



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2015-16

MR BRENDAN SMYTH MLA (CHAIR), MS MEEGAN FITZHARRIS MLA (DEPUTY CHAIR), DR CHRIS BOURKE MLA, MS NICOLE LAWDER MLA

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

Asked by MR HANSON MLA on 16 JUNE 2015:

The Chief Minister took on notice the following question(s):

[Ref: Hansard Transcript [16 JUNE 2015] [PAGE 319]]

In relation to: 'Go it alone' option for Mr Fluffy homeowners or former Mr Fluffy homeowners.

Mr Hanson: [With regard to the 'go it alone' option] how many people are engaged?

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

Ten.



Approved for circulation to the Select Committee on Estimates 2015-16

Signature: *Andrew Barr*

Date: 20.6.2015

By the Chief Minister, Mr Andrew Barr MLA

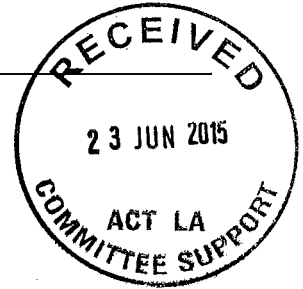


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**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**



Asked by MR SMYTH MLA on 16 JUNE 2015:

The Chief Minister took on notice the following question(s):

[Ref: Hansard Transcript [16 JUNE 2015] [PAGE 321]]

In relation to: Mr Fluffy homeowners or former Mr Fluffy homeowners who have requested the 'go it alone' option.

Mr Smyth: Could you provide the committee with a copy of the letter that you are sending?

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

A copy of the letter is provided at Attachment A.

Approved for circulation to the Select Committee on Estimates 2015-16

Signature: *Andrew Barr*

Date: 20.6.2015

By the Chief Minister, Mr Andrew Barr MLA



ACT
Government

Asbestos Response Taskforce

Our ref: EXC:2015/ [REDACTED]

[REDACTED]
[REDACTED]

Dear [REDACTED]

Loose Fill Asbestos Insulation Eradication Scheme

I refer to your email to the Standing Committee on Public Accounts (the Committee) of [REDACTED] May 2015 (which has been referred to the Taskforce for action), your email to the Chief Minister of [REDACTED] June 2015, and your email to the Taskforce of [REDACTED] May 2015, in relation to the ACT Government's Response to the Committee's Report of its *Inquiry into the Proposed Appropriation (Loose-fill Asbestos Insulation Eradication) Bill 2014-15*. The Chief Minister has asked me to respond on his behalf, and I note you have been in contact with the Taskforce on a number of occasions before and since your emails in relation to this matter.

As has been outlined to you, the Government considered a range of possible responses to the health, practical, social and financial consequences of the continuing contamination of Canberra houses with loose fill asbestos insulation to formulate the Loose Fill Asbestos Insulation Eradication Scheme (the Scheme). In particular, it considered, and decided not to support, private demolition of affected houses, except where binding contracts were in place before the Scheme was announced.

That decision recognised a range of policy interests including:

- the Government's first advice that affected houses be vacated immediately (which underpins the Government's offer to buy all affected houses in October 2014)
- experience after the 2003 bushfires in relation to economies of scale in a demolition program of this scale
- the experience of families forced to vacate their homes before the Scheme was announced in relation to financial stresses arising from the need to pay both mortgages and rent for an alternative house
- a desire to provide an equitable solution to a longstanding issue to which no assets or means testing has been applied.

The Government Response to the Committee's Report nevertheless left open the possibility of individuals making submissions to the Government in relation to private demolition. That option is, as outlined above, contrary to the Government's decision in relation to its preferred approach to providing an enduring solution to the continuing contamination of Canberra houses with loose fill asbestos insulation.

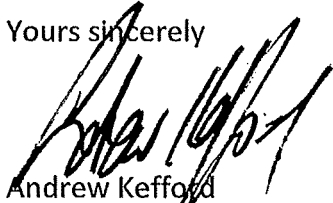
As such there is no 'entitlement' to assistance of any sort in relation to private demolition as you suggest, nor is there any 'compensation' that will be offered by the ACT Government. The Government's Response allows you to make a Submission seeking financial assistance for private demolition of your house (noting its clear policy decisions in this regard). There is no prescribed form for such a Submission however the criteria to be addressed is set out in the Government's Response to the Committee's Report available at

http://www.parliament.act.gov.au/data/assets/pdf_file/0005/670883/20141204-Government-Response-to-PAC-inquiry.pdf

The Government's offer in relation to your affected house remains as set out in the Buyback Program Guidelines.

Should you wish to make a Submission, I suggest you also ensure your option to participate in the Buyback Program is preserved so that you are able to pursue that course if you so wish in the future. I will be writing to you shortly in relation to the process for reactivating or extending offers made under the Buyback Program before 30 June 2015.

Yours sincerely



Andrew Kefford

Head – Asbestos Response Taskforce

16 June 2015

By email: [REDACTED]



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

Asked by MR JEREMY HANSON MLA on 16 June 2015:

The Chief Minister took on notice the following question(s):

[Ref: Hansard Transcript 16 JUNE 2015 [PAGE 333]]

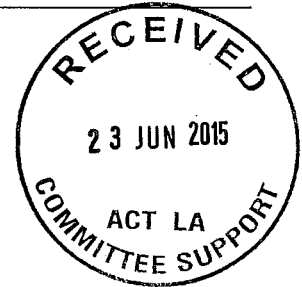
In relation to: Draft Variation 343.

Mr Hanson: Have you got a final number on how many properties would be eligible for dual occupancy?

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

A maximum of 772 blocks would be eligible for unit tilting under Draft Variation 343, as proposed.

Those permissions only attach to blocks surrendered under the Loose Fill Asbestos Insulation Eradication Scheme. Not every block would be suitable for such development as some may be affected by individual site constraints.



