



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2016-17

MR BRENDAN SMYTH MLA (CHAIR), MR JAYSON HINDER MLA (DEPUTY CHAIR), MS JOY BURCH MLA, MR STEVE DOSZPOT MLA

QUESTION ON NOTICE

MR SMYTH: To ask the Minister for Sport and Recreation

Sport and Recreation output class 9.4

In relation to: Stromlo Pool table 3.3.2 capital initiatives

1. What facilities will be delivered as part of the Stromlo aquatic centre?
2. When will construction begin on the centre?
3. When will construction be completed?
4. What considerations have been made to including a diving pool as part of the centre?
5. What is the cost of including a diving pool at the centre?

MS BERRY: The answer to the Member's question is as follows:

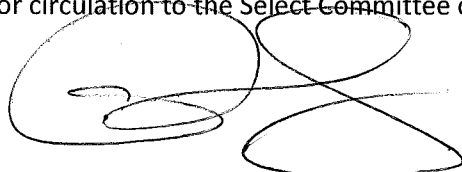
1. The facilities to be included at the Stromlo Pool will be subject to a future design process, but a 50 metre pool will be included. The design will include the capacity for possible expansion and additional features to be added over time. The design process will include engagement with key stakeholders and the community.
2. Construction is currently expected to commence in 2017.
3. Construction is currently expected to be completed in 2019.
4. The design will include future expansion opportunities to allow for additional features to be added over time. It is not envisaged that a dive pool will be delivered as part of the initial \$33.0 million commitment.



5. The cost to provide particular facility inclusions will be considered as part of the future design process, which will include the preparation of a cost plan.

Approved for circulation to the Select Committee on Estimates 2016-17

Signature:

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Date: 13 JULY 2016

By the Minister for Sport and Recreation, Yvette Berry MLA



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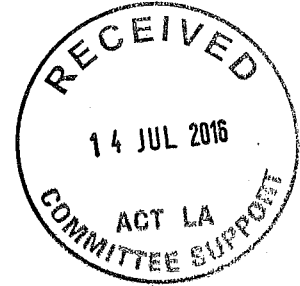
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ANSWER TO QUESTION ON NOTICE

MR SMYTH: To ask the Minister for Sport and Recreation

Ref: Sport and Recreation output class 9.4

In relation to: Narrabundah Ballpark



1. What works will be completed to deliver the upgrades to the ballpark?
2. What are the plans for the upgrade of the car park at the grounds?
3. Does the Government hold any further plans to upgrade the car park at the ballpark?
4. What is the date of commencement and completion of the upgrades?
5. Will the upgrades have any adverse effect for the Cavalry in their upcoming season at all?
6. What are the plans for consultation with the local community?
 - When will this consultation commence?

MINISTER FOR SPORT AND RECREATION: The answer to the Member's question is as follows:—

- 1) The upgrade of the Narrabundah Ballpark will include realignment of parts of the fence line around the playing surface, refurbishment of the grandstand and improvements to public amenities, public access and car parking.
- 2) Improvements to car parking for the site will be considered as part of the detailed design process, scheduled to commence in the coming months.
- 3) See response to previous question.
- 4) Pending the completion of detailed design work and necessary approvals, construction is expected to commence in mid 2017. A construction program will be developed once a preferred contractor is engaged through a competitive tender process.
- 5) The upgrade of the Narrabundah Ballpark will not impact the Cavalry's 2016-17 season. Representatives from the Canberra Cavalry and Australian Baseball League will sit on the Project Control Group and will be consulted regarding the development of the construction program.

6) A community engagement process will get underway shortly and will include a drop-in session at the Ballpark for members of the public to view concept designs for the upgrade (2 August 2016) and a presentation by Active Canberra to the Old Narrabundah Community Council at its monthly meeting on 9 August 2016. Feedback received through the community engagement process will be considered in finalising the detailed design.

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**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**



Asked by Mr Smyth on 29 June 2016: Dr Kelly took on notice the following question(s):

Ref: Hansard Transcript 29 June 2016 Page 935

In relation to:

Breakdown of Laboratory samples reported under Accountability Indicator 1.3.a

Is it possible to get a breakdown on that? I mean, I cannot imagine there has been that many drug busts that we have gone from 8,500 to 11,900 and what is the number for the roadside drug testing?

Minister Fitzharris: The answer to the Member's question is as follows:—

The ACT Government Analytical Laboratory (ACTGAL) utilises a Laboratory Information Management System (Lims1) to manage the samples it receives for analysis. The following categories represent the majority of sample types analysed by ACTGAL.

ACTGAL SAMPLE ANALYSED STATISTICS	FINANCIAL YEAR		
	2013/14	2014/15	2015/ To 29 June 16
HPS Food Samples (1)	548	572	823
HPS Water Samples (2)	1073	1169	1127
Environmental Chemistry Client Samples (3)	3194	2576	2096
Micro Client Samples (4)	243	263	265
Illicit Drug Samples	2087	3905	5293
Road Traffic Samples - Alcohol and Drugs (7)	1770	1707	1639
Urine Drug Screen Samples	157	143	129
Forensic Samples (5)	65	41	38
Coronial Samples	552	352	316
Oral Fluid Samples (6)	278	361	278
Data Transfer	42	43	28
PM*10	65	66	61
PM*2.5	620	689	531
Other -eg proficiency, Fibreconc etc	71	31	36

SAMPLES ANALYSED OUTPUT	10765	11918	12660
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Notes

- (1) HPS Program Food samples includes surveys and complaints
- (2) HPS Program Water samples includes surveys and complaints
- (3) Environmental Chemistry client samples = asbestos, fibre count and miscellaneous samples
- (4) Micro client samples = legionella, water and food for fee paying clients
- (5) Forensic samples = sexual assault/other assault, witness protection etc
- (6) Oral Fluid conformation of Random Roadside Drug Testing (RRDT)Program samples commenced November 2011.
- (7) The three Prescribed Drug Testing for Motor Vehicle Accident (MVA) samples commenced March 2012. Also includes Driving under the influence (DUI).

*PM refers to particulate matter – In measuring air pollution this refers to particulate matter with an aerodynamic diameter of less than 10µm (PM10) and with a diameter of less than 2.5µm (PM2.5).

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**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**



Asked by Mr Smyth on 29 June 2016 Dr Kelly took on notice the following question(s):

Hansard Transcript 29 June 2016 Page 935

In relation to:

What is the breakdown of the increase in Total Costs for Output Class 1.3 (Public Health)?

