ACT (and the Northern Territory) to enter into parallel agreements with the Commonwealth. This would be negotiated with the Commonwealth during the 2010-11 financial year.

2. This information will be available once the National Health reform is implemented. The Provisional Workplan for the Agreement (which is attached to the NHHN Agreement) sets out the tasks, the process for resolution and timing.

3. This information will be available once the National Health reform is implemented. The Provisional Workplan for the Agreement sets out the tasks, the process for resolution and timing.

4. As explained during the recent Select Committee on Estimates Hearing for ACT Health, the GST is not being retained.

91 Health Hanson

Transfer of funds between various outputs

Jeremy Hanson CSC MLA: To ask the Minister for Health

In relation to the transfer of funds between various outputs:

1. [BP4 p226] **Shows a transfer of funds** ($13.737 m) from 4 separate outputs into Output 1.7: Early Intervention and Prevention:
    a. Please explain the review that took place;
    b. Please explain what the transfer relates to and outline if there are any changes to services in the affected Outputs?

Simon Corbell MLA: The answer to the Member's question is as follows:–

a. The level of Government Payment for Outputs (GPO) and total costs (expenses) attributed to Output 1.7 (Early Intervention & Prevention) is reviewed each financial year. Each Division of the Department is required to list cost centres and, for each cost centre, nominate a percentage (100% or otherwise) of the activity within that cost centre that meets the Treasury definition of Early Intervention and Prevention.
b. There were no changes to services as a result of the re-distribution of GPO and Costs across the Outputs.

Advertisements and promotional activities

ZED SESELJA : To ask the Minister for Health.

1. How many requests for use of The Canberra Hospital or other facilities within the health portfolio for filming or any promotional activities have been received by ACT Health in 2004/5, 2005/6, 2006/7, 2008/9 and 2009/10?
2. Who were the requests from?
    a. Did these requests include any from any Minister's office or the Australian Labor Party?
    b. How many requests were approved?
    c. For each request, why was it approved or not approved – what was the reason for the decision in each case?
3. How many times has The Canberra Hospital or other facilities within the health portfolio been used for ACT Health advertisements or promotional activities?
4. What is the process for dealing with such requests? What paperwork is required to be completed?

Simon Corbell MLA: The answer to the Member's question is as follows:–

1. The Member's question is very open and broad ranging and I am not prepared to authorise the use of the very considerable resources that would be involved in providing the detailed information required to answer it.

    Requests for filming at the Canberra Hospital or other facilities can range from an ad hoc request to film the Neonatal Intensive Care Unit to provide a context to a donation by the ACT Firefighters Union, as occurred this week, to formal requests to film generic footage of hospital scenes, and it would be impossible to tally all such requests since 2004.

    Promotional activities occur on an ongoing basis at several health facilities and again considerable resources across several units, including Health Promotions Grants, Fundraising and Volunteers and Communications and Marketing would be required to provide the detailed information requested.

2. Requests come from several sources including the media and many organisations which raise funds for various line areas across the health portfolio, for example, Woolworth's fundraising sausage sizzles for Paediatrics at the Canberra Hospital.

a. Yes. Following a request from the Australian Labor Party, an area of Canberra Hospital was used in an Australian Labor Party election advertisement. The then Chief Executive of ACT Health authorised the use of this facility. No other political party made this request.
b. See 1 above
c. See 1 above.

3. ACT Health advertisements and promotional activities are carried out on a daily basis at all health facilities.

4. No formal paperwork is required. Requests for filming or promotional activities are considered by the Chief Executive in conjunction with the Deputy Chief Executive, Manager of the Communications and Marketing Unit, Program Directors and line area managers. The decisions are based on the likelihood and extent of disruption to patient treatment, protection of patient privacy and staff workload at the time as well as the need to maintain good relations with external parties such as the media.

93 Health Seselja

Funding rollovers

ZED SESELJA : To ask the Minister for Health.

Ref: In relation to funding rollovers:

1. I note that the financial controller for the Chief Minister's Department noted that some programs rolled over in 2009/10 were then ceased in the 2010/11 budget, therefore disappearing from the budget documentation. (*Estimates 2010-11 uncorrected proof Transcript*, Wednesday 19 May 2010, page p636) Please outline all program funding in the Health portfolio rolled over in 2009/10 which then ceased in the 2010/11 budget.

Simon Corbell : The answer to the Member's question is as follows:–

No ACT Health programs which had funds rolled over into 2009-10 ceased in 2010-11.

Higher duties allowance

ZED SESELJA MLA: To ask the Minister for Health

In relation to Higher Duties Allowance:

1. How many staff are currently receiving higher duties allowance?
2. At which levels are staff receiving this allowance?
3. What is the total value of HDA that has been paid to staff in 2007-08, 2008-09, 2009-10 to date?
4. How long, on average, has each staff member currently on HDA been receiving HDA?
5. How many of the positions that are filled by staff members on HDA have been advertised and are waiting for recruitment processes to be completed?
6. How long, on average, is each recruitment process in ACT Health (from date of first advertisement to the employee commencing in the position)?

Simon Corbell MLA: The answer to the Member's question is as follows:–

The ACT Government prepares its budget on an outputs basis. Data at that level is published in the Budget Papers, along with budgeted financial statements for agencies. Similar information on actual performance is published in annual reports including audited financial statements. Data is not available in the form and at the level of disaggregation requested without diversion of significant resources from ACT Health's ongoing business that I am not prepared to authorise.

Environment and ACT Health

ZED SESELJA MLA: To ask the Minister for Health

In relation to the environment and ACT Health:

1. What are the estimated greenhouse gas emissions in 2010-11, 2011-12, 2012-13 and 2013-14?
2. What initiatives or measures has the Department implemented in 2009-10 to reduce greenhouse gas emissions?
    a. What is the cost of each initiative
    b. how much greenhouse gas has each initiative saved?

3. What initiatives or measures will the Department implement in 2010-11 to reduce greenhouse gas emissions?
    a. What is the budgeted cost of these initiatives
    b. How much greenhouse gas will each initiative save?

4. How much paper recycling will be undertaken in 2010-11, 2011-12, 2012-13 and 2013-14, what percentage of total paper used is this, and what benchmark is the Department measuring its success in recycling against?

Katy Gallagher MLA: The answers to the Member's questions are as follows:–

1. ACT Health is currently undergoing significant redevelopment and construction with its Capital Asset Development Plan (CADP). Therefore, future projections of greenhouse gas emissions are not readily quantifiable as buildings will be demolished, refurbished or constructed. All future development will align with ACT Health's Sustainability Vision.

2. In 2009-10, under the CADP, ACT Health completed the designs of a number of major new clinical and clinical support facilities that have integrated efforts to reduce greenhouse gas emissions into three current construction projects, namely:

    - Women's and Children's Hospital
    - New Southern Multi-storey car park
    - Adult Acute Mental Health Inpatient Unit

    Some of the initiatives in environmental sustainability strategies include:

    - Rainwater harvesting
    - Sun-shading
    - Mixed mode ventilation and natural ventilation
    - Patient-controlled air-conditioning and heating
    - Use of thermal mass where possible
    - High efficiency, low energy lighting
    - High efficiency heating and cooling plant
    - Positioning of stairs to encourage less use of lifts
    - Use of endemic plants in landscape

- Elimination of PVCs where possible
- Low VOC paints and flooring

The total amount of greenhouse gas savings from the initiatives outlined above cannot be quantified.

3. As part of ACT Health's 2009-10 Capital Upgrades Program, $305,000 was allocated for works associated with reducing energy usage and environmental sustainability. This program included:

- The installation of more energy efficient hot water systems in community facilities
- Improved metering systems
- Window-tinting to Buildings 6 and 12 at TCH

ACT Health's Capital Upgrades Program (CUP) for 2010-11 cost is $235,000 with over
$1 million expected to be spent over the next five years on projects aimed at reducing greenhouse emissions.

The 2010-11, CUP improvements include:

- Lighting controls to reduce energy usage
- Building controls to improve the efficiency of the heating and cooling systems used in ACT Health facilities
- Installation of more energy efficient hot water systems
- Installation of secure bike racks for staff at the Canberra Hospital to encourage sustainable transport options

Additionally, as a component of its cyclical Repairs and Maintenance Program (R&M),
ACT Health upgrades its electrical and plumbing fittings to latest energy or water efficient standards, wherever replacement is assessed as being necessary.

Other initiatives include:

- Implementation of integrated building management systems from some non-acute sites to allow automated and/or remote monitoring of environmental systems and large plants, such as chillers and boilers
- Water Chillers replacement in Building 12 at TCH — (CADP project)
- Replacement of gas hot water systems in Building 12 at TCH — $50,000
- Variable speed drive pumps in the Plant room of Building 1 at TCH — $17,000
- Replacement of suction pumps in Building 1 at TCH — $150,000
- Replacement of two gas fire heating hot water storage heaters in Building 6 at
  TCH — $103,160
- Regular maintenance of air-conditioning systems to maintain peak efficiency

- Installation of energy efficient lighting, occupancy-sensored or timer-controlled lighting for non-critical building lighting and air conditioning systems
- Use of night cooling
- Installation of flow restriction or sensor systems for plumbing fixtures appliances
- Old dishwashers in the main kitchens replaced with modern, water-efficient dishwashing systems
- Old sterilisers replaced with modern, water and energy efficient sterilisers
- Progressively changing the vehicle fleet to low greenhouse gas rated vehicles and limiting the growth in the number of vehicles
- Additional 26 bike spaces in the main bike parking shed (51 spaces in total) at TCH (CADP project) — $25,000
- Converting gardens to drought-tolerant landscaping

The total amount of greenhouse gas savings from the initiatives outlined above cannot be quantified. However, ACT Health has reduced the agency's fleet greenhouse emissions by 132 tonnes (11.5%) Based on year to date trend data during this current financial year, the agency projects a reduction in vehicle fleet green house gas emissions of 128 tonnes or 13.89% on the previous year.

Purchased *Green* energy at 30%. Total energy projected costs to the end of June 2010 estimated to be $3.697 million.

4. ACT Health has recycled approximately 75% of the total volume of paper directed to non-clinical waste streams (landfill, recyclables) since July 2007. Paper recycling data includes paper and cardboard. An average paper recycling increase of 5% over the next fours years (2010-11-12-13) will achieve the target of 90%. An ACT Health Waste Plan is currently being developed and will be implemented in 2010.