Approved for circulation to the Select Committee on Estimates 2015-16

Signature: *Andrew Barr*

Date: 20.6.2015

By the Chief Minister, Mr Andrew Barr MLA



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

Asked by MR SMYTH MLA on 16 JUNE 2015:

The Chief Minister took on notice the following question(s):

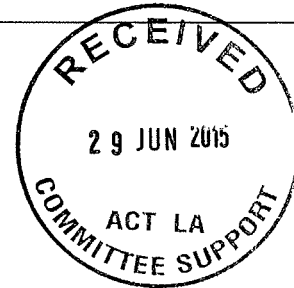
[Ref: Hansard Transcript [16 JUNE 2015] [PAGE 342]]

In relation to: procurement for the pilot demolitions

Mr Smyth: If you have authorised five demolitions, will they give you a firm price before you actually start the demolition? [...] Could you take that on notice, and, if that number is available before the committee reports, could you provide it?

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

This information is not yet available.



Approved for circulation to the Select Committee on Estimates 2015-16

Signature: *Andrew Barr*

Date: 26.6.15

By the Chief Minister, Andrew Barr MLA



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2015-16

MR BRENDAN SMYTH MLA (CHAIR), MS MEEGAN FITZHARRIS MLA (DEPUTY CHAIR), DR CHRIS BOURKE MLA, MS NICOLE LAWDER MLA

ANSWER TO QUESTION TAKEN ON NOTICE

The Chair: To ask the Minister for Health

Hansard page number 351

In relation to: Impact of Additional Beds:

- 1) Is that an additional Neonatal Intensive Care Bed?
- 2) How many altogether are there?



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

- 1) Yes, funding has been provided in 2015-16 for the provision of an additional Neonatal Intensive Care (NICU) bed from January 2016.
- 2) The Centenary Hospital for Women and Children has a combined NICU/Special Care Nursery which provides high dependency care. The Unit has a combined number of 25 beds.

Approved for circulation to the Select Committee on Estimates 2015-16

Signature:

Date: 21.7.15

By the Minister for Health, Simon Corbell MLA



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2015-16

MR BRENDAN SMYTH MLA (CHAIR), MS MEEGAN FITZHARRIS MLA (DEPUTY CHAIR), DR CHRIS BOURKE MLA, MS NICOLE LAWDER MLA

ANSWER TO QUESTION TAKEN ON NOTICE

Dr Bourke: To ask the Minister for Health

Hansard page number 351

In relation to: Hand hygiene



Whilst we are also talking about hospital beds, Minister, you will recall back in annual reports we talked about hand washing and the effect of that, or failure to comply with hand washing and there was a Productivity Commission report that estimated 180,000 cases of hospital acquired infections in Australia per year causing an additional 2 million bed days in Australian hospitals. So that would translate into what, 50 to 100 bed years in the ACT system?

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

The Productivity Commission Report suggested that the estimated 180,000 hospital acquired infections attributed to an additional 2 million bed days of care.

It must be noted that the Report does not specify how these estimates were derived, and it must also be noted that the Productivity Commission Report encompasses infections in all public and private hospitals across Australia.

Information on only ACT public hospitals suggest there are approximately 150 cases of hospital acquired bacteraemia infections. ACT Health estimates that this would equate to approximately 1,500 bed days consumed in our public hospitals each year due to hospital acquired infections. It must be noted, that both the Productivity Commission and ACT Health's figures are based on estimates only, and should not be seen as definitive information.

Approved for circulation to the Select Committee on Estimates 2015-16

Signature:

Date: 29.6.15

By the Minister for Health, Simon Corbell MLA

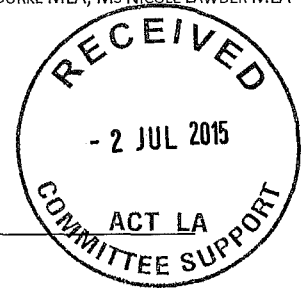


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**ANSWER TO QUESTION TAKEN ON NOTICE
DURING PUBLIC HEARINGS**



Mr Smyth : Requested the Minister for Health to provide Treasury's analysis of the impact of health funding cuts occurring in the federal budget.

Mr Corbell (at Select Committee on Estimates – Wednesday 17 June 2015):

"...we have now been able to properly quantify, based on the most recent Commonwealth budget papers, what the impact is next financial year and the year after that and that is approximately \$228 million less than what was otherwise expected because there are cuts occurring now in the federal budget."

"I am very happy to provide a very detailed reconciliation around that. We have done that work and I am happy to provide that."

"ACT Treasury have done this analysis, they have compared what was locked in, in a written agreement with the Commonwealth compared to what has actually been delivered and the difference is negative \$228 million."

Mr Barr: The information Mr Corbell committed to providing is as follows:

1. The NHRA was agreed between all jurisdictions and the Commonwealth in 2011. The Agreement provided for a shift from a Health SPP to activity based funding. As the Agreement provided for payments to be made to jurisdictions directly on activity, regardless of place of residence, the NHR funding also included the Commonwealth's share of cross border payments.
2. The ACT signed the NHRA on the basis that it included a Commonwealth guarantee that the ACT would be no worse off than under the Health SPP and would be eligible for a share of the additional growth funding.
3. Specifically, the NHRA committed to "no state being worse off in the short or long term" (clause A67). A further expectation was that the ACT would receive a share of the Commonwealth's guarantee that its "increased contribution to the efficient growth... will not be less than \$16.4 billion in aggregate between 2014–15 and 2019–20" (clause A69).
4. The Commonwealth announced its move away from the guarantee of minimum Commonwealth payment, as agreed under the National Health Reform Agreement (NHRA), in the 2014–15 Commonwealth Budget. At the time of the 2014–15 ACT Budget, the then Chief Minister announced that the estimated Commonwealth funding had fallen by \$248 million from that which the ACT would have received for the period 2014–15 to 2017–18 under the NHRA. Reflecting updated estimates in the 2015–16 Commonwealth Budget, this amount is now estimated at \$228 million over the same period.