Minister Fitzharris: The answer to the Member's question is as follows:-

Total Expenses for Output Class 1.3 Public Health increase from \$34.201million to \$36.644 million.
The increase of \$2.443 million is largely made up of:

Indexation	\$0.975m
Additional Forensic Chemistry capacity	\$0.249m
ACT Notifiable Diseases Database Scoping Study	\$0.050m
Healthy Weight Initiative	\$0.650m
Essential Vaccines NPA Roll over	\$0.750m

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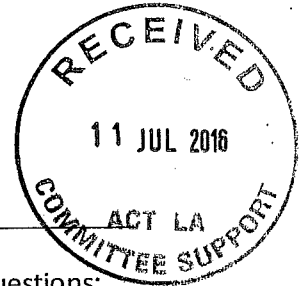


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**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**



Asked by Mr Brendan Smyth on 29 June 2016: Mr Richter took on notice the following questions:

Ref: Hansard Transcript 29 June 2016 Page 945

In relation to: GP numbers

1. What do we normally measure the numbers of GPs by? Is it GPs per 1,000, per 10, per 100,000?
2. How many GPs did we have last year and the year before, and how many have we got this year?

Minister Fitzharris: The answer to the Member's question is as follows:

1. The number of GPs working in the ACT is taken from the annual Australian Government *Report on Government Services* (ROGS). The 2016 ROGS uses a measure of the number of Full Service Equivalent (FSE) GPs per 100,000 people. One FSE is approximately equivalent to a 37.5 hour working week.
2. According to ROGS 2016*:
 - there were 63.8 FSE GPs per 100,000 people in the ACT in 2012-13
 - there were 66.6 FSE GPs per 100,000 people in the ACT in 2013-14
 - there were 68.6 FSE GPs per 100,000 people in the ACT in 2014-15.

Data for 2015-16 is anticipated to be published in ROGS 2017.

* SCRGSP (Steering Committee for the Review of Government Service Provision) 2016, *Report on Government Services 2016*, vol. E, *Health*, page 2 of table 10A.10, Productivity Commission, Canberra. Viewed on 30 June 2016 at <http://www.pc.gov.au/research/ongoing/report-on-government-services/2016/health/rogs-2016-volume-health.pdf>.

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**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**

Asked by Ms Burch on 29 June 2016: Minister Fitzharris took on notice the following question:

Ref: Hansard Transcript 29 June 2016 Page 946

In relation to: Data on primary care teams within a GP setting

Are you able to collect data about the increase in a primary care team within a GP setting?

Minister Fitzharris: The answer to the Member's question is as follows:

General practices in the ACT, including the cooperatives are private businesses, not government entities, and as such the ACT Government has no jurisdiction to collect data from them.

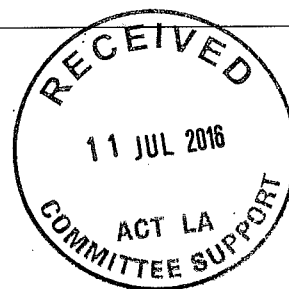
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**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**

Asked by Mr Brendan Smith on 29 June 2016: Ms Fitzharris MLA took on notice the following question:

Ref: Hansard Transcript 29 June 2016 Pages 949 and 950

In relation to:

HIV Post-Exposure Prophylaxis

Is that available 24-7 or do you have to make an appointment to go and see the doctor later?
How is it funded? Is that PBS or is that—

Minister Fitzharris: The answer to the Member's question is as follows:—

HIV Post-Exposure Prophylaxis (PEP) is a month-long course of drugs that help prevent HIV infection that is taken after a possible exposure to HIV.

PEP should be prescribed as soon as possible after the exposure and within 72 hours.

- PEP becomes less effective after the 72-hour window period. PEP is not a cure once HIV has established infection in the body.
- However, if taken within 72 hours of exposure to HIV, PEP can, in most cases, prevent it from establishing itself in the body.

PEP is available at the Emergency Departments of Canberra Hospital and Calvary Hospital 24 hours a day, and during business hours at the Canberra Hospital's Canberra Sexual Health Centre.

PEP is listed on the Pharmaceutical Benefits Scheme. There may be a small cost (co-payment) when getting the prescription filled.

There is a national website (www.getpep.info) run by the Australian Federation of AIDS Organisations that provides clear information about PEP and where, when and how to access it if exposed. The website directs patients to Emergency Departments if the exposure happens after hours.

The AIDS Action Council of the ACT, a non-governmental organisation funded by ACT Health, also provides information to the ACT community about how and where to access PEP.



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**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**

Asked by Ms Burch on 29 June 2016: Mr Thompson took on notice the following question(s):

Ref: Hansard Transcript 29 June 2016 Page 953

In relation to: Access to community based nursing services

What you will come back with is almost the waiting list for access to clinic and community-based nursing based on the third dot point there:

Minister Fitzharris: The answer to the Member's question is as follows:-

Whilst there is no waiting list for access to Community Care Nursing services – all referrals are prioritised and either a clinic or home visit appointment is scheduled once contact with the patient/ carer is made. The timeframes range from within 24 hours to two weeks depending on the clinical priority. There are no numbers for Community Nursing waiting lists.

Approved for circulation to the Select Committee on Estimates 2016-17

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Date: 6/7/2016

By the Assistant Minister for Health, Meegan Fitzharris MLA





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**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**



Asked by Mr Smyth on 29 June 2016: Minister Fitzharris took on notice the following questions:

Ref: Hansard Transcript 29 June 2016 Page 953

In relation to: Rehabilitation Aged and Community Care

1. What is the measure for ensuring access is consistent and timely?
2. Who made the decision to drop the accountability indicator for ACAT assessments?

Minister Fitzharris: The answer to the Member's question is as follows:-

1. Canberra Hospital continually monitors access to ACAT services through the receipt of referrals newly created My Aged Care Gateway. The ACT ACAT team has monitored referral activity for all referrals since transition to My Aged Care on 1st July 2015. However, we note the comments made by Committee regarding the measurement of access to these services and we will seek to review the previous budget indicator for next year's budget.

There have been no recent issues with accessing ACAT services once requested.

2. For some years, ACT Health had been reporting the average waiting time for referrals to the Aged Care Assessment Team (ACAT) for people in hospital. However, from July 2015, referrals to the ACAT are made directly through the My Aged Care Gateway which is managed by the Commonwealth. Commonwealth services will manage the referral pathway.

ACT Health continues to manage the ACAT team and manages the response once the referral is received through the MyAgedCare gateway. While ACT Health continues to monitor access to ACAT services, we are no longer in control of the full process. As such, this should not be considered an ACT Government accountability measure into the future.

Approved for circulation to the Select Committee on Estimates 2016-17

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Date: 15/7/2016

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ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS

Asked by Mr Hanson on 29 June 2016: Minister Fitzharris took on notice the following question(s):

Ref: Hansard Transcript 29 June 2016 Page 1043

In relation to: Palliative Care

How many palliative care nurses do we have at the moment?

Minister Fitzharris: The answer to the Member's question is as follows:—

As at 29 June 2016, there are currently six palliative care nurses at Canberra Hospital:

1 x Nurse Practitioner (RN4)

1 x Clinical Nurse consultant (RN3)

3 x Registered Nurse (RN2)

1 x Registered Nurse (RN1)

As at 29 June 2016, the current number of Palliative Care Nurses at Calvary Public Hospital Bruce is 36.5 FTE. This is inclusive of Registered Nurses and Enrolled Nurses that provide clinical services at both Clare Holland House (inpatient unit) and Community Palliative Care services.