Grants programs

ZED SESELJA MLA: To ask the Minister for Health

In relation to Grants Programs:

1. What grants programs will commence in 2010-11, and which grants programs will cease?
2. Which grant programs ceased in 2009-10?
3. For each program above, what is the total cost of the program, including a) the cost to administer the program; b) the cost to advertise the program and c) the total amount of grants that are budgeted to be awarded in 2009-10 and 2010-11?
4. For those grants programs commencing in 2010-11, when is the program scheduled to cease?
5. What process will be used to determine the recipients of the grants?
6. Will grants under each program be contingent upon a contribution?

Simon Corbell MLA : The answer to the Member's question is as follows:–

1. No grants programs will commence in 2010-11 and no grants programs will cease.
2. No grants programs ceased in 2009-10.
3. See answer to questions 1 and 2.
4. See answer to question 1.
5. See answer to question 1
6. See answer to question 1.

97 Health Seselja

Overhead costs

Zed Seselja MLA: To ask the Minister for Health

In relation to overhead costs:

1. What are the overhead fixed costs for ACT Health for 2010-11 and how much is each?
    a. How are these costs forecast to change between 2010-11 and 2013-14 (please provide a breakdown by output).
    b. What will cause this change?
    c. What were these costs in 2007-08, 2008-09 and 2009-10?
2. What are the variable and marginal costs for ACT Health for 2010-11 and how much is each.
    a. How are these costs forecast to change between 2010-11 and 2013-14, and how has this changed since 2009-10 (please provide a breakdown by output).
    b. What were these costs in 2007-08, 2008-09 and 2009-10?

Simon Corbell MLA: The answer to the Member's question is as follows

The ACT Government prepares its budget on an outputs basis. Data at that level is published in the Budget Papers, along with budgeted financial statements for agencies. Similar information on actual performance is published in annual reports including audited financial statements. ACT Health does not separate overhead fixed costs from variable or marginal costs in any reporting currently undertaken.

Output programs

ZED SESELJA MLA : To ask the Minister for Health

In relation to Output programs:

1. Please provide a list of initiatives or programs that are run under each output by each branch/division, that are delivered by or on behalf of ACT Health?
    a. What is the budgeted cost for each in 2009-10 and 2010-11 and specify whether these are funded by the ACT Government or the Federal Government?
    b. How many staff (by ASL) work in each, and what is level of each staff member??
    c. What capital equipment is required by each?
    d. What specialist skills are required by staff in each?

Simon Corbell MLA: The answer to the Member's question is as follows:–

a. Refer Attachment A for functions within outputs (note, these are indicative allocations and are subject to adjustment following negotiation and in the case of the Commonwealth funding for elective surgery, emergency capacity and sub-acute distribution across ACT Health has not yet been determined). Refer to page 259 of Budget Paper 3 for Commonwealth funding provided to ACT Health.
b. Refer Attachment B. This data was compiled from payroll data supplied by Shared Services for payday 28 April 2010. The totals are in Full Time Equivalents (FTE). Note that the data in Budget Paper 4 (page 210 Budget Paper 4) was as at 30 March 2010.
c. ACT Health has 4,000 computers (including laptops) that are an integral part of service provision. In addition there are systems and clinical equipment specific to specialist services provided. To provide more detail would require an unreasonable diversion of resources to respond in the time available.
d. To provide the detail sought would require an unreasonable diversion of resources to respond in the time available.

Staff management

Zed Seselja: To ask the Minister for Health

In relation to Staff Management:

1. How many staff are currently employed, and what category or classification is each (please provide a breakdown by output and by branch/division).
2. What was the total staff turnover rate in 2008-09 and 2009-10 to date, and what is the budgeted staff turnover rate for 2010-11? Please provide a breakdown by output class and category/classification.
3. How many positions within the Department are currently unfilled as a result of the Government's staffing freeze?
    a. When will these positions now be filled?
    b. How much money has the Department saved as a result of the freeze?
4. How many staff receive a total salary of
    a. below $70,000,
    b. between $70,000 and $80,000,
    c. between $90,000 and $100,000,
    d. between $100,000 and $110,000,
    e. over $110,000; and.
    f. For each salary range, how many staff are administrative, and how many are considered frontline service delivery staff?
5. How many additional staff will be employed in 2010 (in FTE), and what level is each (please provide a breakdown by output class and category/classification).
    a. How many are administrative or policy staff, and how many are considered frontline service delivery staff?
6. How much will be spent on staff training programs 2010-11? What is the purpose of each training program, and how many staff are expected to participate?
7. Will officers attend any training programs in 2010-11 interstate?
    a. If so, what are they, and what is the purpose of these training programs?
    b. How many officers will attend?
    c. What is the cost of each programs, including travel expenses?
8. What training programmes in 2010-11 will be held which will result in no marginal cost to the Government?
9. What in-house training programs will be held in 2010-11 which will result in a cost to the Government, and what is this cost expected to be?
10. What is the average oncost for each officer budgeted to be 2010-11?
    a. What is included in this oncost?
    b. What is the marginal oncost of an additional worker at the current staffing levels in 2010-11?
11. How much was spent on staff training in 2007-08, 2008-09 and how much is budgeted to be spent on staff training in 2009-10?
12. Did officers attend any training programs in 2007-08, 2008-09 and 2009-10 interstate?
    a. If so, what were these program and what was the purpose of each?
    b. How many officers will attended each?

    c. What was the cost of each programs, including travel expenses please provide cost per program)?
13. What training programmes in 2007-08, 2008-09 and 2009-10 were held which resulted in no marginal cost to the Government?
14. What in-house training programs were held in 2007-08, 2008-09 and 2009-10 which resulted in a cost to the Government, and what was this cost (per program)?
15. What is the average oncost for each officer budgeted to be 2010-11?
    a. What is included in this oncost?
    b. What is the marginal oncost of an additional worker at the current staffing levels in 2010-11?
16. What was the average oncost for each officer budgeted to be 2007-08, 2008-09 and 2009-10 (please provide a breakdown per category/classification)?
    a. What is included in this oncost?
    b. What is the marginal oncost of an additional worker at the current staffing levels in 2010-11 (per category/classification)?
17. What specialist qualifications are required by staff for the Department or Agency to undertake its roles and responsibilities?
    a. What skills are currently lacking in the Department or Agency?
    b. How will these gaps be filled in 2010-11?
    c. Has the staffing freeze contributed to this shortfall?
18. What is the average salary for each employee who has a specialist skill that is required for the ACT Health to undertake its roles and responsibilities? What will be the average salary in 2010-11? Please provide a breakdown by specialisation.
19. What training must employees undertake on a regular basis to maintain their specialist skills, and what is the budgeted total cost of this training in 2010-11?
    a. What is the average cost per employee?
    b. Who provides the training?
    c. What was the cost of this training in 2007-08, 2008-09 and 2009-10?
20. What specialist equipment is required for officers to undertake their jobs? For each piece of equipment:
    a. how many are required,
    b. what is the capital cost of each,
    c. what is the running cost of each?
    d. Over what period is each piece of equipment depreciated?
    e. What equipment will be purchased in 2010-11 for this purpose?
21. How many graduates will be employed in 2010-11?
    a. What is the cost of employing each graduate?
    b. What branch/division within ACT Health will these graduates be employed in?
    c. How many have been employed on average each year since 2001?
22. How many staff will be recruited in 2010-11 (by output and classification)
    a. how much has been spent on recruitment in 2009-10 to date?
    b. How much is budgeted to be spent on recruitment in 2010-11, and how is this broken down?
23. How much office space is currently leased?
    a. Will this change in 2010-11, if so how will it change and what is the cost of the change?
    b. What is the cost of the current lease, what is the make-good provision, and when will this lease be complete?

c. If a new lease is to be signed in 2010-11, what is the cost of the lease, what is the make-good provision, and when will this lease be complete?

24. How many staff are currently on any form of leave indefinitely?
    a. What are the reasons for these staff being on indefinite leave?
    b. Please provide a breakdown by output class and level
25. How many staff are currently on unpaid leave?
    a. What are the reasons for these staff being on unpaid leave?
    b. Please provide a breakdown by output class and branch/division?

Simon Corbell MLA: The answer to the Member's question is as follows:–

The ACT Government prepares its budget on an outputs basis. Data at that level is published in the Budget Papers, along with budgeted financial statements for agencies. Similar information on actual performance is published in annual reports including audited financial statements. Data is not available in the form and at the level of disaggregation requested without diversion of significant resources from ACT Health's ongoing business that I am not prepared to authorise.

Working groups

ZED SESELJA MLA: To ask the Minister for Health

In relation to Working Groups:

1. Have any working groups, consultation groups, inter-departmental committees, consumer representative committees, roundtables or other intra-Government committees have been created (or will be created) by ACT Health in 2009-10?
2. Will any working groups, consultation groups, inter-departmental committees, consumer representative committees, roundtables or other intra-Government committees be created by ACT Health in 2010-11?
3. For each group, committee or roundtable in questions 1 and 2:
    a. What is the cost of creating and maintaining each?
    b. For how long will each run?
    c. How many staff will regularly be involved?
    d. How often will each meet?
    e. Where will each meet?
    f. Which departments, agencies or non-government organisations will be represented, and what is the role of each?

Simon Corbell : The answer to the Member's question is as follows:–

The ACT Government prepares its budget on an outputs basis. Data at that level is published in the Budget Papers, along with budgeted financial statements for agencies. Similar information on actual performance is published in annual reports including audited financial statements. Data is not available in the form and at the level of disaggregation requested without diversion of significant resources from ACT Health's ongoing business that I am not prepared to authorise.

IT and advertising

ZED SESELJA: To ask the Minister Health

In relation to IT and Advertising:

1. What is the budgeted cost of the provision of IT services for the Department for 2010-11?

2. What is the budgeted or forecast increase in costs for the provision of IT services in 2011-12, 2012-13 and 2013-14?

3. What will be the marginal cost and the average cost of the provision of IT services at the forecast staffing levels in 2010-11? What were these costs in 2008-09 and 2009-10?