5. The table below shows Treasury's analysis of the impact of the loss of the Commonwealth health funding guarantee, which was calculated based on the Health Special Purpose Payments (SPP) prior to the commencement of the National Health Reform Agreement (NHRA). Treasury's estimates of the ACT's minimum funding under the NHRA guarantee are set out in the table and compared to the Commonwealth's 2015-16 Budget.

	2014-15	2015-16	2016-17	2017-18	Total	
	\$m	\$m	\$m	\$m	\$m	
Estimated previous SPP funding	253.5	281.8	313.2	348.2		a
Estimated Commonwealth share of cross border payments ¹	59.6	62.0	64.0	66.0		b
ACT share of Commonwealth growth funding guarantee	9.5	20.3	32.7	49.7		c
NHRA guaranteed minimum payments	322.6	364.1	409.9	463.9	1,560.5	d $d=a+b+c$
NHRA estimates in 2015-16 Commonwealth Budget	304.6	321.4	343.9	296.1		e
Estimated Commonwealth share of cross border payments ²				66.0		f
Total Commonwealth Health funding	304.6	321.4	343.9	362.1	1,332.0	g $g=e+f$
Difference between Commonwealth Budget and NHRA guarantee	-18.0	-42.7	-66.0	-101.8	-228.5	h $h=g-d$

Notes:

1. The estimate is based on the 2013-14 actual.

2. The Commonwealth share of cross border payments is included in the NHRA estimates for the period 2014-15 to 2016-17.

6. Treasury's estimate of the 'no worse off position' is based on past growth rates in funding (of around 11 per cent per annum) under the previous Health SPP.
7. Treasury's estimate of the ACT's share of growth funding is based on population levels.
8. This information is set out in summary form in Table 2.1.2 of the 2015-16 Budget Paper 3. This table inadvertently contained an administrative error, which will be corrected on the electronic version. The correct table is set out below:

Table 2.1.2

Summary of the direct impact of Commonwealth Government funding on the ACT Budget

	2014-15	2015-16	2016-17	2017-18
	Estimate	Estimate	Estimate	Estimate
	\$'000	\$'000	\$'000	\$'000
National Health Reform Agreement grants	-17,988	-42,700	-66,000	-101,800
Financial Assistance Grants (Local Government)	36	-81	-104	-175
General Revenue Assistance	-247	-133,290	-130,555	-90,674
Other Grants	321	9,600	27,223	38,261
Total	-17,878	-166,471	-169,436	-154,388

Approved for circulation to the Select Committee on Estimates 2015-16

Signature: *Andrew Barr*

Date: 2.7.2015

By the Treasurer, Andrew Barr MLA



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ANSWER TO QUESTION TAKEN ON NOTICE

Mr Hanson: To ask the Minister for Health

Hansard page number 367

In relation to: University of Canberra Public Hospital

What is the actual floor space of the hospital?

So it has always been 20,745 square metres?

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

The design for the University of Canberra Public Hospital has not been finalised.

The estimated area for the facility has changed over time with the refinement of planning, and definition of the services and facilities to be included in the hospital.

In the 2012 report *The New North Canberra Hospital: Report on site selection for the new North Canberra sub-acute hospital*, the estimated Gross Floor Area was 26,750 square metres.

In the Functional Brief, which is part of the 2013 Services Delivery Plan, the Gross Floor Area was an estimated 20,745 square metres plus unenclosed covered areas totalling 1,378 square metres.

The floor space totalled 22,438 square metres at the 100% Preliminary Sketch Plan (PSP) stage. The bidders for the Head Contractor award were encouraged to design to no less than 22,438 square metres as this figure was arrived at following extensive consultation throughout the 30, 50, 80 and 100 per cent PSP stages. Consultation occurred through user groups, which included key stakeholders, staff and consumer representatives.



Approved for circulation to the Select Committee on Estimates 2015-16

Signature:

Date: 29.6.15

By the Minister for Health, Simon Corbell MLA



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ANSWER TO QUESTION TAKEN ON NOTICE

Mr Smyth: To ask the Minister for Health

Hansard page number 369

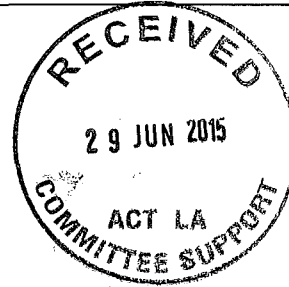
In relation to: University of Canberra Public Hospital

Staffing/Model of Care:

New North Canberra Hospital Report finished in 2012. Can the Committee receive a copy of the Report?

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

A copy of the 2012 report *The New North Canberra Hospital: Report on site selection for the new North Canberra sub-acute hospital* is attached.



Approved for circulation to the Select Committee on Estimates 2015-16

Signature:

Date: 29.6.15

By the Minister for Health, Simon Corbell MLA

THE NEW NORTH CANBERRA HOSPITAL

REPORT ON SITE SELECTION FOR THE NEW NORTH CANBERRA SUB-ACUTE HOSPITAL

Purpose

The development of a new sub-acute hospital for North Canberra is dependent on the selection of a site for the facility. The discussion below canvasses a range of factors leading to a preliminary recommendation of a preferred site.

Context

In 2007 the Minister for Health instructed ACT Health to assess the needs for the future provision of public health care in the ACT. In response the ACT Health Capital Asset Development Plan was developed as a blueprint for the redevelopment of the ACT health system.