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**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**

Asked by Ms Burch on 29 June 2016: Mr Thompson took on notice the following question(s):

Ref: Hansard Transcript 29 June 2016 Page 958

In relation to:

Clinic based occasions of service, nursing and allied health.

- Can you break that up and give us a sense of if there is a particular clinical discipline that those 90,000 occasions of care are split over?
- What are the key areas in nursing and allied health?

Minister Fitzharris: The answer to the Member's question is as follows:—

This Indicator relates to the discipline of Community Nursing in the Division of Rehabilitation Aged and Community Care and includes home visits, clinic appointments and groups in the health centres.

These services are provided from Gungahlin, Belconnen, City, Phillip and Tuggeranong Health Centres, as well as in patient's home. Also includes the after-hours nursing service. These services are provided by Registered and Enrolled nurses as well as some Assistant's In Nursing.

Community Care Nursing Services provide the following type of activities which are provided both at the Health Centres and domiciliary:

- Wound care
- Continence and urinary catheter management
- Post chemotherapy support
- Drain management
- Supporting self management – gastrostomy
- Supporting self management - Home parental nutrition
- Supporting self management - Tracheostomy
- Stoma clinic
- Education and monitoring of blood pressure, blood glucose and medication administration
- Self management of chronic conditions sessions

The Community Care allied health services in the Division of RACC who provide home based care include the following:

- Physiotherapy

- Nutrition
- Social Work
- Occupational Therapy


The breakdown of specialties included in the allied health and nursing occasions of service data is shown in the tables below.

AH by Speciality	YTD to May Total	%	
AH Nutrition	2439	9%	
AH Occupational Therapy	6926	25%	
AH Physio	7268	26%	
AH Podiatry	9374	34%	
AH Social Work	1746	6%	
Total	27753		

AH by type	YTD to May Total	%	
Contacts Occasions of Service	10722	39%	Mixture of home visits as well as OT activity out of clinic setting, such as report compilation
Clinics OOS	16964	61%	This reflects health centre appointments
Group Clinics OOS	67	0%	
Total	27753		

Nursing by speciality	YTD to May 2016 Total	%	
Clinic OOS	19538	23%	This reflects the health centre based clinics
Group Clinic OOS	30	0%	This means there were 30 groups, not participants.
Nursing Contact	65358	77%	Contacts are the way the home visit appointments are recorded.
Total OOS	84926		

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**ANSWER TO QUESTION TAKEN ON NOTICE
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Asked by Mr Hanson on 29 June 2016: Dr Kelly took on notice the following question(s):

Ref: Hansard Transcript 29 June 2016 Page 964

In relation to:

ACT Health Promotion Grants Program

Minister Fitzharris: The answer to the Member's question is as follows:—

The ACT Health Promotion Grants Report Card, was launched on 9 March 2016, and provides a snapshot of the achievements of the program from 2013 to 2015. The Report Card and supporting program summaries document provide an overview of the hard work being done by our community partners with detail on where ACT Government funding is being spent.

The Report Card and summaries are available at <http://www.health.act.gov.au/healthy-living/health-promotion-grants-program>. Copies are also attached.

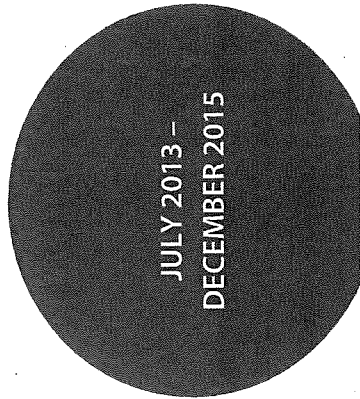
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6/7/2016

By the Assistant Minister for Health, Meegan Fitzharris



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HEALTHY CANBERRA GRANTS (HCG) | PROGRAM SUMMARY

FUNDED ORGANISATION	PROGRAM TITLE	HCG FUNDING OPPORTUNITY	TOTAL 3-YEAR FUNDING	WHAT IS THE FUNDING ACHIEVING?
Capital Health Network	Connect Up For Kids	2014 - 2016	\$571,188	Prevention of childhood obesity through an integrated referral pathway and resources to assist ACT families with children aged three to seven.
Heart Foundation ACT	Live Lighter	2014 - 2016	\$591,200	Mass media and social marketing campaigns promoting awareness of factors which lead to overweight and obesity in adults. This is coupled with a range of resources to help people make positive lifestyle changes.
Physical Activity Foundation Ltd	Ride or Walk to School (RWTS)	2014 - 2016	\$572,433	Improved physical activity levels in children through an increase in the number of students who use active travel to get to school. RWTS reaches over 20,000 students in 800 classrooms across 52 schools. Two-thirds of involved schools report an increase in active travel as a result of RWTS.
Gordon Primary School	Lanyon Cluster of Primary Schools Every Chance to Dance	2014 - 2016	\$27,000	Increased physical activity in primary school aged children.
YMCA of Canberra	Take Off With the Y and Bluearth	2014 - 2016	\$438,000	Increased healthy eating and physical activity habits in families involved with YMCA's Children's Services.
Alcohol, Tobacco and Other Drug Association ACT	Community Action Against Alcohol	2014/15 - 2016/17	\$159,000	The campaign aims to increase ACT community awareness of alcohol issues and generate a reduction in alcohol-related harm.

FUNDED ORGANISATION	PROGRAM TITLE	HCG FUNDING OPPORTUNITY	TOTAL 3-YEAR FUNDING	WHAT IS THE FUNDING ACHIEVING?
Australian Drug Foundation	Good Sports ACT	2014/15 – 2016/17	\$429,120	Increased healthy eating and reduced alcohol-related harm in community-based sporting clubs. Sixty six clubs have engaged with the healthy eating component of the Good Sports program to date.
Canberra Environment Centre	Grow Together	2014/15 – 2016/17	\$88,765	Increased healthy eating practices for children in Early Learning Centres. A number of community-based Early Childhood Learning Centres have established gardens and staff have been trained in ways to improve children's healthy eating habits.
Companion House	Healthy Futures: Gardens, Healthy Eating and Getting Active program	2014/15 – 2016/17	\$158,531	Improved physical activity outcomes in migrant communities. The program has reached men, women and families from a range of migrant communities, who are participating in a range of activities centred around healthy eating and physical activity.
Jervis Bay School	Jervis Bay School Gardens Project	2014/15 – 2016/17	\$134,398	Increased healthy eating in primary school aged children including proficiency and confidence of cooking skills and knowledge of fruit and vegetables.
Nutrition Australia ACT	ACT Nutrition Support Service (ACTNSS)	2014/15 – 2016/17	\$419,000	The service is creating healthy eating environments that make the healthy choice the easy choice. ACTNSS targets community settings to increase access to healthy food and drink choices. The program complements the Chief Minister, Treasury and Economic Development Directorate (CMTEDD) Nutrition Advisory Service, which supports government department staff to make healthy choices.
Pharmacy Guild of Australia	Community Pharmacy Smoking Cessation program	2014/15 – 2016/17	\$138,000	A pharmacy-based intervention to reduce smoking-related harm. Over 200 pharmacy staff in 52 pharmacies have been trained to deliver smoking cessation assistance and several hundred smokers have been engaged in this setting.
Wirranda Foundation	Wirra Club program	2014/15 – 2016/17	\$464,453	Improved healthy eating outcomes including knowledge of healthy eating and food preparation skills in the Aboriginal and Torres Strait Islander community.
Blueearth Foundation	Mighty Movers	2015/16 – 2017/18	\$305,980	The program will improve movement and physical activity outcomes in children in early learning settings with an expected reach of up to 500 participants (announced October 2015).