4. How much will be spent on advertising in 2010-11, and what is forecast to be spent in 2011-12, 2012-13 and 2013-14?, what form of advertising will be undertaken in each year, and what is its purpose

5. How much was spent on advertising in 2007-08, 2008-09 and 2009-10, what form of advertising was undertaken in each year, and what was its purpose?

6. How much has been spent on graphic design purposes in 2009-10, and how much will be spent on graphic design in 2010-11, 2011-12, 2012-13 and 2013-14?

Simon Corbell MLA: The answer to the Member's question is as follows

1. The budgeted cost of the provision of IT services for the Department for 2010-11 is estimated to be $26,894,271

2. 2011-12 - $27,154,552
   2012-13 - $28,305,371
   2013-14 - $29,312,991

3. The estimated average cost for IT Services at staffing levels for 2010-11 would be $26,894,271 with staffing levels at 5034. The cost in 2008 - 09 was $22,006,078 with staffing levels at 4652 and for 2009 -10 was $26,742,250 with staffing levels at 4861;

4. It is not possible to forecast the full amount that will be spent on advertising across the agency in subsequent years as advertising is determined on a needs basis and sought as required.

   However, we have allocated $300,000 for the Capital Asset Development Project advertising over the next two years and the Walk-in Centre has a recurring budget allocation of $20,000 for next year. It is anticipated that radio, bus, print and TV advertising will continue to be the dominant advertising formats.

The purpose of the CADP is to inform the ACT community, stakeholders, healthcare professionals and staff of the redevelopment and expansion of the health system and ensure that target audiences are informed, consulted , engaged and well prepared for changes.
The Walk-in centre will continue to promote this new service to attract people with the right presentations to the service.

5. See Attachment A with Advertising costs 2007-08, 2008-09 and 2009-10

6. ACT Health employs a full-time Graphic Designer (ASO5) on staff and other positions within the Communications and Marketing team also perform some graphic design work to meet the majority of the agency's requirements. Attachment B provides the costs of graphic design work performed outside of the agency.

   ACT Health will continue to employ a full-time graphic designer on staff to undertake the bulk of the design work required by the agency. However, when demand is high and/or specialist skills and knowledge are required ACT Health will continue to outsource as required.

Please contact the Committee Office for a copy of the attachments.

Budget initiatives

Zed Seselja MLA: To ask the Minister for Health

In relation to Budget initiatives:

1. For each expense, revenue or capital measure reported in Budget Paper No. 3 related to the Minister's portfolio:
    a. what is the staffing increase required
    b. what are the IT requirements, including those which are to be purchased "off the shelf" and those which are to be custom built
    c. what is the average on cost per additional staff member
    d. what consultancies are required, including the purpose of the consultancy and budgeted cost, and whether the contract for the consultancy will be single select or open tender.
    e. What are the capital requirements, including any equipment that will be purchased
    f. Has the Department offset any funding to accommodate any part of the measure, and what was the offset?
    g. Will the initiative require any form of regulatory change and if so, what change is required, and will a regulatory impact statement be published prior to it being considered by the Assembly?

Simon Corbell : The answer to the Member's question is as follows:–

a. Estimated staffing increase are:

Mental Health Growth	4.0FTE
Critical Care Capacity	14.3FTE
Acute Capacity	11.4FTE
Elective Surgery	48.0FTE
Cancer Growth	6.0FTE
Older Persons	7.0FTE
Chronic Disease Management	4.0FTE
Neurosurgery Operating Theatre	16.0FTE
National Health Reforms	32.0FTE
Obstetrics and Gynaecology	10.0FTE
Sub-Acute	20.0FTE

b. Only a small component of administrative or managerial staff employed as part of these initiatives will require access to the ACT Government network and an InTACT provided PC. No specific "off the shelf" or custom built systems have been identified as part of the initiatives, with the exception of the Intensive Care Unit Expansion funding which includes operating costs for the Clinical Information System.
c. Average on costs per new staff member is calculated at 35%.
d. No consultancies have been identified as part of the initiatives.
e. No new capital funding is required in connection to recurrent initiatives identified in the 2010-11 Budget Papers. The Capital Works initiatives

f. No. However, ACT Health does have savings targets built-in for benchmark savings (to bring the cost of ACT public hospitals to within 110% of the national benchmark) and the Government's 2008-09 Budget efficiency dividend.
g. No.

Budgeted costs

Zed Seselja MLA: To ask the Minister for Health

In relation to Budgeted Costs:

1. What is the budgeted cost for the Department in 2009-10, 2010-11, 2011-12, 2012-13 and 2013-14 of
    a. Electricity
    b. Internet communications
    c. Telecommunications
    d. Travel for senior executive staff
    e. Travel for non-executive staff
    f. Local travel, including taxis, bus fares, and vehicles
    g. Printing
    h. Paper
    i. Official entertainment
    j. Consultant's fees

Simon Corbell: The answer to the Member's question is as follows:–

The 2010-11 Budget was developed on an incremental basis with adjustments for indexation, growth and new initiatives.

The process for determining budgets for the functions within Health has now commenced and therefore budgets for the specific expense categories sought above are not available.

It should be noted that it is not a requirement to produce budgets for all types of expenditure. Some areas choose to budget at higher control levels. For example there is no budgeting performed that explicitly separates executive and non-executive travel. As a guide, year to date April 2010 actual costs for the specific expense categories have been extrapolated.

It may be reasonable to assume similar expenditure levels in the future plus annual indexation.

2009-10 Estimated Outcome

a. $3.548 million
b. $0.361 million
c. $2.659 million
d & e $1.066 million
f. $0.600 million
g. $0.410 million
h. $0.036 million
i. $0.374 million
j. $3.054 million

Capital costs

Zed Seselja MLA: To ask the Minister for Health

In relation to Capital Costs and ACT Health:

1. What are the annual depreciation costs for ACT Health?
2. How much depreciation is allocated to small capital items which are used in the day-to-day activities of the Department, and how much is related to major capital works or items? What are those major capital works or items specifically?

3. What capital initiatives will be completed by the Department in 2010-11?
    a. What was the original cost of those initiatives when they were first considered by Government?
    b. What is the current budgeted cost of the initiative?
    c. What are the ongoing costs to the Budget of the initiative, including running costs and depreciation costs?

4. What capital initiatives were completed/will be completed by the Department in 2009-10?
    a. What was the original cost of those initiatives when they were first considered by Government?
    b. What is the current budgeted cost of the initiative?
    c. What are the ongoing costs to the Budget of the initiative, including running costs and depreciation costs?
    d. What was the estimated completion date when the initiative was first considered by Government?

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

1. In 2010-11 the forecast depreciation is $26.038m.

2. In 2009-10, the forecast depreciation split between assets less than $50k and greater than $50k is:
    a. Small Capital Items ($5k-$50k) = $3,219,090;
    b. Major Capital Items (>$50k) = $19,350,910.
    The major capital works or items include buildings, equipment and software.

3. a. Refer to Attachment A.
    b. Refer to Attachment A.

c. The majority of Capital Works initiatives to be completed in 2010-2011 do not have material ongoing costs. Refer to Attachment C for those that do.

Note –

Explanation for increased budget for the multi-storey carpark at TCH and the Neurosurgery Operating Theatre at TCH.

The budget for the new multistory car park has increased by $16m from $29m to $45m. The Treasurer approved the transfer of the additional $16m from the CADP Clinical Services Redevelopment in September 2008. The Government provided $29m in 2007-08 for a project to construct an additional 1,086 car parking spaces on the northern end of the campus of The Canberra Hospital (TCH). This proposal was designed to meet the needs of the hospital until 2011.

The planning that underpinned the size and cost estimates for the original carpark preceded the Capital Asset Development Plan (CADP). The CADP provided a more comprehensive assessment of the Canberra Hospital redevelopment needs. The CADP was also able to draw on more recent and longer term hospital activity projections. The CADP identified, in October 2007, the preferred site for a new structured car park as encompassing the existing southern structured car park on the TCH campus. The preferred option for the structured carpark will provide approximately 1,880 spaces and will satisfy car parking requirements for the hospital campus to 2016.

The total cost of the Neurosurgery Operating Theatre was always estimated to be $10.5m. The original plan was for the Government to fund $5.5m and third party donations to cover the balance of $5m. The third party donations have not been received due largely to the global financial crisis. In the interest of progressing the project, approval to access other capital funds was obtained.

4. a. Refer to Attachment B.
   b. Refer to Attachment B.
   c. The majority of Capital Works initiatives to be completed in 2009-2010 do not have material ongoing costs. Refer to Attachment D for those that do.
   d. Refer to Attachment B.

QTON-E Health 50 Project update

Asked by Ms Hunter on 17th May 2010: Owen Smalley took on notice the following question:

Ref: Hansard Transcript 17 May 2010 page 153 of the Uncorrected Proof

In relation to : e-Health

Mr Smalley, are you happy to provide that list of the projects and a bit of an update for the committee

Simon Corbell : The answer to the Member's question is as follows:–

Health-e Future IT projects

ISSUES

The Health-e Future Plan is a $90M investment in e-health capacity and ICT infrastructure, which will enable ACT Health to provide modern, integrated healthcare services to meet future growth in demand.

The Health-e Future plan has been grouped into the following three key areas:

Patient Record Systems that provide a consolidated, shareable patient-centric health record enabling information to be available to the right person at the right place and time to enable informed health care and treatment decisions.

Support Services that use technology to efficiently manage the resources which support ACT Health in the areas of patient administration, staff, food and beds.

The **Digital Hospital Infrastructure Project** that will provide the foundation to bring the existing infrastructure (networks, devices, ICT project team) at TCH and Calvary Public Hospital to the standards and capabilities necessary to support the future technologies identified for the CADP.

Patient Record Systems

- **National Individual Electronic Health Record (IEHR)**
  - *The National IEHR is intended to enable access to summary health information for the purpose of sharing this information with the patient and the patient's health providers.*

- **Shared Electronic Health Record** (SEHR) proves a summary of clinical information that the patient has consented to be shared with clinicians that are supporting their care.
  - The SEHR incorporates a **Personal Electronic Health Record** (PEHR), which will enable patients to record information about themselves such as weight, immunisation and lifestyle.
  - The SEHR will interface with the National IEHR.
  - The project is currently in tender specification development.

- Implementation is scheduled to commence in 2010 and take 24 months to complete.