The approach to the provision of health care in the ACT is founded on a range of principles:

- Patient centred care
 - Care is delivered in the right place at the right time
 - Consideration is given the needs of families and carers
 - Patient and carer choice is respected As a working assumption
- Intra-disciplinary and Collaborative care
 - A systems approach to services facilitating linkages and coordination is involved
 - The workforce is configured to deliver integrated care
 - The organisation of services supports funding and accountability arrangements
- Accessible to all ACT residents
 - Service delivery is timely, equitable and appropriate
- Safe and high quality
 - Services are evidenced based.
 - Services are provided in the ACT where there is an appropriate level of demand to ensure ongoing clinical competence, or are referred elsewhere as necessary
- Efficiency and cost
 - Capital construction cost impacts are minimised
 - Recurrent cost savings are sought

A significant aspect of delivering the right care in the right place is ensuring care is provided in the least intrusive and most cost effective setting. Investigations of care pathways suggest that people are not always receiving care from the most appropriate setting within the care continuum.

In February 2011 a community consultation process was commenced to assess attitudes to proposals for expanding hospital services in the ACT by providing an additional 400 beds. With the growing demand for subacute hospital facilities in the ACT, and following the community consultation process, it was determined that a new North-side Hospital delivering a range of subacute / non-acute services provided by the Health Directorate to the people of the ACT be progressed. A North-side Sub Acute Hospital will accommodate the addition of up to 200 beds into the ACT Health Economy, based on *Option E – Fully Networked and Specialised Hospital System – New Sub Acute Hospital* as outlined in the published Options Analysis by ACT Dept of Treasury and ACT Health (Feb 2011)¹.

With the completion of the new North-side Sub-Acute Hospital, the Territory will have a network of three public hospitals with clearly delineated roles. Sub acute patients from both the Canberra Hospital (TCH) and Calvary Hospital will transfer into the new North-side sub acute facility, freeing bed capacity in both TCH and Calvary for acute patients. TCH will provide all tertiary level inpatient and hospital based services and the majority of afterhours surgery. The role of TCH will be to provide a range of levels of care from tertiary referral to district/local community health care and provide tertiary services to the people of the ACT and southeast NSW. TCH will also provide acute and general hospital services to the residents of southern ACT and Calvary will become a general acute care hospital providing acute and general hospital services to the residents of northern ACT.

Sub-acute Services at the new North-side Hospital

There is no one common definition of sub-acute care. The term 'sub-acute' was introduced into Australia in 1992 to describe patients whose need for health care is predicted by their functional status, rather than their principal medical diagnosis². In subacute care the predominant goal is enhancement of a patient's quality of life and/or improvement in his or her functional status. In non-acute care the predominant goal is maintenance of a patient's current health and functional status³.

¹ ACT Public Hospital Services: Delivery of Additional Hospital Beds, Options Analysis
ACT Dept of Treasury & ACT Health, February 2011

² Eagar K, Innes K: *Creating a Common Language: The Production and Use of Patient Data in Australia*. Canberra, Commonwealth Department of Health, Housing, Local Government and Community Services. AGPS; 1992.

³ Lee L, Eagar K, Smith M: Subacute and non-acute casemix in Australia. *MJA* 1998; 169: S22-S25

The patient groups usually included in the sub-acute “basket” of services for planning purposes at a national level are palliative care, rehabilitation medicine, maintenance care, psychogeriatrics, and geriatric evaluation and management (GEM). The Health Service Planning Unit (HSPU) has included rehabilitation medicine, maintenance care and geriatric evaluation and management (GEM) as well as psychogeriatrics (interpreted for this purpose as being the Older Persons’ Mental Health Service - OPMHS) in the 164 beds identified as required to meet sub- and non-acute hospital demand in 2021/22.

The Health Directorate has commenced the services planning process which aims to identify the full range of services and support services to be located in the new North-side Sub-Acute Hospital, and how these services will operate in a seamless and integrated manner with the two acute hospitals and the community health centres.

Detailed service modelling work to inform the North-side Sub-Acute Hospital Service Plan has commenced for rehabilitation and aged care services. Whilst this level of work has not commenced for other services to be delivered at the North-side Sub-Acute Hospital, the range of service to be provided from the facility can be drawn from the draft Rehabilitation and Aged Care Plan, the draft Cancer Services Plan, the ACT Mental Health Plan 2009-2014, the Renal Health services Plan 2010-2015, and the CADP planning work done to date. The services proposed for the new North-side sub-acute Hospital include:

- Rehabilitation and Aged care services, including RILU and the hydrotherapy pool. This is in accord with the draft Rehabilitation and Aged Care Services Plan for the development of a specialised centre for rehabilitation and aged care and it also meets the North-side Sub-Acute Hospital criteria for sub and non-acute hospital based services.
- Older Persons Mental Health Inpatient Unit (20 beds currently located at Calvary) on the basis of articulation with mainstream aged care and rehabilitation services.
- Brian Hennessy Rehabilitation Centre (BHRC) Intensive Rehabilitation Unit Zone and an Independent Living Zone: these two services are essentially rehabilitation services. Whilst community based facilities (some with 24 hour clinical staffing), will meet most extended care needs, the ACT Mental Health Services Plan acknowledges that for a very small percentage of individuals, community based care may never be practical or viable and hence, a campus based residential rehabilitation option must be retained.

- Older persons' mental health day hospital facilities: Provision for the day hospital is currently included in the Belconnen Enhanced Community Health Centre design however planning work for the Belconnen Enhanced Community Health Centre was completed prior to the announcement of the building of a purpose built sub and non-acute hospital.
- Palliative care beds (number not specified): Palliative care services meet the North-side Sub-acute Hospital criteria for sub and non-acute hospital based services. Should the review of ACT palliative care services identify the need for additional palliative care beds then North-side Hospital, as a sub and non-acute facility would be an appropriate location.
- Ward 2N (20 beds) mental health voluntary admissions currently located at Calvary.
- Research and Skills Training: With approximately 200 beds, the North-side Sub-acute Hospital will be one of Australia's larger sub and non-acute facilities. It is arguable that research and skills training facilities be included on the site that focus on the sub and non acute care services offered, just as is proposed in support of acute services at the Canberra Hospital site.

Further work on the development of detailed service and facility models is required. To progress site selection, a working assumption of floor space of about 26,750 m², has been taken and the majority of this floor space should be on one level. This assumption of space requirements has been developed based upon the estimated bed numbers and services proposed for the new North-side Sub-Acute Hospital.