FUNDED ORGANISATION	PROGRAM TITLE	HCG FUNDING OPPORTUNITY	TOTAL 3-YEAR FUNDING	WHAT IS THE FUNDING ACHIEVING?
Companion House	Healthy Growing and Ageing program	2015/16 – 2017/18	\$179,544 (two year funding)	The program will reduce and prevent harmful alcohol and tobacco use in young people from refugee backgrounds. It will also increase healthy physical activity in older people in refugee communities in the ACT (announced October 2015).
Foundation for Alcohol Research and Education	Pregnant Pause campaign – Swap the Pub for your Bub	2015/16 – 2017/18	\$263,923	The campaign will use social media and other methods to help reduce Foetal Alcohol Spectrum Disorders, which occur as a result of alcohol consumption during pregnancy (announced October 2015).
Healthy Kids Association Incorporated	Increasing Kids Purchasing of Healthy Foods and Drinks at School through Marketing and Promotion	2015/16 – 2017/18	\$223,325	The program will increase the sale of healthier menu items through the provision of resources and workshops for school canteens (announced October 2015).
Winnunga Nimmityjah Aboriginal Health Clinic/Health Service (ACT)	Winnunga Healthy Weight Program – Prevention and Support	2015/16 – 2017/18	\$640,000	The program will improve overweight and obesity levels in Aboriginal and Torres Strait Islander people, through an obesity management service (announced October 2015).
YMCA of Canberra	Nutri-Ys Food Services program	2015/16 – 2017/18	\$406,720	The program will develop a sustainable model to increase the availability of healthy homemade meals for sale in ACT food services, consistent with the National Healthy School Canteen Guidelines (announced October 2015).



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HEALTH PROMOTION INNOVATION FUND (HPIF) | FUNDING SUMMARY

FUNDED ORGANISATION	PROJECT TITLE	HPIF FUNDING OPPORTUNITY	AMOUNT FUNDED	WHAT IS THE FUNDING ACHIEVING?
Australian Federal Police (ACT Policing)	Constable Kenny Koala Stay OK On the Road program	October 2013	\$10,000	Increased road safety awareness in school children in ACT schools, and an increase in active travel.
Fraser Primary School	Paddock to Plate @ Fraser project	October 2013	\$15,000	Improved healthy eating in primary school aged children.
Koomarri	Fit For Life	October 2013	\$14,750	Improved nutrition and physical health in people with a disability.
Rob De Castella's SmartStart For Kids!	SmartStart PLAY project	October 2013	\$14,989	Improved physical activity and nutrition knowledge for children from disadvantaged backgrounds.
West Belconnen Child and Family Centre	Koori Kids: Health Messages project	October 2013	\$3,680	Improved physical health, and knowledge of healthy eating in Aboriginal and Torres Strait Islander children.
West Belconnen Child and Family Centre	Sudanese Health project	October 2013	\$3,650	Increased community nutrition knowledge and healthy eating outcomes for the Sudanese community.
Youth Coalition of the ACT	Youth Work - It's More Than Pizza project	October 2013	\$15,000	Improving healthy eating practices in the youth work sector.
Ainslie Primary School P&C Association Inc.	Ainslie Organic Kids Sustainable Garden Project	February 2014	\$15,000	Growing and harvesting of fresh food, education, and improved healthy eating habits in the school community.

ADDRESSING CHRONIC DISEASE THROUGH HEALTH PROMOTION GRANTS

FUNDED ORGANISATION	PROJECT TITLE	HPIF FUNDING OPPORTUNITY	AMOUNT FUNDED	WHAT IS THE FUNDING ACHIEVING?
Australian Red Cross Society	Set for Life project	February 2014	\$10,550	Increasing food security for disadvantaged people.
Campbell Primary School	Unlocking Potential of Campbell Primary Students	February 2014	\$7,300	Improved overall movement skills and physical activity uptake in the school community.
Foundation for Alcohol Research and Education	Pregnant Pause campaign	February 2014	\$15,000	Increased awareness of incidence of Foetal Alcohol Spectrum Disorder amongst pregnant women and their partners.
Gungahlin Jets AFL inc	'Top Guns' project	February 2014	\$13,400	Improved physical activity and nutrition outcomes across a wide sporting community.
House with No Steps	Crunch Time project	February 2014	\$14,922	Education on nutrition, smoking and alcohol use, and physical activity, in people living with a disability.
Lake Tuggeranong College	Eat and Thrive@LTC project	February 2014	\$2,212	Education about healthy eating in a number of at-risk groups.
North Belconnen Day Centre	'See and Do for a Healthier You' project	February 2014	\$4,207	Improved eating and physical activity outcomes in North Belconnen.
Nutrition Australia ACT Incorporated	Food&ME Years 5 & 6	February 2014	\$11,000	Supporting healthy eating habits in the primary school setting.
Nutrition Australia ACT Incorporated	Project Dinnertime – Nutrition Week Challenge	February 2014	\$15,000	Improved community awareness of nutrition guidelines and healthy eating outcomes.
Special Olympics Australia – ACT	SO ACT Get Fit project	February 2014	\$12,305	Improved physical activity outcomes for people with disability.
Alcohol Tobacco and Other Drug Association (ACT)	Cutting through the haze: e-cigarette information project	June 2014	\$15,000	Reducing smoking-related harm.
Melrose High School	Kitchen Gardens Foundation Recipes	June 2014	\$15,000	Reduction of overweight and obesity in Year 7 and Year 8 students.