Progress

- Completed an Implementation Planning Study into the feasibility of the introduction of an EHR/PEHR into the ACT. Supported by all stakeholders, providers and consumers. It was found that there is a clear and agreed need to have a shared, patient-centric electronic health record. Concurrently, national and international strategy was researched, including lessons learned and recommendations.
- Undertaking discussions with NEHTA in relation to partnering with NEHTA to develop the underpinning policies for the introduction of the EHR/PEHR.

- The **ACT Health Card** will enable clients to access their records in the SEHR and PEHR and interact with ACT Health clinical appointment systems.
  - The Smartcard will interact with patient kiosks located in the hospital's outpatient waiting rooms and community health centres.
  - The Smartcard will contain the patient demographics, ACT Health Patient Identifier and National Individual Health Identifier.
  - The Smartcard will be based on the national healthcare smartcard standards currently being developed by Queensland and South Australia Health.
  - The ACT Health Smartcard project has been combined with the patient access project.
  - Implementation is scheduled to commence in 2010.

- **Electronic Medical Record** (EMR) captures details of clinical interventions, alerts and care plans to improve consistency, quality and completeness of clinical records to facilitate accurate and timely clinical decision making at the point of care.
  - The existing Electronic Medical Record system has reached its end of life.
  - A consultancy will commence in 2010 to develop the business requirements for a modern EMR.
  - Implementation is scheduled to commence in 2011 and take 18 months to complete.

- The **Clinical Portal** provides a patient-centric access to clinical records and clinical applications.
  - The portal will be used by doctors, nurses, GPs, specialists and patients to securely access all ACT Health clinical systems.
  - The portal software was implemented in March 2009 as part of the Commonwealth funded Discharge Summary Project.
  - Progressively over the next 4 years new and existing systems will be integrated with the portal.
  - As at Nov 2009, discharge summaries, e-referrals, pathology, radiology, medical records and renal information are available through the clinical portal.

Progress

- Clinical portal in place. Clinical improvements to occur over 2010/11 to increase clinical application integration and inclusion of key sentinel clinical documents.
- Implementation planning study for electronic orders to be finalized in April 2010. Implementation project to commence in May 2010.

- **Centralised Order Entry** enables centralised electronic ordering of pathology and medical imaging diagnostics.
  - Implementation planning work commenced in October 2009 to assess the feasibility of implementing the Orion Health Centralised Order Entry system.
  - Implementation is scheduled to commence in 2010 and take 12 months to complete.

Progress
Implementation planning study for electronic orders to be finalized in April 2010. Implementation project to commence in May 2010.

- The **Provider Index** facilitates ready access to healthcare providers' details ie GPs, Specialists, to enable secure electronic information exchange.
  - The ACT Health Provider Index will communicate with the National Provider Index to enable secure messaging exchange of referrals and discharge summaries.
  - Implementation planning study has been completed.
  - Final costings are still being analysed.
  - Implementation is scheduled to commence 2010 and take 12 months to complete.

Progress
Implementation Planning study for provider index completed. Engaging NEHTA to assist with the design and architecture of a provider index system to integrate with national Health Identifier service.

- **eReferrals** facilitates receipt of electronic outpatient referrals from GPs and other healthcare providers.
  - Phase 1 completed with 41 GP's from 7 practices sending e-referrals to Ambulatory Care at TCH.
  - Currently assessing the changes required to utilise this application in CH, ACRS and CRCS.
  - Planning has commenced to rollout to GPs with Medical Director desktop software.
  - Implementation is scheduled to be completed in 2012.

Progress
- Trial in Medical Director GP practices commenced. Rolled out to all Medical Director users by end 2010.
- Commence implementation into ACRS and CH in May 2010.

- Integrated **Chronic Disease Management** supports proactive management of chronic disease patients through:
  - interactive disease management care plans
  - integration of patient data from numerous sources both internal and external to ACT Health
  - exchange of data between health services and an extended care team
  - transfer and monitoring of data collected by home care/telemetry devices to patient information systems.

  - Implementation planning study has commenced.

- Implementation is scheduled to commence in 2011 and take 24 months to complete.

- **Clinical Protocol System** provides ready access to best practice diagnosis and treatment protocols.
  - Project is watching the outcome of the work being undertaken by Queensland Health using a UK product - Map of Medicine.
  - Implementation of a GP web page containing referral protocols is scheduled to commence in May 2010 and take 12 months to complete.

- **Electronic Medication Management** enables electronic management of prescriptions; and dispensing and administration of medications, to improve patient safety and capture of accurate, timely medication information.
  - Tender specification is currently being developed with expected release in early 2010.
  - The system is dependent on the implementation of a medical grade wireless network.
  - Implementation is scheduled to commence in 2010 and take 30 months to complete.

Progress
Requirements for open tender in development. Anticipate out to market in June 2010.

- **Community Based Services System** enables the recording of electronic clinical notes, recalls and clinical support for Community Health and Aged Care and Rehabilitation Services.
  - Replaces current paper-based systems and provides real-time access to information.
  - System is designed to operate at health centres and in the patient's home.
  - Implementation planning study has commenced.
  - Rollout is scheduled to commence in 2011 and take 12 months to complete.

Progress
Implementation planning study will be completed by June 2010.

- **Renal Management System** enables the recording of treatment provided to renal patients.
  - The system enables improved communications between geographically-dispersed sites, through interfaces with dialysis machines (irrespective of brand).
  - The requirements for the Renal Medicine application are under development.
  - Implementation is scheduled to commence in 2010 and take 12 months to complete.

Progress
Requirements for open tender in development. Anticipate out to market by May 2010

Support Services

- **Theatre Integration** project will improve management of theatre inventory through electronically linking the sterilisation services system, the supplies ordering system and the Patient Administration system.

- The system will enable the electronic linking of the patient with the surgeon and the equipment used, the theatre room where the operation took place and any implants used.
- Business analyst engaged to undertake workflow analysis.
- Potential solution being socialised with stakeholders.
- Solution should be available by 2011.

- **Calvary PAS** project extends the ACT Patient Administration System (ACTPAS) to Calvary public hospital, providing an authoritative system for all patient registration, inpatient management and outpatient scheduling across ACT Health. Project will also include single patient identifier, Emergency Department and Patient Billing.
  - Project Manager has been selected.
  - Project to commence July 2010. Expected duration 7 months.

- **Corporate eRostering System** is a single rostering system which interfaces with the Shared Services payroll system to enable coordinated management of staff rostering; and synchronisation of rosters, attendance, leave, overtime and payroll records.
  - Single rostering system has been selected.
  - Workshops have been conducted with all impacted areas.
  - Implementation scheduled to be completed by 2011.

- **Real-time Bed Management** enables timely access to accurate bed availability data, to enable efficient bed utilisation.
  - Scheduled for commencement 1 June 2010.
  - Implementation to be completed within 9 months.

- **Integrated Food Services Management System** provides a comprehensive, coordinated approach to food management.
  - Tender completed.
  - Contract negotiation to commence May 2010.

Digital Hospital Infrastructure

- **Digital Health Infrastructure** provides the foundation to support the future technologies identified for the CADP.
  - Key components include:
    - Medical Grade Networks
    - Wireless Networks
    - Mobile clinical devices
    - Integrated Beside Computer system / Patient Entertainment system
    - Patient, staff and equipment tracking
    - Single sign-on.

Digital hospital infrastructure

Currently, finalising the Digital Health Enterprise technology strategy to support the successful implementation of technology into the Health-e Futures and CADP Redevelopment program. This strategy has been developed by the Nexus consortium with input from InTACT and ACT Health. The Nexus consortium brings a wealth of experience and knowledge in implementing Digital Health technologies from within

Australia as well as overseas. The main companies in the Nexus consortium are *Third Horizon (Senior Supplier), Honeywell, Cisco, Imatis* and *Canberra Data Centre.*

Third Horizon is an Australian consulting company that focuses on delivering transformational change in both private and public sector clients.

CISCO is the leading global supplier of networking equipment and network management and has extensive experience of building medical grade networks and enabling communications for health care clients around the world.

Honeywell has been providing products and services to the global healthcare industry for over 40 years, enabling buildings and equipment to operate at optimal efficiency as key strategic assets in an integrated health care environment.

Imatis AS, based in Norway, is a leader in innovative software solutions for the healthcare industry and has played a leading role in implementing advanced solutions for leading hospitals in Europe and the USA.

Canberra Data Centres run advanced data centres for leading clients in Canberra and bring a wealth of practical expertise in how to get the best results from ICT investments.

The next phase of work in implementing the strategy includes;

- review and develop the Program and Service Management models required to support the ICT infrastructure into the future,
- develop Business Architecture models of the core Health Business functions,
- develop detailed specifications for the core technologies to be procured including; Patient Access Terminals, Identity Management systems, Building Management Systems, Unified Communications and devices,
- Initiate key infrastructure works including; upgrading of the current Health network to meet medical grade capabilities, implementing wireless network across all ACT Health facilities, provide a remote access gateway to improve external communication and support workforce mobility, and improve messaging and process orchestration for improved application and device integration.

- **Calvary Desktop/Network Upgrade** will ensure all ACT public hospitals run a common set of ICT infrastructure i.e. InTACT PCs, servers, applications and networks.
  - Memorandum of Understanding has been developed between ACT Health, Calvary Hospital, Little Company of Mary and InTACT.
  - LCM has approved InTACT to commence technology assessment of the Calvary Campus.

109 Health Hunter

QTON - Cost per day for subacute care (bed day costs)

Asked by Ms M Hunter on 17 May 2010: Mr Grant Carey-Ide took on notice the following question:

Ref: Hansard Transcript 17 May 2010, Page 128

In relation to : Subacute care

Cost per day for subacute care patients.

Simon Corbell : The answer to the Member's question is as follows:–

While the question on notice and the expected response is for a price per day for sub acute care, the National Hospital Cost Data Collection's (NHCDC) latest results do not provide costs at the per day level. Page 137 of the Round 12 (2007-08) NHCDC cost report states the following in relation to non-acute cost data:

"In previous rounds per diem rates were published, however currently the quality of this is questionable ... Quality is affected by incomplete data and poor cost identification related to these products."

The report has provided information on "percentage of total cost on products other than acute" which shows that costs for Palliative care, geriatric management, psychogeriatric and maintenance represent less than 5% each of total expenditure for Australia. Rehabilitation costs are slightly higher at about 8% of total expenditure. The report further notes that the report provides total costs only as average unit costs are too variable between States and Territories to publish.