Site Investigations:

A broad outline of functions, space requirements (totalling 26,750 m²) and cost estimates (\$282m - \$342m) for the new facility have been used to identify potentially suitable sites. A broad scan of the general north Canberra area identified seven possible sites in addition to the Calvary campus and its adjacent block. (See Appendix A)

Four sites were discounted as being unsuitable because they would require considerable investigations, lengthy variations to the Territory Plan or amendments to the National Capital Plan – which could not be guaranteed or in some cases would not be supported, and clearly offered no advantages over the sites retained for further investigation. They included:

1. **Section 159 Belconnen**, the peninsula bounded by Lake Ginninderra and Ginninderra Drive which is zoned as urban open space. A variation to the Territory Plan would be required to

change the purpose to Broadacre. Such a process would take 18 to 24 months and could be expected to meet strong opposition from the Belconnen community.

2. **Two sites east of Kaleen.** Section 153, which is bounded by Gungahlin Drive, the Barton Highway and Ellenborough Street. The site is zoned as Hills, Ridges and Buffer Areas. A variation to the Territory Plan would be required to change the purpose to Broadacre. Such a process would take 18 to 24 months. Although the site has very good access to the arterial road system, it would have limited public transport service and would be subject to high levels of road noise. Section 147, which is bounded by Gungahlin Drive and Ginninderra Drive has the same zoning as section 153 and could be expected to have similar advantages and disadvantages.
3. **A site adjacent to the lake near the dam wall of Lake Burley Griffin.** The site is at the extremity of the north Canberra catchment and is on land generally considered to be intended for national institutions. The land falls under the planning jurisdiction of the National Capital Authority and would require a change to the National Capital Plan if it was agreed that it was a suitable site for a hospital.

Four potential sites for the new hospital were identified for further evaluation. These were:

- i. Calvary campus and the adjacent block;
- ii. Gungahlin Town Centre: Territory land at the town centre would require a technical variation to the Territory Plan;
- iii. University of Canberra: this is already zoned for a Community Facility and a Territory Plan variation would not be required. However, arrangements would need to be negotiated with the University for them to provide the land to the Territory; and
- iv. Nicholls (block 12 section 78), Gungahlin: Territory land at the corner of Gungahlin Drive and Kellaway Avenue is already a zoned community facility and could be used immediately (subject to development application approval).

Key Considerations:

Several issues need to be addressed before a decision can be made on the selection of a site. These include:

- Initial estimate of the site area required;
- environmental surveys and clearances; and
- technical site and design constraint investigations.

Site Area

Although there needs to be an iterative process examining the characteristics of the site and the user requirements in the resolution of the final site for the hospital, site selection can be commenced based on an estimate of the largest reasonable site needs. As the design is refined or if additional sites are required that may lead to constraints on the design, the size of the site can be reduced.

Based on the concept of keeping most of the operations of the hospital on one level and a site coverage of 50%, a site area of 48 000 m² would be needed. An additional 15 000m² for parking would indicate a site requirement of 6.3 ha to enhance functionality and to minimise cost.

Environmental Surveys

Several of the identified sites have potential endangered species habitats, either on or adjacent to the development area. For example, nine different species of orchids were recorded near Calvary as part of the GDE survey work. (See attached) Removal of all species of orchids requires approval under the *Nature Conservation Act 1980*, but the orchid issue alone is unlikely to stop development. Parts of the University of Canberra and Gungahlin town centre have native temperate grassland and golden sun moth habitat which could require Commonwealth clearance under their Environment Protection and *Biodiversity Conservation Act 1999*.

The endangered species emerge during specific times during spring and summer. Surveys have now been arranged for the critical sites and they are currently being surveyed to ensure that access is not delayed by a further year. The land around Calvary is not being surveyed at this stage because of the significant constraints applying to it.

Preliminary Site Assessment Criteria

The preliminary site assessment criteria are outlined below and are followed by a more detailed description of the elements of the particular criterion.

Adequate site area

- Supports the required buildings, outdoor activities, parking and services, with an allowance for possible future expansion (if site cost per square metre is less than the cost of structured parking then surface parking is warranted – and vice versa).

- The site should be of an adequate size for the short and long term – The site will be able to accommodate over time a staged full replacement of the initial buildings so that a future relocation is unnecessary
- The site is in a sufficiently attractive location to be able to establish a pleasant and therapeutic environment.
- Soils have adequate load bearing capability
- Hydrological problems – floodplains, subsurface water – can be managed

Topography

- The site enables a building to be designed to produce a healing environment for patients, preferably with outdoor views from patient rooms and outdoor access to gardens or parks
- Development of level open spaces and recreation areas is possible.
- Site planning can meet minimum grade requirements for disability access. There is minimal change of levels between functional zones.
- Formal and casual observation opportunities are maximised.

Access to facilities

- Access to other hospitals for emergencies or for operations.
- Access to related medical and social facilities.
- Access to emergency services.

Transport

- Access to existing bus services, preferably with access to an inter-town route or to more than one route.
- Centrally located site that enables relatively equitable access from various parts of the city.
- Quick access to the arterial system
- Adequate access and egress points are available

Adjacent uses

- The site is not adjacent to high noise generating activities.

Proximity to, but separation from, the urban area

- Efficient access to facilities and services and a sense of integration of the facility in the community.

Landscaping Potential

- The facility can be landscaped to produce a therapeutic environment accessible to the patients

Environment and Heritage

- Ecological communities are not adversely affected, or offsets are provided where acceptable.
- Avoid or accommodate areas of known cultural and/or heritage significance.
- The site is free of environmental risks to its patients, staff and neighbours.

Compatibility with the Territory Plan

- The site is zoned to permit a hospital
- There are no unreasonable restrictions on height and layout.
- Uses compatible with the hospital are able to locate in proximity.