FUNDED ORGANISATION	PROJECT TITLE	HPIF FUNDING OPPORTUNITY	AMOUNT FUNDED	WHAT IS THE FUNDING ACHIEVING?
University of Canberra	Healthy Eating Habits in High Schools: Pilot Study	June 2014	\$13,844	Improved healthy eating habits in high school settings.
The Young Music Society	YMS Active Life project	June 2014	\$9,000	Improved physical activity outcomes for 400 music students at a summer school.
Warehouse Circus Inc.	C.H.I.L.L.L. Circus project	June 2014	\$14,999	Improved physical activity and healthy lifestyle outcomes for three high schools.
YWCA Canberra	Nutrilicious project	June 2014	\$12,012	Improved healthy food knowledge and cooking skills for Year 5 and Year 6 students.
Black Mountain School	Getting Active at BMS project	October 2014	\$15,000	Improved physical and mental wellbeing of children living with a disability.
Canberra Institute of Technology	Optimising Health Outcomes for CIT Year 12 Students	October 2014	\$5,000	Increased physical activity levels, and awareness of healthy lifestyles in CIT's Year 12 program.
CCcares @ Canberra College	Smart Start project	October 2014	\$11,503	Education for teenage mothers to improve healthy lifestyle choices for themselves and their children.
Kaleen Primary School	Kaleen Fit for Life program	October 2014	\$15,000	Embedding healthy living and nutrition choices within the school curriculum and culture.
Lyneham High School	Alcohol Awareness project	October 2014	\$5,870	Educated 600 high school students about harmful and hazardous consumption of alcohol (project ongoing).
St Thomas More's Primary School	Fun Fitness Fridays project	October 2014	\$9,900	Increased physical activity uptake in the school community.
YMCA of Canberra	Nutri-Ys project	October 2014	\$14,512	Improved nutrition in YMCA Children's Services programs, and at the Bush Capital Lodge.
YMCA of Canberra	Arthritis Action project	October 2014	\$14,497	Improved physical activity and healthy active ageing opportunities for older people.
Foundation for Alcohol Research and Education	Women Want To Know project	February 2015	\$10,875	Educating health care providers to help reduce alcohol-related harm in pregnant women.

FUNDED ORGANISATION	PROJECT TITLE	HPIF FUNDING OPPORTUNITY	AMOUNT FUNDED	WHAT IS THE FUNDING ACHIEVING?
YWCA Canberra	Food Time project	February 2015	\$8,624	Nutrition and active lifestyle program for young people aged 14 to 16.
Lyneham Primary School – Lyneham Preschool Unit	Healthy Lunchbox project	February 2015	\$9,800	Improved nutrition in preschoolers.
Anglicare NSW South, NSW West & ACT	Franklin Early Childhood School Healthy Eating & Exercise project	February 2015	\$8,175	Improved healthy eating habits and increased physical activity outcomes in the school community.
Lyons Early Childhood School	Healthy Lifestyles at Lyons	February 2015	\$9,000	Improved healthy eating, living and lifestyles in the school community.
Canberra Two Day Walk Inc	Canberra Walking Festival	February 2015	\$10,650	Improving physical activity outcomes in the general community.
Greening Australia	Fitness, feathers, flowers & fur project	February 2015	\$8,500	Using the Australian bushland as a setting to improve physical activity outcomes.
Belconnen Community Service	Cooking and Moving project	February 2015	\$11,750	Improved nutrition and increased physical activity for overweight or obese people with a disability.
Canberra Dance Theatre	Great Sport!	June 2015	\$13,280	Development of physical, mental and emotional health for seniors (project ongoing).
CCCaes @ Canberra College	Better Health	June 2015	\$13,632	Provides students with ongoing support in relation to healthy eating and nutrition programs (project ongoing).
Multiple Sclerosis Ltd	Be Better Balanced	June 2015	\$15,000	Improved physical activity outcomes in the target audience (project ongoing).
Richardson Primary School	Real Fit in Richardson	June 2015	\$5,000	Improved nutritional skills and physical activity outcomes in the Richardson school community (project ongoing).
Triathlon ACT Inc	Australian Schools Triathlon Challenge	June 2015	\$7,000	Improved physical activity outcomes across a broad community base (project ongoing).
ACT Tongan Language and Cultural School Inc	A Journey to a new body image	October 2015	\$15,000	Focus will be on increasing healthy eating and physical activity, as well as reducing smoking- and alcohol-related harm in the ACT Tongan community (announced December 2015 – project ongoing).

FUNDED ORGANISATION	PROJECT TITLE	HPIF FUNDING OPPORTUNITY	AMOUNT FUNDED	WHAT IS THE FUNDING ACHIEVING?
Asthma Foundation ACT	Smoking Cessation Support for People with Asthma	October 2015	\$14,750	Reduce smoking-related harmed by supporting smokers with asthma to quit smoking and control their asthma (announced December 2015 – project ongoing).
Canberra Christian School	Outdoor Classroom	October 2015	\$13,452	Implementation of a Kitchen Garden program to improve nutritional outcomes in children (announced December 2015 – project ongoing).
Foundation for Alcohol Research and Education	Game Changer+ – alcohol counter marketing project	October 2015	\$15,000	Reduced alcohol-related harm in high school students, by increasing their ability to interpret and challenge unhealthy product advertising (announced December 2015 – project ongoing).
Garran Primary School	It's All About Nutrition project	October 2015	\$4,563	Support for healthy eating in the school community, with a series of activities that promote nutritional awareness (announced December 2015 – project ongoing).
Ozharvest Canberra	Nutrition Education Sustainance and Training project	October 2015	\$9,800	Improved healthy eating outcomes in marginalised people especially those with limited means and facing food insecurity (announced December 2015 – project ongoing).
YMCA of Canberra	Indoor, Outdoor and Beyond	October 2015	\$15,000	Improved healthy physical activity outcomes amongst families attending the Holt Early Learning Centre (announced December 2015 – project ongoing).

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ADDRESSING CHRONIC DISEASE THROUGH HEALTH PROMOTION GRANTS

ACT HEALTH PROMOTION
GRANTS PROGRAM REPORT CARD
JULY 2013 – DECEMBER 2015





A CHANGE FOR THE BETTER

Since 2013, funding through the ACT Health Promotion Grants Program has changed. We have refined our focus to fund community programs that address the most significant causes of disease in our community.

We fund programs that:

- improve population health outcomes around overweight and obesity, especially in children
- reduce smoking and alcohol-related harm
- support healthy active ageing.

Thanks to input from many stakeholders, the funding through Health Promotion Grants is now focused on outcomes, more accessible via a streamlined process, and results can now be more effectively measured.

About 63% of adults and around 1 in 4 children are overweight or obese.

ACT Chief Health Officer's Report 2014

PROVISION OF GRANTS FUNDING SINCE JULY 2013

90.5%
Overweight and obesity

6.8% Alcohol

2.5% Smoking

0.2% Active ageing



GRANTS FUNDING THAT GETS RESULTS

Healthy Canberra Grants

Approximately \$2 million per year for large multi-year programs

Health Promotion Innovation Fund

\$200,000 per year for single-year grants, up to the value of \$15,000

Now 90 per cent of available funding can be accessed through Healthy Canberra Grants.

The remainder sits in the Health Promotion Innovation Fund, which was introduced in direct response to stakeholder feedback. It offers a more agile option to support testing and piloting of new ideas. If projects are proven effective, this provides valuable evidence for eligibility for larger grants.

Our new approach is streamlining all aspects of the process, and already we have seen positive results from community organisations that have received funding.