This report is available at:

http://www.health.gov.au/internet/main/publishing.nsf/Content/0BF59B7DB88A427FCA257609001FCD3D/$File/1_R12CostReport.pdf

QTON - Reconciliation of funding for the NHHN between 2019-2020

Asked by Mr Brendan Smyth on 18 May 2010: Ms Katy Gallagher took on notice the following question:

Ref: Hansard Transcript 18 May 2010, Page 33

In relation to :Funding arrangements

The reconciliation of funding arrangements between now and 2019/2020.

Mr Simon Corbell : The answer to the Member's question is as follows:–

A reconciliation of funding arrangements between now and 2019-20 is not possible as the costs and revenues have not been forecast for 2019-20.

The reform model agreed by the Council of Australian Governments (COAG) provides for substantial financial benefits for States and Territories over the coming decade to 2019-20. Those are highlighted below for Committee's reference.

The reform agreed by the COAG provides additional funding for States and Territories over the forward estimates period. For the ACT, the information on the additional funding to be received was incorporated in the 2010-11 Budget Papers. The Commonwealth Budget Papers provided a further update in timing but not the quantum of the funding to be received. This information has been provided to the Committee as part of the response to QON E10-013. Information on the initiatives supported under the *National Health and Hospital Network Agreement* is provided in the 2010-11 ACT Budget Papers No. 2 and 3.

Beyond the forward estimates to 2019-20, States and Territories will benefit financially from the Commonwealth funding part of the growth in costs of hospital care that they otherwise would have had to bear from their respective budgets. Clause 14 (c) of the *National Health and Hospital Network Agreement* provides for:

> *top-up funding to be an additional payment of no less than $15.6 billion between 2014-15 and 2019-20 to be paid by the Commonwealth, reflecting the Commonwealth's greater responsibility for financing health and hospital expenditure growth under this Agreement.*

The Agreement is available on the COAG website.

While the aggregate minimum amount of top up funding has been guaranteed in the Agreement, annual estimates are not available from the Commonwealth at this stage. The ACT's share of the guaranteed top up funding is estimated at $248 million over the period 2014-15 to 2019-20.

111 Health Seselja

QTON - Unplanned return to theatre - raw numbers

Asked by Mr Seselja on 18 May 2010: Dr Peggy Brown took on notice the following question(s):

Ref: Hansard Transcript 18 May 2010 PAGE 5

In relation to : unplanned returns to theatre

The raw numbers for unplanned returns to theatre

Simon Corbell : The answer to the Member's question is as follows:–

In the 2009 -10 Financial year to 28 February 2010, the Canberra Hospital had performed 8773 surgeries, with 77 returns to theatre.

QTON - Breakdown of $71.5m for Mental Health Budget

Asked by Ms Hunter on 18 May 2010 : Mr Foster took on notice the following question(s):

Hansard Transcript 18 May 2010, page 41.

In relation to : Mental Health Funding Breakdown

A breakdown of the $71.5 million for Output 1.2 Mental Health Services.

Simon Corbell : The answer to the Member's question is as follows:–

The level of Government Payment for Outputs (GPO) for Output 1.2 is broken-down below:

Mental Health ACT • Acute 11,712 • Community 39,212	50,924
Calvary Hospital - Mental Health	6,775
Non-Government Organisations	10,970
Mental Health Policy Unit	796
Nursing Scholarships for Mental Health	325
Overheads – these include human resources, financial, information technology, executive co-ordination and business and infrastructure support.	7,813
Less Early Intervention reported in Output 1.7	-6,009
Total GPO	71,594

113 Health Smyth

QTON - No of staff complaints over the last 2 - 3 years

Asked by Brendan Smyth on 18 May 2010 : the Minister for Health, Ms Katy Gallagher took on notice the following question(s):

Ref: Hansard Transcript 18 May2010, Page 48

In relation to: Staff complaints

Number of staff complaints over the last 2 - 3 years.

Simon Corbell : The answer to the Member's question is as follows:–

Formal Bullying and Harassment Cases:

2007: 5 Cases
2008: 8 Cases
2009: 7 Cases
2010: 19 Cases (Excludes any that may be within the Obstetrics& Gynaecology Public Interest Disclosure review as that review is yet to conclude).

QTON - Funding from other government agencies for Mental Health

Asked by Amanda Bresnan on 18 May 2010: Dr Peggy Brown took on notice the following question(s):

Ref: Hansard Transcript 18 May 2010 PAGE 51

In relation to: Funding from other government agencies for Mental Health

Ms Bresnan asked if we can actually get this information to, about what money is coming from other agencies and going towards mental health services. Do we know that mental health - there are, probably HARS is a good example, and there are other agencies with this mental health funding, if it is possible to get those figures, and if any work has actually been done on that?

Simon Corbell: The answer to the Member's question is as follows:–

Based on information collected by ACT Health to complete the National Mental Health Survey the following Mental Health Programs were funded by the Department of Disability, Housing, and Community Services (DHCS) in 2009-10:
Tuggeranong Community Arts Centre – Messengers Project, $156 000,

Menslink – Youth Support and Mentoring Program, $239,000,

Lifeline – Including Telephone Support Counselling, Gambling Care, Canberra Emergency Accommodation Service (CEASE) and LYNX Lifeline Youth Network $529,000.

In addition the ACT Government in the 2009-2010 provided $1.216 million over four years under the Homelessness National Partnership Agreement with the Commonwealth for the establishment of the ACT Housing and Accommodation Support Initiative (ACT HASI). It is expected that the first mental health consumers to be accommodated and supported under the HASI program will be tenanted by end of June 2010.

ACT Health is also aware of the following current Commonwealth funded mental health
Council of Australian Governments, (COAG) Initiatives:

Two (2) Day to Day Living in the Community (D2DL)
These programs provide structured and socially based activity programs to people with severe and persistent mental illness in the City and Southside regions. The Schizophrenia Fellowship of NSW provide 35 medium support places and 10 drop-in places in the City region and the Belconnen Community Servic**e** provide 52 medium support places and 17 drop-in places to people with severe and persistent mental illness in Tuggeranong.

Three (3) Personal Helpers and Mentors program. Theses programs assists people whose ability to manage their daily activities and to live independently in the community is impacted because of a severe functional limitation resulting from a severe mental illness.

The City region program is provided by Mental Health Foundation (ACT), the Northside region program is provided by Richmond Fellowship (ACT) and the Southside region program is provided by - Woden Community Service Inc.

Respite Care program
The Mental Health Respite Program (MHRP) provides a range of flexible respite options for carers of people with severe mental illness/psychiatric disability and carers of people with intellectual disability. The Mental Health Foundation ACT and Communities@Work Limited are the funded ACT community providers, while Carers ACT has brokerage funding.

ACT Health has no current information on the amount of funding attached per year to each of these Commonwealth initiatives.

115 Health Smyth

QTON - Number of staff on stress related leave M/H and ACT Health

Asked by Brendan Smyth on 18 May 2010 : The Minister for Health, Ms Katy Gallagher, took on notice the following question(s):

Ref: Hansard Transcript 18 May 2010, Page 60

In relation to : Staff on stress leave

Number of staff on stress related leave in ACT Health as a whole and Mental Health ACT.

Simon Corbell : The answer to the Member's question is as follows:–

The number of Comcare Accepted Workers' Compensation Claims under the Psychological/Stress category.

Year	**ACT Health**	**Mental Health**
2004	26	9
2005	18	7
2006	17	5
2007	10	3
2008	10	0
2009	4 + 2 yet to be determined	2
2010	0 + 2 yet to be determined	2 yet to be determined

QTON - Components of the suicide prevention strategy and what funding has been allocated.

Asked by Brendan Smyth MLA on 18 MAY 2010 : Dr Peggy Brown took on notice the following question(s):

Ref: Hansard Transcript 18 May 2010 PAGE 68

In relation to : Suicide Prevention

Mr Smyth asked: Is it possible to isolate the budget that has been apportioned to those two plans to assist in suicide prevention

Simon Corbell : The answer to the Member's question is as follows:–

No, it is not possible to isolate the budget that has been apportioned to the two plans (*Building a Strong Foundation – A Framework for Promoting Mental Health and Wellbeing in the ACT 2009-14*, and *Managing the Risk of Suicide – A Suicide Prevention Strategy for the ACT 2009-14*)

The Suicide Prevention Strategy has 56 actions across 17 government and community sector agencies, including but not limited to - Mental Health ACT, Ozhelp Foundation, Lifeline, Supportlink, Department of Education and Training, ACT Corrections Services, Australian Federal Police, Menslink and Headspace ACT. The sources of funding include various ACT Government agencies, Commonwealth funds and community sector fund raising.

The Mental Health Promotion Framework has 129 actions across 27 government and community sector agencies. As with the Suicide Prevention Strategy, the sources of funding include various ACT Government agencies, Commonwealth agency funds and community sector fund raising.

While a history of mental illness is a significant factor for suicide, many other risk factors contribute to suicide. These include:

- socio-economic disadvantage;
- low education achievement;
- legal problems;
- detention;
- alcohol and other drug problems;
- lack of parental bonding;
- family violence and disharmony;
- a history of childhood abuse,
- bullying, both education and workplace environments, and
- social isolation.

Recognising that portfolio responsibility for many of these risk factors lie beyond the health portfolio, the new ACT Suicide Prevention Strategy, launched in October 2010

takes a collaborative and cooperative whole-of-government and inter-sectoral approach to preventing suicide across the life span.

Given the breadth of factors influencing the risks affecting suicide, any activity which seeks to ameliorate these factors can be classified as a suicide prevention activity. Examples of activities that may reduce suicide risk include; mental health clinical services, support to people leaving detention, providing safe and stable accommodation, implementing actions to reduce domestic violence, implementing resilience and anti-bullying programs for children and adolescents, and providing universal education for all children.

The table below provides an indicative summary of programs through the ACT Health mental health budget which have strong links to suicide prevention.