Infrastructure services

- Close to services with sufficient capacity to absorb new demand.

Opportunity cost

- The opportunity costs are minimised.

System Operational Efficiencies

- The site facilitates the development of a hospital which will contribute to the effective operation of the health system

Disruption to existing services

- Disruption to hospital occupants, health services and other services operating in the city and residential areas is minimised.

A comparison of the four potential sites (Calvary campus, Gungahlin Town Centre, Nicholls block 12 section 78, and the University of Canberra) against the site selection criteria is outlined in the table below. Aerial photos, zoning maps and photos showing selected attributes of the site are located in the appendices.

Assessment against site evaluation criteria

Site Assessment Criteria	Calvary Campus and adjacent block	Gungahlin Town Centre	University of Canberra	Nicholls
<p>Adequate site area</p> <ul style="list-style-type: none"> • Supports the required buildings, outdoor activities, parking and services, with an allowance for possible future expansion (If site cost per square metre is less than the cost of structured parking then surface parking is warranted – and vice versa). • The site should be of an adequate size for the short and long term – The site will be able to accommodate over time a staged full replacement of the initial buildings so that a future relocation is unnecessary • The site is in a sufficiently attractive location to be able to establish a pleasant and therapeutic environment. • Soils and other foundation material have adequate load bearing capability • Hydrological problems – floodplains, subsurface water – can be managed 	<p>The area of the Calvary campus, excluding Hennessy House, is approximately 12.7ha.</p> <p>With existing hospital infrastructure development, the requirements for an estimated 6 ha site could not be met on the block Calvary is located without significant replanning and changes to existing building footprints.</p> <p>The land surrounding Calvary is zoned as hills, ridges and buffer or open space on the Territory plan and would require a variation to enable construction. The adjacent land also has environment values and an environmental impact assessment may be required.</p> <p>The outlook from the site is attractive and would support a pleasant and therapeutic environment.</p> <p>The existing buildings are indication that the foundation materials have adequate bearing capacity.</p> <p>Hydrological issues can be managed.</p>	<p>Sites of around 6 ha can be provided. Section 230 is 7.4ha, Section 231 is 6.5ha and section 233 is 10.75ha. However, the requirements for continuous building line along main streets and the development intensity sought may expose patients to traffic noise and lighting from signs to a greater extent than would other locations and may also require a smaller landtake.</p> <p>The outlook from the site especially over the Gungahlin grasslands would support a pleasant and therapeutic environment.</p> <p>The existing buildings are indication that the foundation materials have adequate bearing capacity.</p> <p>Hydraulic issues can be managed</p>	<p>The University has a considerable area of land (in excess of 40 ha) adjacent to Ginninderra Drive and Aikman Drive</p> <p>The outlook from the site varies, with views over Lake Ginninderra and to the Brindabella's from the higher land, and limited views in the lower areas which are still in a campus setting and would support a pleasant and therapeutic environment</p> <p>The existing buildings are indication that the foundation materials have adequate bearing capacity in the higher areas but further testing needs to be undertaken to confirm the suitability of other areas of the site.</p> <p>Hydrological issues can be managed</p>	<p>The site is an awkward shape and would be tight for all the required uses. Some structure parking may be required adding to cost.</p> <p>The site could be expanded, subject to community consultation by a change to the Territory Plan but such a change could take 18 to 24 months.</p> <p>The site has large areas that appear to be covered by unconsolidated fill which would require treatment in order to support the construction of a hospital facility. It is estimated that the earthworks treatment could cost in the order of \$0.5 to \$2million.</p> <p>The site is attractive with good views to the mountains but is adjacent to a playing field with high level lighting.</p> <p>The fill could adversely affect foundation suitability. Additional investigations would be required if this site to be given further consideration.</p> <p>Hydrological issues can be managed</p>

Assessment against site evaluation criteria

Site Assessment Criteria	Calvary Campus and adjacent block	Gungahlin Town Centre	University of Canberra	Nicholls
<p>Topography</p> <ul style="list-style-type: none"> • The site enables a building to be designed to produce a healing environment for patients, preferably with and outdoor view from patient rooms and outdoor access to gardens or parks • Development of level open spaces and recreation areas is possible. • Site planning can meet minimum grade requirements for disability access. There is minimal change of levels between functional zones. 	<p>The proposed site has varying topography which may constrain design options. The site would require earthworks and/or lifts to meet the requirements of disabled/elderly patients who would be significant users of the facility.</p> <p>Development of level open spaces and recreation areas is possible.</p>	<p>The site topography is suitable for these purposes (very little grade or slope).</p> <p>Development of level open spaces and recreation areas is possible</p> <p>Site planning can meet minimum grade requirements for disability access. There is minimal change of levels between functional zones</p>	<p>The site topography is relatively flat and would require some minimal siteworks for hospital purposes.</p> <p>Development of level open spaces and recreation areas is possible</p> <p>Site planning can meet minimum grade requirements for disability access. There is minimal change of levels between functional zones</p>	<p>The site size will impose limitations on design options for the facility.</p> <p>Site planning can meet minimum grade requirements for disability access. There is minimal change of levels between functional zones.</p> <p>There is existing fill on the site and this will require earthworks to either remove or compact to enable both build and landscaping.</p>
<p>Access to facilities</p> <ul style="list-style-type: none"> • Access to other hospitals for emergencies or for operations. • Access to related medical and social facilities • Access to emergency services. 	<p>Immediate access would be available on the Calvary campus to emergency services, for operations and for a range of private medical testing services</p>	<p>Hospital access for higher level services would be more difficult than for the Calvary or University of Canberra sites</p>	<p>Access to Calvary is available for any necessary transfers.</p>	<p>Hospital access for higher level services from this site would be the most difficult of all the sites. Given that the majority of transfers would be programmed, the issue should be manageable.</p>