**HEALTH PROMOTION GRANTS
JULY 2013 – DECEMBER 2015**

Provided ten funding opportunities

Assessed grants to the value of \$41.7 million

Awarded 72 grants to community-based organisations

\$6.8m in funding provided

Improving outcomes
around overweight
and obesity –
CHILDREN



"Our school has recorded a 10-15% increase in riding numbers and believe this will increase with the warmer months approaching. On bike Friday, there is a 50% increase compared with other days of the week."

Charles Conder Primary

FUNDING IS HARD AT WORK

SNAPSHOT: PHYSICAL ACTIVITY FOUNDATION LTD

[FUNDED IN 2014-16 HEALTHY
CANBERRA GRANTS]

In February 2014, the Physical Activity Foundation was awarded a grant of \$572,433 over three years to boost the delivery of the *Ride or Walk to School* program.

The program aims to increase the number of students using active travel to get to and from school. It's a great way to help kids achieve their recommended 60 minutes of daily activity.

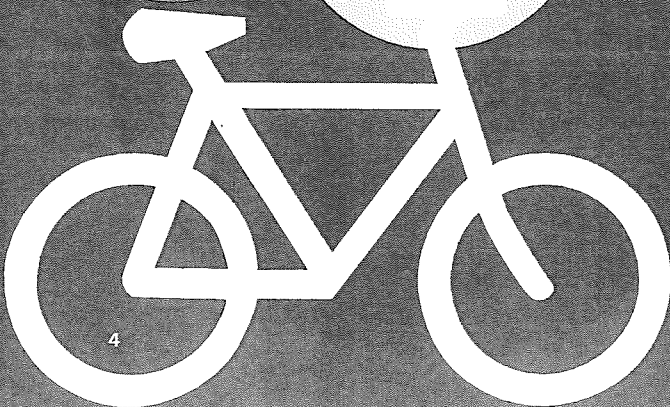
52 schools have signed up to the *Ride or Walk to School* program

The program reaches over 20,000 students in 800 classrooms

Two-thirds of participating schools have reported an increase in active travel at their school

Over 2100 students have participated in BMX workshops

More than 70 teachers have trained in the Safe Cycle program (BMX training that makes bike riding extra fun)



Improving
outcomes
around
overweight
and obesity –
ADULTS

SNAPSHOT: HEART FOUNDATION ACT [FUNDED IN 2014–16 HEALTHY CANBERRA GRANTS]

In 2014 the Heart Foundation ACT launched the three-year LiveLighter campaign in the ACT.

LiveLighter improves adults' awareness of the health problems related to obesity, and provides interactive and supportive tools to help people address lifestyle risk factors such as poor diet and sedentary behaviour. The campaign delivers messages via a mix of multimedia and social media.

The campaign encourages people to **eat well**, be **physically active** and maintain a **healthy weight** – backed by some confronting and occasionally controversial imagery.

The campaign has already proven successful in Western Australia, with good reach and impact on people's knowledge and intention to change behaviour.



More than 1 in 3 ACT adults in the target age-group have been reached, resulting in increased knowledge of the health consequences of being overweight.

The LiveLighter ACT website has had over 27,000 visits with 41% of visitors returning to the site more than once.

More than a thousand people have registered for the free meal and activity planner.

More than half (58%) of those adults with awareness of the campaign indicated they had made at least one dietary or physical activity change to try to lose weight since seeing the campaign.

Research indicates that changing entrenched lifestyle behaviours is difficult. That's why the LiveLighter campaign aims to grab attention using strong, potentially confronting, imagery.



Improving outcomes around overweight and obesity, smoking and alcohol

The Australian Drug Foundation has targeted 66 local sporting clubs in the *Good Sports* program to create holistic healthy environments.

"In the two years I have been managing the BMX canteen, we have seen a surge in club members. The canteen menu is now meeting Good Sports Healthy Eating level 3 accreditation and people tell me how much they look forward to having their dinner at the club on Friday nights. We more than doubled our profit margin in 2015, on top of a rise in profits we enjoyed in 2014."

Canberra BMX Club Canteen Manager

SNAPSHOT: AUSTRALIAN DRUG FOUNDATION

[FUNDED IN 2015-17 HEALTHY CANBERRA GRANTS]

In August 2014, the Australian Drug Foundation received a grant of \$429,120 over three years to deliver the *Good Sports* program, to focus on improving healthy eating in the sporting club environment.

Good Sports provides incentives and support to community sporting clubs to rethink their food, tobacco and alcohol offerings and promotions.

Under *Good Sports*, clubs can attain accreditation to show that they are committed to the good health of their members, and in so doing, enhance their reputation in the community.

Promising results have already been seen in the Hunter Valley where the program has been trialled and evaluated. Importantly, sporting club canteens have been able to increase their offer of healthy food and drinks without impacting on their profit margins.



Improving choices in the food environment can affect both adult and child preferences and purchases.