The ACT Health Mental Health Spending linked with Suicide Prevention 2007-10

Organisation/Program	2007-08	2008-09	2009-10
Mental Health ACT	41,809,041	48,051,784	49,245,600
Calvary Mental Health	7,372,700	6,578,000	7,962,500
Bungee Program	159,554	165,293	288,163
Carer Training and Support	124,312	129,285	133,357
CatholicCare Youth Outreach Program	154,390	160,566	165,624
Mental Illness Education ACT	239,913	249,510	327,370
Marymead		39,000	40,230
OZ Help Foundation	436,810	454,282	468,592
Companion House	91,964	95,643	96,856
MindMatters and KidsMatter			200,000
Total	$50,388,684	$55,923,363	$58,928,292

117 Health Bresnan

QTON - NGO involvement in Drug & Alcohol in corrections

Asked by Amanda Bresnan on 17 May 2010: Katy Gallagher took on notice the following question(s):

Ref: Hansard Transcript 17 May 2010 Transcript Page No. 71

In relation to : on non-government organisations involved in drug and alcohol

It was just how health is working with corrections and community groups to address throughcare and aftercare issues and that includes accessing GPs and community health care once people are released from prison?

Mr Simon Corbell : The answer to the Member's question is as follows:–

DIRECTIONS ACT, Toora Women Inc, Gugan Gulwan Youth Aboriginal Corporation, the Alcohol and Drug Foundation ACT (ADFACT), the Salvation Army – Canberra Recovery Service and Canberra City Addiction Support Service and Winnunga Nimmityjah Aboriginal Health Services all provide alcohol and other drug services in the Alexander Maconochie Centre and to prisoners when they leave the Alexander Maconochie Centre.

118 Health Smyth

QTON - How often has lock downs affected the delivery of health service at AMC

Asked by Brendan Smyth MLA on 18 May 2010: Katrina Bracher took on notice the following question(s):

Hansard Transcript 18 May 2010, Page 84

In relation to : Lock down

How often lock-downs at the AMC have affected the delivery of service by the Corrections Health Program?

Mr Simon Corbell : The answer to the Member's question is as follows:–

All lock-downs have a flow on effect to the Corrections Health Program (CHP) in relation to the following:

- Medication rounds take longer due to "cell by cell" dosing, however all detainees still receive their medication; and
- Access to the Hume Health Centre by detainees is interrupted, resulting in reduced throughput. On occasions clinics have been cancelled due to movement blocks.
- Data on the frequency of these events is not collected by the CHP, however anecdotally this occurs less than once a month. These interruptions have minimal impact on health care.

QTON - Bush Healing Farm- What has been the total cost of managing that property to date since purchase with a break down

Asked by Mr Seselja on 18 May 2010 : Mr O'Donoughue took on notice the following question(s):

Ref: Hansard Transcript 18 May 2010 PAGE 91

In relation to : The Aboriginal and Torres Strait Islander drug and alcohol rehabilitation facility, the bush healing farm.

Mr Seselja : What has been the total cost of managing the property to date since purchase?

Mr Corbell : The answer to the Member's question is as follows:–

The total cost of managing the property since purchase is $430,372.46. A breakdown of the total amount includes: Agronomy, weed spraying, erosion spots, road repairs, fencing and dam building $344,714.43; and caretaker wages, equipment and other expenses $85,658.03.

QTON - Calculation of depreciation for CSD/M

Asked by Mr Smyth on 18 May 2010 : Mr Foster took on notice the following question(s):

Hansard Transcript 18 May 2010, page 97

In relation to : Calculation of Depreciation.

How was depreciation calculated for a number of Capital Works projects?

Mr Corbell : The answer to the Member's question is as follows:–

Clinical Services Redevelopment – Phase 2
Depreciation is calculated over 25 years, being a mixture of construction ($12m depreciated over 40 years) and Plant and Equipment ($3m over 10 years).

Tuggeranong Health Centre – Stage 2
Depreciation is calculated over 40 years. The 2012-13 amounts of $262k reflect 9 months of physical completion.

CADP Change Management and Communication Support
Depreciation of the CADP Change Management and Communication Support program was applied over of 25 year period based on two components of the CADP program being the Adult Mental Health facility and the Women's and Children Hospital. Approximately 20% of the value of the Change Management and Communication program was attributed to the Adult Mental Health facility and 80% to the Women's and Children Hospital.

Further investigation of the methodology used to calculate the depreciation has revealed an error associated with the completion date of the project components. The dates used to calculate depreciation were based on the financial completion dates instead of the physical completion dates. Using the corrected dates, the revised level of deprecation should be:

	2010-2011	2011-2012	2012-2013	2013-2014
Published Depreciation	-	-	27	178
Corrected Depreciation	-	30	178	206

This variation is not material to the overall financial report for ACT Health.

121 Health Seselja

QTON - Breakdown by Clinical/Admin for new FTE

Asked by Zed Seselja on 18 May2010 : The Minister for Health, Katy Gallagher, took on notice the following question(s):

Ref: Hansard Transcript 18 May 2010, Page 104

In relation to : Current FTE levels by classification type in ACT Health.

Simon Corbell : The answer to the Member's question is as follows:–

Classification	**FTE**
Administrative	1055.91
Denttal	41.25
GSO	384.9
IT	7.4
Medical	638.64
Nursing	1990.69
Health Professionals	778.79
Stores	4.29
Teachers	0.5
Technical Officers	137.28
Total	**5039.65**

QTON - Exact breakdown of FTE for ACT Health - current

Asked by Mr Seselja on 18 May 2010 : Ms Gallagher took on notice the following question(s):

Hansard Transcript 18 May 2010, page 104

In relation to : FTE Growth in 2010-11

What is the breakdown of the increase in 173 FTE for 2010-11 in terms of medical and administrative staff?

Simon Corbell : The answer to the Member's question is as follows:–

The estimated increase in FTE for 2010-11 relates to the following new initiatives:

	Total	**Clinical**	**Admin**
Mental Health Growth	4	3	1
Critical Care Capacity	14	13	1
Acute Capacity	12	11	1
Elective Surgery	48	n/a	n/a
Cancer Growth	6	6	0
Older Persons	7	7	0
Chronic Disease Management	4	3	1
Neurosurgery Operating Theatre	16	15	1
National Health Reforms	32	n/a	n/a
Obstetrics and Gynaecology	10	9	1
Sub-Acute	20	n/a	n/a
	173		

n/a = Not available, these new initiatives are either fully or partially funded from Commonwealth funding announced in the recent COAG National Health Reforms. The details of these agreements are yet to be finalised and therefore it is not known at this time the exact use of the funds. The Total FTE figure included in the Budget Papers was an estimate only.

123 Health Seselja

QTON - 93 additional FTE for 2008/09

Asked by Mr Seselja on 18 May 2010 : Ms Gallagher took on notice the following question(s):

Hansard Transcript 18 May 2010, page 104

In relation to : FTE Growth in 2010-11

What is the breakdown of the increase in 173 FTE for 2010-11 in terms of medical and administrative staff?

Simon Corbell : The answer to the Member's question is as follows:–

The estimated increase in FTE for 2010-11 relates to the following new initiatives:

	Total	**Clinical**	**Admin**
Mental Health Growth	4	3	1
Critical Care Capacity	14	13	1
Acute Capacity	12	11	1
Elective Surgery	48	n/a	n/a
Cancer Growth	6	6	0
Older Persons	7	7	0
Chronic Disease Management	4	3	1
Neurosurgery Operating Theatre	16	15	1
National Health Reforms	32	n/a	n/a
Obstetrics and Gynaecology	10	9	1
Sub-Acute	20	n/a	n/a
	173		

n/a = Not available, these new initiatives are either fully or partially funded from Commonwealth funding announced in the recent COAG National Health Reforms. The details of these agreements are yet to be finalised and therefore it is not known at this time the exact use of the funds. The Total FTE figure included in the Budget Papers was an estimate only.

QTON - Specific areas of recruitment problems / areas of shortage

Asked by Jeremy Hanson on 18 May 2010 : The Minister for Health, Ms Katy Gallagher, took on notice the following question(s):

Ref: Hansard Transcript 18 May 2010, Page 106

In relation to : Recruitment

Specific areas of recruitment problems within ACT Health.

Simon Corbell : The answer to the Member's question is as follows:–

Currently, the specific areas of workforce shortage are:

- Health Service Officers
- Occupational Therapists
- Dental Therapists
- Dentists

Small specialty groups can, from time to time, experience a large vacancy rate due to the small numbers involved, for example, a specialty group of three doctors will have a vacancy rate of 33% if one doctor resigns.

QTON - Resignations in Paeds and Obstetrics

Asked by Brendan Smyth on 18 May 2010: The Minister for Health, Ms Katy Gallagher, took on notice the following question(s):

Ref: Hansard Transcript 18 May 2010, Page 109

In relation to: Spike in resignations

Has there been a spike in resignations in any workforce group in Paediatrics?

Simon Corbell: The answer to the Member's question is as follows:–

There has been no evidence of a spike in resignations in Paediatrics.
Overall the separation rate in Paediatrics has trended below the ACT Health average.

126 Health Smyth

QTON - Spikes in staff turnover/resignations (relates to question above?)

Asked by Mr Brendan Smyth on 18 May 2010: Dr Peggy Brown took on notice the following question(s):

Ref: Hansard Transcript 18 May 2010, Page 109

In relation to: Resignations

Are there any other areas in ACT Health where there has been a spike in either resignations or turnover?

Mr Simon Corbell: The answer to the Member's question is as follows:–

There have been no significant spikes in resignations or turnover in ACT Health.

The 12 month turnover rate for ACT Health (excluding Calvary Hospital) has dropped from 10.8% in December 2008 to 9.3% in March 2010.

Minor variations are evenly spread across ACT Health.

127 Health Smyth

QTON - So what percentage of the increase is related to commonwealth projects

Asked by Mr Smyth on 18 May 2010 : Dr Brown took on notice the following question(s):

Hansard Transcript 18 May 2010, page 110.

In relation to : Increase in Health Administration

Does the increase in Health Administration (as reported on page 346 of Budget Paper 3) relate to Commonwealth funding?

Simon Corbell : The answer to the Member's question is as follows:–

The General Government Sector Expense tables shown in Budget Paper 3 are prepared by ACT Treasury and are an extrapolation of prior year 'actual' data supplied by Department's across the Budget and forward years.