Assessment against site evaluation criteria

Site Assessment Criteria	Calvary Campus and adjacent block	Gungahlin Town Centre	University of Canberra	Nicholls
<p>Transport</p> <ul style="list-style-type: none"> • Access to existing bus services with preferably access to an intertown route or to more than one route. • Centrally located site that enables relatively equitable access from various parts of the city. • Quick access to the arterial system • Adequate access and egress points are available 	<p>A high level of public transport services is readily available on Hayden Drive.</p> <p>The site is reasonably central to the north Canberra population catchment</p> <p>The site would have ready access to Hayden Drive which suffers peak hour congestion but provides good access to the arterial system. Additional access points to Hayden Drive would be limited but internal access within the campus should be acceptable.</p>	<p>A high level of service will be provided on the inter-town route.</p> <p>The site is reasonably central to the north Canberra population.</p> <p>The sites in the town centre have good access to the arterial system.</p> <p>All sites have adequate access and egress potential.</p>	<p>The University has a reasonable public transport service from College Street. Sites near the Belconnen Town Centre or College Street have better access than would other sites on the campus.</p> <p>Sites have good access to the arterial system.</p> <p>Given the size of the campus and the fact that it is surrounded by arterial roads, access and egress is generally readily available.</p>	<p>The site is close to Casey group centre which is soon to be developed and could expect to have reasonable levels of public transport access although it is towards the periphery of the catchment.</p> <p>The site has direct access to the arterial system and should have adequate access and egress points.</p>
<p>Adjacent uses</p> <ul style="list-style-type: none"> • The site is not adjacent to high noise generating activities. 	<p>There are no high noise generators in the precinct except Canberra Stadium</p>	<p>There are no high noise generators in the mixed use office area.</p>	<p>There are no high noise generators adjacent to the sites.</p>	<p>There are no high noise generators adjacent to the site.</p>
<p>Proximity to, but separation from, the urban area</p> <ul style="list-style-type: none"> • Efficient access to facilities and services and a sense of integration of the facility in the community 	<p>This objective could be achieved in the hospital campus.</p>	<p>The facility would be integrated into the town centre however, it is likely that there would be some potential disruptions because of the adjacent users and higher traffic levels experienced in town centres.</p>	<p>The proposed site on the university campus will enable the achievement of this objective.</p>	<p>The site is close to the urban area but with difficult pedestrian access to the Casey Group Centre. As such it may be considered to be somewhat dislocated, detracting from the sense of integration in the community.</p>

Assessment against site evaluation criteria

Site Assessment Criteria	Calvary Campus and adjacent block	Gungahlin Town Centre	University of Canberra	Nicholls
<p>Landscaping Potential</p> <ul style="list-style-type: none"> The facility can be landscaped to produce a therapeutic environment accessible to the patients 	<p>The tight site configuration on the existing Calvary block would limit the provision of therapeutic garden areas adjacent to individual hospital rooms because of limited land availability.</p>	<p>If an adequate area is provided, adequate landscaping and garden areas would be possible</p>	<p>The facility can be landscaped to produce a therapeutic environment accessible to the patients</p>	<p>Although the site is tight, the facility can be landscaped to produce a therapeutic environment accessible to the patients</p>
<p>Environment and Heritage</p> <ul style="list-style-type: none"> Ecological communities are not adversely affected, or offsets are provided where acceptable. Avoid or accommodate areas of known cultural and/or heritage significance. The site is free of environmental risks to its patients, staff and neighbours. 	<p>Whilst the Calvary block is generally clear of environmental constraints, nine different species of orchids were recorded near Cavalry as part of the Gungahlin Drive Extension (GDE) survey work. Whilst the nine recorded orchids are not of particular conservation concern, the dry forest habitat on the Black Mountain sandstone is a notable orchid habitat (and includes several highly restricted species). Any clearance of habitat near Cavalry should include an orchid survey and/or a report from an orchid expert with good knowledge of the area. All native orchids require approval under the Nature Conservation Act 1980. Areas of Yellow Box and Red Gum woodland which are listed under the Nature Conservation Act occur to the west of Calvary Hospital and to the east of Bruce CIT.</p>	<p>The sites are currently being surveyed for endangered species. Although no high quality areas necessitating exemption from development are anticipated from inspections, some offsets may be required.</p>	<p>The sites are currently being surveyed for endangered species. Although no high quality areas necessitating exemption from development are anticipated from inspections, some offsets may be required for some sites. A site which involves the redevelopment of the ovals should be free of endangered species.</p>	<p>The sites are currently being surveyed for endangered species. Although no high quality areas necessitating exemption from development are anticipated from inspections, some offsets may be required for some sites.</p>

Assessment against site evaluation criteria

Site Assessment Criteria	Calvary Campus and adjacent block	Gungahlin Town Centre	University of Canberra	Nicholls
<p>Compatibility with the Territory Plan</p> <ul style="list-style-type: none"> • The site is zoned to permit a hospital • There are no unreasonable restrictions on height and layout. • Uses compatible with the hospital are able to locate in proximity. 	<p>The Calvary campus is zoned to accommodate a hospital.</p> <p>The block immediately next to the Calvary block is currently zoned as hills, ridges and buffer on the Territory plan and would require a variation to enable development of a hospital. The block also has environment values and an environmental impact assessment may be required before construction could commence.</p> <p>Other than on the tightly developed Calvary campus, compatible uses would have to locate at the University of Canberra, the AIS precinct or at Belconnen Town Centre.</p>	<p>The site is a business zone which has the prime objective of providing a diverse range of offices, business sites and outlets for goods, services and facilities close to the retail core to meet the needs of the workforce. A hospital in this location would be a secondary use.</p> <p>The building controls envisage development to the property line potentially exposing residents to traffic noise and generally envisage a minimum of 2 storey development, although there is an exemption for community facilities.</p>	<p>The site is zoned for community facility uses, which allows a hospital. The development controls should facilitate the proposed development and enable compatible uses to locate in proximity. In particular the Nursing and Allied Health facility is already on the campus. Training and skills development could be enhanced by the co- location of facilities.</p>	<p>The site is zoned for community facility uses, which allows for a hospital. The development controls should facilitate the proposed development.</p> <p>Compatible uses could locate in the adjacent Casey group centre.</p>
<p>Infrastructure services</p> <ul style="list-style-type: none"> • Close to services with sufficient capacity to absorb new demand 	<p>The full range of infrastructure services are available on the campus</p>	<p>Some road infrastructure is yet to be constructed between sections 232 and 233.</p>	<p>Infrastructure services to the campus are provided to the university campus and adjacent aged persons multi-storey residential accommodation.</p>	<p>Infrastructure services are provided to the Casey Group Centre and surrounding neighbourhood,</p>