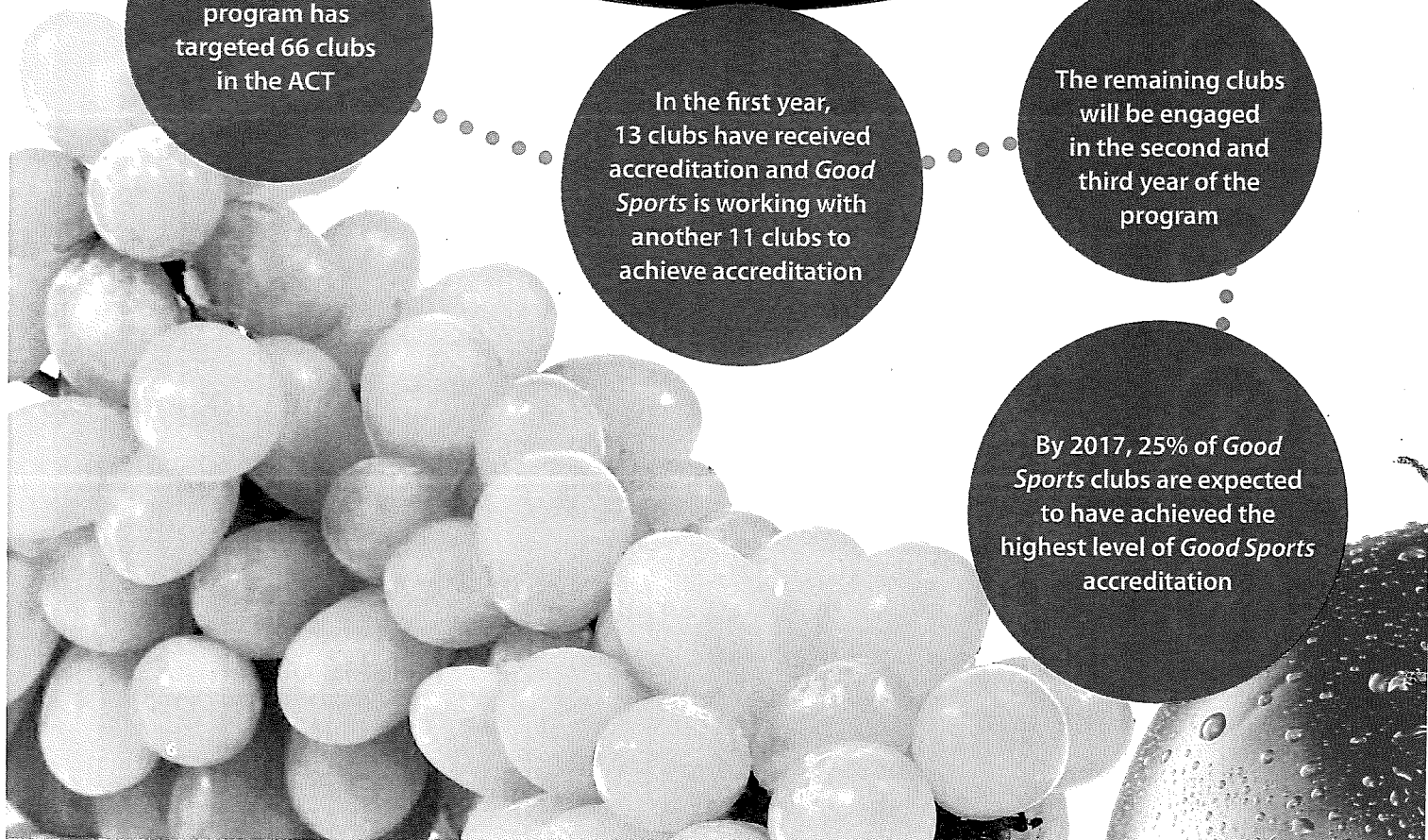


The *Good Sports* program has targeted 66 clubs in the ACT

In the first year, 13 clubs have received accreditation and *Good Sports* is working with another 11 clubs to achieve accreditation

The remaining clubs will be engaged in the second and third year of the program

By 2017, 25% of *Good Sports* clubs are expected to have achieved the highest level of *Good Sports* accreditation



Improving
outcomes
around
smoking-
related harm

The ACT has 74 local pharmacies and there were approximately 7 million visits to ACT pharmacies in 2013–14. Pharmacies that supply smoking cessation products are well placed to provide trusted advice and support.

SNAPSHOT: PHARMACY GUILD OF AUSTRALIA

[FUNDED IN 2015–17 HEALTHY CANBERRA GRANTS]

In 2015 the ACT Branch of the Pharmacy Guild of Australia was granted \$138,000 to deliver the *Community Pharmacy Smoking Cessation* program in community pharmacies throughout the ACT.

The community pharmacy is an ideal setting for this work, as pharmacy staff are often trusted and valued by the community for their guidance and support.



Over 50 participating pharmacies across the ACT.



Over 200 pharmacists and assistants have completed face-to-face smoking cessation counselling training.



The program has recorded more than 300 'profiles' of smokers who are ready to seriously attempt quitting.



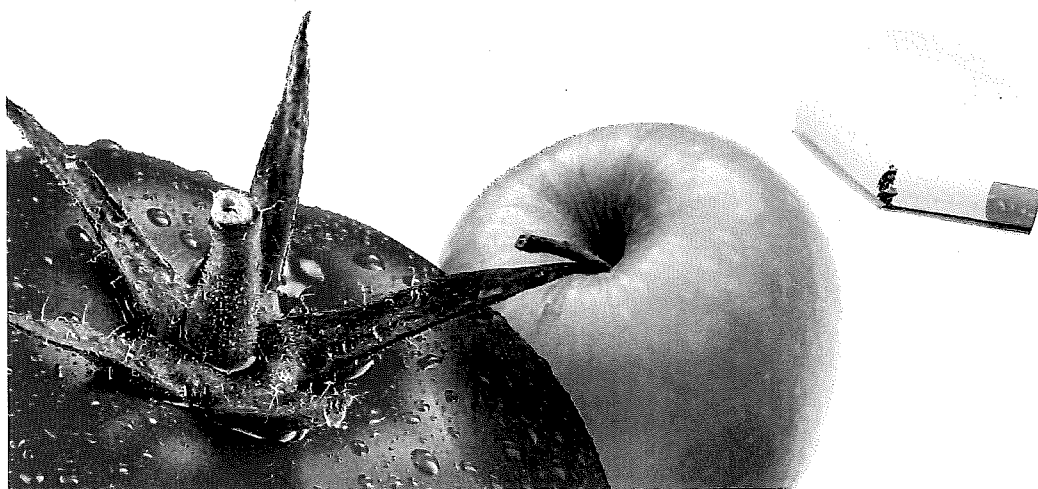
One customer (a heavy smoker) and his wife (a non-smoker) were encouraged by their pharmacist to take a reading with the Smokerlyzer®. When the results showed that both of their carbon monoxide results were very high, the smoker made an immediate decision to quit.

AN OPPORTUNITY FOR INNOVATION

In response to community feedback in 2013, the ACT Health Promotion Grants Program introduced the **Health Promotion Innovation Fund**, accounting for 10 per cent of the total grants budget (which amounts to approximately \$200,000 per annum).

This fund provides an opportunity for small grants of up to \$15,000 to support innovative health promotion opportunities.

Under the new Health Promotion Innovation Fund, we have already provided valuable funding to innovative, smaller projects that are making a difference.



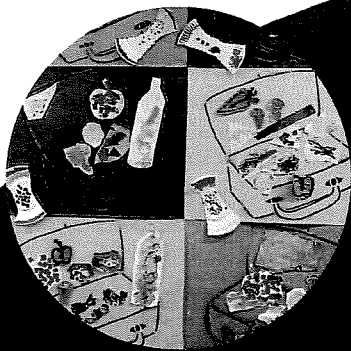


SNAPSHOT: FOUNDATION FOR ALCOHOL RESEARCH AND EDUCATION

[FUNDED IN 2014 AND 2015]

The Foundation for Alcohol Research and Education was funded \$15,000 in 2014 for the *Pregnant Pause* campaign and \$10,875 in 2015 for the *Women Want to Know* campaign. These campaigns support women to avoid alcohol during their pregnancy, which reduces the incidence of Foetal Alcohol Spectrum Disorders.

The *Women Want to Know* Facebook page generated more than 2000 followers and there was a high success rate for those who signed up for the *Pregnant Pause* alcohol-free challenge.



SNAPSHOT: LYNEHAM PRIMARY SCHOOL – LYNEHAM PRESCHOOL UNIT

[FUNDED IN 2015]

It's known that forming good dietary habits from an early age helps to ensure healthy eating habits in later life. The Lyneham Preschool *Healthy Lunchbox Project* was funded \$9,800 in 2015 to use art to encourage children to appreciate and eat fresh, healthy food. As a result, the school has noticed an increase in the consumption of healthy food including fruit and vegetables, especially in fussy eaters.