While Commonwealth funding would represent a small component of the 'Health Administration' line, it would not be the primary driver of the increases shown in the Budget and outyears. However, ACT Health cannot comment on the methodology used by ACT Treasury to calculate the increase in Health Administration.

128 Health Smyth

QTON - Reason for increase in admin positions from 6.7% to 11.3%

Asked by Mr Smyth on 18 May 2010 : Ms Katy Gallagher took on notice the following question(s):

Hansard Transcript 18 May 2010, page 111.

In relation to : Administration positions

What is the reason for the increase in administration positions from 6.7% to 11.3% ?

Simon Corbell : The answer to the Member's question is as follows:–

Refer to the response provided to QTON 127 taken on notice at the 18 May 2010 Estimates Hearing.

QTON - Breakdown of HACC 65plus and 65 under

Asked by Mrs Dunne on 18 May 2010 : Minister Gallagher took on notice the following question(s):

Ref: Hansard Transcript 18 May 2010 PAGE 116

In relation to : the ACT Home and Community Care (HACC) Program

Is the Commonwealth going to take over full responsibility for the full funding of HACC? And what is the breakdown?

Mr Corbell : The answer to the Member's question is as follows:–

Under the current arrangements the ACT Home and Community Care (HACC) Program is funded by the ACT Government 51.88% and by the Commonwealth Government 48.12%.

The Council of Australian Government's decision to take over responsibility for those over 65 years of age does not commence until 1 July 2012.

Preliminary modelling based on 2007-08 ACT HACC MDS Data shows service expenditure for 0-64 years as 40.7% and for over 65 years as 59.3%. HACC clients by age in 2007-08 are 29.5% under 65 and 70.5% for over 65s.

During 2010-11 the Commonwealth Government will work with Sates and Territories and key stakeholders to determine further administrative arrangements, including the funding of the HACC Program.

A more detailed analysis will be completed using 2009-10 ACT HACC MDS Data when the Commonwealth Government have advised the modelling framework.

QTON - Justification for adjustments to Preventative Health & Indigenous early childhood development

Asked by Mr Smyth on 18 May 2010 : Dr Brown took on notice the following question(s):

Hansard Transcript 18 May 2010, page 126.

In relation to : Adjustment to Preventative Health and Indigenous Early Childhood Development

Why is there a reduction in Commonwealth grants for Preventative Health and Indigenous Early Childhood Development (page 231, Budget Paper 4)?

Mr Simon Corbell : The answer to the Member's question is as follows:–

Preventative Health
In the lead up to the 2009-10 Budget, the ACT signed up to this National Partnership Agreement and indicative funding based on the ACT's pro-rata share (1.6%) was incorporated into the 2009-10 Budget Papers. In the Commonwealth mid-year review, the State by State amounts were removed pending a revised distribution method. This resulted in ACT Treasury removing these amounts from the 2010-11 Budget Papers. Subsequent to the ACT Budget, the Commonwealth announced in its Budget of 12 May 2010 the new State/Territory distributions. The ACT will now receive $1.2m in 2011-12, $2.2m in 2012-13 and $3.2m in 2013-14.

Indigenous Early Childhood Development
The reduction of $0.1m in this National Partnership Agreement relates to a change to the payment process for this grant. Instead of the Commonwealth paying the ACT and the ACT contracting a Non-Government Organisation for services, this funding will go directly from the Commonwealth to a service provider.

131 Health Smyth

QTON - Numbers of SEA's

Asked by Brendan Smyth on 18 May 2010: The Minister for Health, Ms Katy Gallagher, took on notice the following question(s):

Ref: Hansard Transcript18 May 2010, Page 126

In relation to: SEAs

How many staff within ACT Health are employed under SEAs?

Simon Corbell: The answer to the Member's question is as follows:–

There are currently 108 Special Employment Arrangements in operation in ACT Health.

A SEA must not be agreed where it would result, when assessed as a whole, in a reduction in the overall terms and conditions of employment provided for the employee under this Agreement or provide terms and conditions that are, in a particular respect, less favourable than the National Employment Standards..

Where a SEA applies to an employee, the terms and conditions of the employee will be a combination of the terms and conditions contained in the relevant collective agreement and the SEA. In determining whether a SEA should apply to a position, the Chief Executive will take into account the following criteria:

a) the position is critical to the operation of the Agency or to a business unit in the Agency;

b) an employee who occupies the position requires specialist qualifications or specialist or high level skills;

c) the skills required by the employee who occupies the position are in high demand in the marketplace (the Chief Executive must take into account relevant market data);

d) the position would incur significant costs to replace.

A SEA may contain:

a) enhanced pay rates, which must not exceed 50% of the existing salary of the occupant of the position under this Agreement;

b) provision for privately plated vehicles where the Chief Executive considers there is a clear, unambiguous and exceptional need;

c) other terms and conditions of employment where the Chief Executive considers it is necessary for purposes of attracting and/or retaining a particular employee;

d) for an employee on an existing Australian Workplace Agreement who agrees to terminate the Australian Workplace Agreement in accordance with the WR Act and who wishes to transfer to an SEA under this Framework, other terms and conditions of employment where these terms and conditions of employment currently exist in the employee's Australian Workplace Agreement.

Should the Chief Executive consider that there is a compelling reason for the Agency to pay enhanced rates of pay in excess of the 50% cap of the existing salary of the position, the Agency will apply to the Commissioner for Public Administration for approval to do so.

An application to the Commissioner must include relevant and appropriate market data as well as an explanation of why the Agency considers that there is a need to pay above the 50% cap.

In assessing whether a rate of pay above the 50% cap should be paid to any employee, the Agency should give particular consideration to the consequences the granting of the SEA may have on its ability to recruit and/or retain executive positions.

The terms of the SEA must contain provisions:

a) setting out the level of the employee's existing salary;

b) setting out the salary component and any other terms and conditions of employment that are to apply under the SEA;

c) stating that the terms and conditions of the employee will revert to the applicable rates of salary and terms and conditions of employment under this Agreement in the event the SEA ceases to operate or is terminated; and

d) containing the terms of the SEA Framework.

Review of Special Employment Arrangement

The Chief Executive must review a SEA with a pay rate at or below the 50% cap at least once within the life of this Agreement to determine whether it should continue to operate.

The Chief Executive must review a SEA with a pay rate above the 50% cap annually from the date of the signing of the SEA to determine whether it should continue to operate.

In addition, the Chief Executive must also review a SEA where:

a) the position is no longer critical to the operation of the Agency or business unit in the Agency; or

b) the employee no longer holds the required specialist qualifications.

In reviewing the SEA, the Chief Executive must consider whether the position and the employee continues to meet the SEA eligibility criteria. The Chief Executive must take into account relevant market data when reviewing a SEA.

This review can result in the continuation, variation or termination of the SEA.

The Agency must provide the employee with a minimum of 90 days written notice, or less if agreed, before the SEA ceases to operate or is varied.

132 Health Smyth

QTON - Breakdown on legal costs paid - medical versus staff/industrial

Asked by Mr Smyth on 18 May 2010: Ms Gallagher took on notice the following question:

Ref: Hansard Transcript 18th May 2010, Page 141

In relation to :Damages awarded in ACT Health litigation matters

Could we get a breakdown of the proportion, as to which are medical and which are staff/industrial

Simon Corbell : The answer to the Member's question is as follows:–

We have deduced that the information that Mr Smyth used to derive his total litigation costs for 2006-07, 2007-08 and 2008-09 originates from two previous Questions on Notice (QON) requested by Mr Hanson (Ref. QON66 and QON 905) in relation to "*How much money has been spent by, for or on behalf of ACT Health in relation to any litigation...*". The amounts provided in both QONs were for total litigation costs and a further breakdown of litigation costs associated with medical negligence matters only.

It appears that Mr Smyth has added both figures together, however the actual total litigation costs were $5,225,577 in 2006-07, $6,292,509 in 2007-08 and $8,243,191 in 2008-09. These amounts reflect payments made by ACT Health, and on behalf of ACT Health, by the ACT Insurance Authority (ACTIA), for litigated matters only. They do not include costs incurred in investigating matters which do not eventuate in a claim and are shown gross of reinsurance 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.

Generally speaking, the proportion of litigation costs for staff/industrial damages included in the above amounts is less than 2% per annum and due to the small number of matters, to respect the privacy and confidentiality of the individuals concerned, ACT Health will not release any details which may identify them.

133 Health Hargreaves

QTON - No. of compliments/complaints/ comments / across service by division and web address

Asked by Mr J Hargreaves on 19 May 2010 : Ms K Gallagher and Dr P Brown took on notice the following question(s):

Hansard Transcript 19 May 2010, PAGE 10

In relation to : service by division and web address

Providing a breakdown of the numbers of complaints, compliments and comments received across the Health Service and by division, as well as information on the web regarding patient satisfaction at Canberra Hospital.

Simon Corbell : The answer to the Member's question is as follows:–

Consumer feedback across ACT Health is managed by the Consumer Engagement Team in the Patient Safety and Quality Unit in accordance with the ACT Health Consumer Feedback Management Policy and Procedures (2008) and the Listening and Learning Standards.

Period of May 2009 to April 2010	**Complaints**	**Compliments**	**Comments**
ACT Health	874	1,324	109
The Canberra Hospital	519	513	45
Aged Care and Rehabilitation Services	53	102	11
Capital Region Cancer Services	63	429	11
Community Health	123	236	25
Mental Health ACT	116	44	17

Patient Satisfaction is a key indicator of a health service's performance. Monitoring of patient satisfaction indicates the areas in which ACT Health meets the needs of patients. From September 2005 to June 2009, Canberra Hospital contracted with UltraFeedback, an independent firm, to collect, analyse, and report data for the TCH Patient Satisfaction Monitor, over six- monthly periods.

The final report of Wave 6 covered the period from March 2009 to June 2009. 649 surveys were sent out, with 186 consumers participating (a response rate of 29%).

96% of patients surveyed were either very satisfied or fairly satisfied with their overall hospital experience. This is a 4% increase from the previous survey.

85% of respondents answered they had spent the right amount of time in the Canberra Hospital. 95% of respondents believed they were actually helped by their stay in hospital.

QTON - Percentage of patients seeking transfer interstate across all health services (including CRCS)

Asked by Mr Smyth on 19 May 2010: Katy Gallagher took on notice the following question(s):

Ref: Hansard Transcript 19 May 2010, page 15

In relation to : The percentage of patients of the various categories that went interstate.