TOGETHER WE ARE MAKING A DIFFERENCE

This new model of funding provides a sharper strategic focus – both for the ACT Health Promotion Grants Program and for the many community organisations looking to improve the lives of ACT residents.

Together we are addressing important population health issues and collaborating on valuable projects and innovative ideas.

MORE INFORMATION

Find out more about current opportunities and funding provided under the ACT Health Promotion Grants Program.

Web: www.health.act.gov.au/healthy-living/health-promotion-grants-program

Phone: 6205 1325

E-mail: hpgrants@act.gov.au

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MR BRENDAN SMYTH MLA (CHAIR), MR JAYSON HINDER MLA (DEPUTY CHAIR), MS JOY BURCH MLA, MR STEVE DOSZPOT MLA

**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**

Asked by Mr Smyth on 29 June 2016 Minister Fitzharris took on notice the following question:

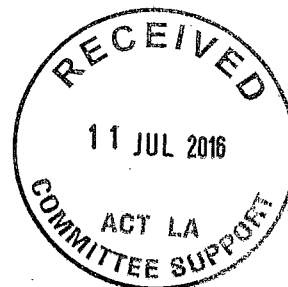
Ref: Hansard Transcript 29 June 2016 Page 964

In relation to: Output Class 1.6


What is the level of advertising undertaken in Output Class 1.6 (Early Intervention and Prevention).

Minister Fitzharris: The answer to the Member's question is as follows:-

The amount of advertising for Output Class 1.6 in the 2015-16 financial year was \$751,610. There are no specific increases in funding for 2016-17 for advertising outside the normal indexation parameters.



Approved for circulation to the Select Committee on Estimates 2016-17

Signature: 

Date: 6/7/2016

By the Assistant Minister for Health, Meegan Fitzharris MLA



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**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**

Asked by Mr Hanson on 29 June 2016 Mr Thompson took on notice the following question(s):

Ref: Hansard Transcript 29 June 2016 Page 972

In relation to: The elective surgery waiting list

How many people are on the elective surgery waiting list and on the long wait list?

Minister Corbell: The answer to the Member's question is as follows:—

There is only the one elective surgery waiting list, which contains both people who are currently waiting and those who are currently waiting and have been waiting longer than clinically recommended time frames (long waits).

On 30 June 2016 there were 4,266 people on the elective surgery waiting list. Of this number, there were 379 people who had waited longer than clinically recommended timeframes (long waits).

Approved for circulation to the Select Committee on Estimates 2016-17

Signature:

Date: 11.7.16

By the Minister for Health, Simon Corbell MLA





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ANSWER TO QUESTION TAKEN ON NOTICE DURING PUBLIC HEARINGS

Asked by Mr Hanson on 29 June 2016: Minister Corbell took on notice the following question:

Ref: Hansard Transcript 29 June 2016 Page 981

In relation to: Elective surgery

What are the days waited at the 50th percentile and the 90th percentile? What are the days waited at the 50th percentile at the moment?

Minister Corbell: The answer to the Member's question is as follows:—

As at 30 June 2016 the number of days waited for elective surgery at the 50th and 90th percentiles were:

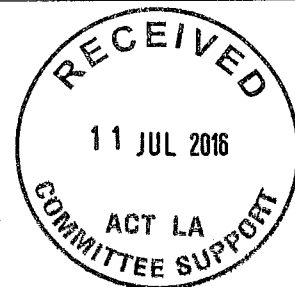
Territory-wide		
Category	50th percentile	90th Percentile
1	16 days	35 days
2	75 days	251 days
3	219 days	551 days

Approved for circulation to the Select Committee on Estimates 2016-17

Signature:

By the Minister for Health, Simon Corbell MLA

Date: 11-7-16





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**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**

Asked by Mr Hanson on 29 June 2016: Minister Corbell took on notice the following question:

Ref: Hansard Transcript 29 June 2016 Page 988

In relation to: Private patients at Canberra Hospital

What is that 14 per cent? What does that represent in a dollar value?

I think Mr Hanson asked a question as we concluded, to which I think the answer was that 14 per cent of hospital patients are private. We were going to get a number on what that was worth as a monetary value. Is that available?

Minister Corbell: The answer to the Member's question is as follows:—

The accommodation revenue from admitted Private Patients to Canberra Hospital for the 2015-16 financial year as at 31 May 2016 was \$11,587,739.

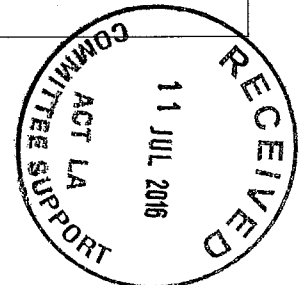
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Date:

11.7.16

By the Minister for Health, Simon Corbell MLA





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**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**

Asked by Mr Smyth on 29 June 2016: Minister Corbell took on notice the following question:

Ref: Hansard Transcript 29 June 2016 Page 993

In relation to: Clinical genomic service

What is the cost per sample for the clinical genomic service?

Minister Corbell: The answer to the Member's question is as follows:-

The estimated sample cost for the clinical genomic service is \$2,160.



Approved for circulation to the Select Committee on Estimates 2016-17

Signature:

Date:

11.7.16

By the Minister for Health, Simon Corbell MLA



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**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**

Asked by Mrs Jones on 29 June 2016: Ms Bracher took on notice the following question:

Hansard Transcript of 29 June 2016 Page 1000

In relation to:

Can you report back to us what the status of workplace incidents is, the number of assaults over the past 12 months as compared to the 12 months prior of staff members or from patient to patient?

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

From 1 July 2015 to 30 June 2016 the following incidents for the Adult Mental Health Unit have been reported on Riskman:

25	Patient on Patient
38	Physical contact with staff
39	Verbal/physical threatening with no contact with staff
1	Patient on Visitor
103	Total



Noting that on occasions more than one incident can relate to a single person.

Approved for circulation to the Select Committee on Estimates 2016-17

Signature:

Date: 11.7.16

By the Minister for Health, Simon Corbell MLA



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

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ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS

Asked by Mrs Jones on 29 June 2016: Minister Corbell took on notice the following question:

Hansard Transcript of 29 June 2016, Pages 1000, 1001

In relation to:

Can you perhaps take on notice the three categories that you do recognise—permanent, temporary and casual.

Are you able to give me that report for the past six months, month by month?

Minister Corbell: The answer to the Member’s question is as follows:

The Adult Mental Health Unit has 55 budgeted full time FTE, which includes Enrolled and Registered Nurses. Adult Mental Health Unit does not have Casual Nurses on staff although they are deployed from the *CHHS casual pool to supplement roster shortfalls (sick leave etc)

	Permanent	Temporary	Casual
December 2015	41	7	*
January 2016	38	10	*
February 2016	38	10	*
March 2016	49	2	*
April 2016	49	2	*
May 2016	50	2	*



Approved for circulation to the Select Committee on Estimates 2016-17

Signature:

Date: 11.7.16

By the Minister for Health, Simon Corbell MLA