Simon Corbell : The answer to the Member's question is as follows:–

ACT Health does not collect data on all patients who travel interstate for health care. However ACT Health can provide data on those patients who claimed for interstate travel through the Interstate Patient Transport and Assistance Scheme (IPTAS).

ACT public hospitals provided approximately 96% of all public hospital services for ACT residents during 2008-09

However, it is not correct to state that 4% of ACT public hospitalisations were required to be managed interstate due to the inability of our public hospitals to manage the condition. Many interstate hospitalisations occur as a result of holidays or other travel interstate, not as referral to another service. It is not possible to determine the exact number of people who had to access services interstate (such as organ transplantation) without significant effort, including the analysis of NSW Health data sets.

However, given that 96% of ACT resident public hospitalisations occurred in the ACT during 2008-09, this shows that our public hospitals provide services for most of our community's needs.

A breakdown of data is unavailable for the proportion of clients by type of service. Services include the following:

Adult	**Paediatric**
Allergy	Allergy
Cardiology	Cardiology
Clinical Genetics	Clinical Genetics
Craniofacial	Craniofacial
Dental	Dental
Dermatology	Dermatology
Endocrinology	Endocrinology
ENT	ENT
Gastroenterology	Gastroenterology
General	General
General Surgery	General Surgery
Gynaecology	Gynaecology
Haematology	Haematology

Immunology	Immunology
Infectious Diseases	Infectious Diseases
Medical Imaging	Medical Imaging
Neurology	Neonatal Surgery
Neurosurgery	Neurology
Obstetrics	Neurosurgery
Oncology	Oncology
Ophthalmology	Ophthalmology
Orthopaedics	Orthopaedics
Pain Management	Pain Management
Perinatal Surgery	Plastic Surgery
Plastic Surgery	Psychiatry
Psychiatry	Radiation Oncology
Radiation Oncology	Rehabilitation
Rehabilitation	Renal Medicine
Renal Medicine	Rheumatology
Rheumatology	Spinal
Spinal	Thoracic Medicine
Thoracic Medicine	Urology
Urology	Vascular Surgery
Vascular Surgery	

135 Health Smyth

QTON - How long has the recruitment position for cervical cancer screening been vacant

Asked by Mr Smyth on 19 May 2010 : Ms McGlynn took on notice the following question(s):

Ref: Hansard Transcript 19 May 2010 PAGE 18.

In relation to : Cervical screening

How long was the cervical screening recruitment officer position been vacant?

Mr Simon Corbell : The answer to the Member's question is as follows:–

The Cervical Screening recruitment and promotions officer position was vacant from 20 September 2009 to 17 May 2010.

136 Health Smyth

QTON - BP4 p229 ACRS how do outcomes relate to old targets

Asked by Mr Smyth on 19 May 2010 : Mr Carey-Ide took on notice the following question(s):

Ref: Hansard Transcript 19 May 2010 Page 34

In relation to : Aged Care

In relation to the change in the estimated outcome of 1,600 episodes of care against an original target of 1,650 episodes of care, what is the impact of the changed methodology in the determination of activity in relation to sub-acute care

Simon Corbell : The answer to the Member's question is as follows:–

The original target of 1,650 episodes of care was an estimate for the first year of counting sub-acute episodes within Aged Care and Rehabilitation Services using the new national sub-acute counting methods as determined by the Commonwealth as part of the National Partnership Agreement on the expansion of sub-acute care.

Under the partnership, "sub-acute care" has been defined nationally for the first time. Based on the definition, previous activity, bed capacity and average length of stay within ACT Health aged care and rehabilitation units, ACT Health estimated a total of 1,650 episodes in a single year.

However, activity over the first nine months of 2009-10 suggest that the initial target was marginally higher than the actual level of activity. The estimated outcome of 1,600 for 2009-10 is based on actual demand for services, and no patients have been denied access to sub acute services within aged care and rehabilitation services.

137 Health Hargreaves

QTON - What is the staffing Women's Health Service - FTE - N'sing and Medical component

Asked by Mr John Hargreaves MLA on 19 May 2010: General Manager Community Health, Ms Katrina Bracher took on notice the following question(s):

Ref: Hansard Transcript 19 May 2010 page 50

In relation to: the staffing Women's Health Service - FTE - Nursing and Medical component

What is the staffing Women's Health Service – Full Time Equivalent (FTE) - Nursing and Medical components

Mr Simon Corbell : The answer to the Member's question is as follows:–

Nurses	1.97 FTE
Social Workers /counsellors	5.35 FTE
Medical Officer	Sessional – approximately 1 session per week

QTON - Women's health service - what are the specific groups targeted

Asked by Ms Amanda Bresnan MLA on 19 May 2010: General Manager Community Health, Ms Katrina Bracher took on notice the following question(s):

Ref: Hansard Transcript 19 May 2010 page 51

In relation to: Women's health service

What are the specific groups targeted?

Mr Simon Corbell : The answer to the Member's question is as follows:–

The Women's Health Service provides women's health services at the Tuggeranong, Phillip, City and Belconnen Health Centres. In addition, the Service specifically targets migrants and refugees through the Canberra Institute of Technology (CIT), conducting two sessions per year with interpreters of as many languages as possible (these sessions attract approximately 350 person's per year). In addition services are provided to vulnerable groups on a permanent part time basis such as Alcohol and Drug Program and access to Companion House, as required.

139 Health Smyth

QTON - How many Women's Health Checks conducted this year

Asked by Brendan Smyth MLA on 19 May 2010: General Manager Community Health,
Ms Katrina Bracher took on notice the following question(s):

Ref: Hansard Transcript 19 May 2010 page 52

In relation to: Women's Health Service

How many women's health checks have been conducted this year?

Mr Simon Corbell : The answer to the Member's question is as follows:–

1718 checks have been conducted to April 2010 (Year to Date)

141 Health Smyth

QTON - Total relocation costs of the RILC

Asked by Mr Smyth on 19 May 2010: Ian Thompson took on notice the following question(s):

Ref: Hansard Transcript 19 May 2010, Page 31

In relation to: The total project cost for the ACT Health Village Creek Centre

Simon Corbell: The answer to the Member's question is as follows:–

The total project cost for the refurbishment of Village Creek is $5.910m, with $3.500m being provided through the Department of Housing and Community Services (DHCS) and $2.410m from ACT Health.

142 Health Smyth

QTON - In relation to breast screening the growth of women reaching the screening age bracket (50 - 69) over the last years?

Asked by Mr Smyth on19 May 2010 : Dr Charles Guest took on notice the following question(s):

Ref: Hansard Transcript 19 May 2010 page 23-24

In relation to : Breast screening

The growth of women reaching the breast screening age bracket (50 - 69) over the last years

Simon Corbell : The answer to the Member's question is as follows:–

The Estimated Residential Population (ERP) for women aged 50 to 69 living in the ACT is as follows:

ERP for June 2008 = 36364

ERP for June 2009 = 37504

ABS series B population estimates for women aged 50 to 69 living in the ACT at June 2010 = 38346

The population growth of the target group for BreastScreen (50-69 years) from 2007 - 2010 ranged from 2.37% to 3.13%; at an average of 2.58% growth per year over the period.

YEAR		% Change
2007	35523	
2008	36364	2.37
2009	37504	3.13
2010	38346	2.25
Average		**2.58**

143 Health Dunne

QTON - How is the 80 per cent target set for child at risk assessments

Asked by Ms Vicki Dunne MLA on 19 May 2010 :
General Manager Community Health Ms Katrina Bracher took on notice the following question(s):

How is the 80 per cent target set for child at risk assessments?

Ref: Hansard Transcript 19 May 2010 page 37/38

In relation to :

The 80 per cent target set for children requiring health care assessment when they are a child who is entering Out of Home Care. (OHCC)

Simon Corbell : The answer to the Member's question is as follows:–

- The target of 80% of children entering substitute/kinship care receiving a health assessment was set in 2006-07 following the appropriation of funds to expand the Child At Risk Health Unit (CARHU). The 80% target was set to allow for a degree of individual screening by the Care and Protection Service (CPS) prior to referral.
- The Out of Home Care health screen conducted by CARHU confirms the health status of the child. Appropriate referrals to specialist services are then made to enhance the child's health outcomes. For example Dental, Speech pathology, or to the CARHU paediatricians.
- CARHU OHCC receives referrals from the CPS, within the Department of Housing and Community Services, Office of Child and Youth Services;
- CARHU receives a list from the CPS each month of all children going into Out of Home Care. Each month the nurse from CARHU visits the CPS to consult with workers and follow up on referrals for children who appear on the CPS list;
- CPS are currently reviewing their procedures to ensure that 100% of all children entering Out of Home Care are referred to CARHU; and
- The CARHU OHCC sees 100% of all referrals made to the OHCC clinic within 7 days of referral.

145 Health Hanson

Reactive attachment disorder

Jeremy Hanson CSC MLA: To ask the Minister for Health

Reference: DSM-IV is the Diagnostic and Statistical Manual for Mental Disorders, 4th edition published in 1994 -TR is for the text revision of the manual published in 2000.

In relation to diagnoses for Reactive Attachment Disorder:

1. In each of the last 20 years (if data going back that far is available), how many children in the ACT were diagnosed with Reactive Attachment Disorder (DSM-IV-TR, pp127-130) or any other "attachment disorder"?
2. How many of the ACT diagnoses of Reactive Attachment Disorder were made by ACT Government paediatricians and how many were by private practitioners?
3. What has been the result of treatment/therapy for Reactive Attachment Disorder for children in the ACT who were diagnosed with this disorder?
4. How many children diagnosed with Reactive Attachment Disorder have siblings who show no sign of Reactive Attachment Disorder?
5. In the ACT, how many children are initially diagnosed with Reactive Attachment Disorder and subsequently given an alternative diagnosis? What diagnoses most commonly replace Reactive Attachment Disorder when subsequent opinions differ?

Simon Corbell MLA: The answer to the Member's question is as follows:–

1. ACT Health does not collect this data and also holds no data in relation to diagnosis made by private practitioners. To obtain data at this level of disaggregation would cause considerable diversion of significant resources from ACT Health's ongoing business that I am not prepared to authorise.
2. As above.
3. As above.
4. As above.
5. As above.