Assessment against site evaluation criteria

Site Assessment Criteria	Calvary Campus and adjacent block	Gungahlin Town Centre	University of Canberra	Nicholls
<p>Opportunity cost</p> <ul style="list-style-type: none"> The opportunity costs are minimised 	<p>The opportunity cost of the land would be that associated with acute hospital development. Car parking and other uses would be displaced for the development and operations of a sub-acute hospital. Any planned expansions to support acute facilities at Calvary (e.g. car parking, expansion of beds) would have to be relocated elsewhere.</p> <p>Development on the adjacent block, designated hills, ridges and buffer, would require significant time to obtain a decision on rezoning with no guarantees of obtaining the desired outcome.</p>	<p>Land occupied by the hospital would reduce the space available for other uses. Based on previous land sales (see appendix 10) and the fact that land in the town centre has the potential to be exhausted in the foreseeable future the opportunity cost for saleable land would be in the order of \$12 to \$25million.</p>	<p>Given the extensive undeveloped land at the university, opportunity costs are small. In a circumstance where other facilities or services have to be relocated the opportunity cost would be higher.</p>	<p>The community facility land in the vicinity is limited and, given the recent history of sales of community land (see Appendix 10), the opportunity cost of saleable land could be expected to be in the order of \$5 to \$15million.</p>
<p>System Operational Efficiencies</p> <ul style="list-style-type: none"> The site facilitates the development of a hospital which will contribute to the effective operation of the health system. 	<p>The sub acute hospital, if it could be accommodated upon the existing Calvary Campus, would have the advantage of close proximity to the existing hospital, but the limitations on available land could result in design compromises and inefficiencies in the development of the new hospital and extensions to the existing hospital</p>	<p>If constructed on this site, the Sub-Acute Hospital would be approximately 13.0 klm from the nearest acute hospital facility (Calvary Hospital)</p>	<p>The sub acute hospital would be close to the acute facilities for emergency and other transfers.</p> <p>If constructed on this site, the Sub-Acute Hospital would be approximately 4.0 klm from the nearest acute hospital facility (Calvary Hospital)</p>	<p>If constructed on this site, the Sub-Acute Hospital would be approximately 14.0 klm from the nearest acute hospital facility (Calvary Hospital)</p>

Assessment against site evaluation criteria

Site Assessment Criteria	Calvary Campus and adjacent block	Gungahlin Town Centre	University of Canberra	Nicholls
<p><i>Minimal disruption to existing services</i></p> <ul style="list-style-type: none"> Disruption to hospital occupants health services and other services operating in the city and residential areas are minimised 	<p>Building the new hospital on a tightly constrained campus would lead to service disruptions, transport inconvenience and environmental management issues during construction.</p>	<p>There would be no disruption to any health services and very limited disruption to town centre operations.</p>	<p>There would be no disruption to any health services and very limited disruption to University operations.</p>	<p>There would be no disruption to any health services and very limited disruption to other operations.</p>

Assessment against site evaluation criteria

Table 2: Assessment Criteria Weighting

Site Assessment Criteria	Weighting
<i>Adequate site area</i>	20%
<i>Topography</i>	5%
<i>Access to facilities</i>	10%
<i>Transport</i>	5%
<i>Adjacent uses</i>	5%
<i>Proximity to, but separation from, the urban area</i>	5%
<i>Vegetation</i>	5%
<i>Environment and Heritage</i>	5%
<i>Compatibility with the Territory Plan</i>	10%
<i>Infrastructure services</i>	5%
<i>Opportunity cost</i>	10%
<i>System Operational Efficiencies</i>	10%
<i>Minimal disruption to existing services</i>	5%
<i>Total</i>	100%

Table 3: Scoring Scale

<i>Superior</i>	9 - 10
<i>Excellent/Very Good</i>	7 - 8
<i>Good/Adequate</i>	5 - 6
<i>Reservations</i>	3 - 4
<i>Poor/Inadequate</i>	0 - 2

Assessment against site evaluation criteria

Table 4: Assessment of Sites Against Evaluation Criteria

Assessment Criteria	Calvary Campus and adjacent block	Gungahlin	University of Canberra	Nicholls
<i>Adequate site area</i>	1	10	10	4
<i>Topography</i>	5	10	9	6
<i>Access to facilities</i>	10	7	9	5
<i>Transport</i>	9	9	8	5
<i>Adjacent uses</i>	8	7	8	8
<i>Proximity to, but separation from, the urban area</i>	9	8	9	7
<i>Landscaping to support therapeutic outcomes</i>	4	8	9	9
<i>Environment and Heritage</i>	4	8	8	8
<i>Compatibility with the Territory Plan</i>	4	8	10	10
<i>Infrastructure services</i>	7	7	7	7
<i>Opportunity cost</i>	4	4	9	6
<i>System Operational Efficiencies</i>	8	7	8	6
<i>Minimal disruption to existing services</i>	4	8	8	8

Assessment against site evaluation criteria

Table 5: Weighted Assessment of Sites Against Evaluation Criteria

Weighted Assessment

	Calvary Campus and adjacent block	Gungahlin	University of Canberra	Nicholls
<i>Adequate site area</i>	20	200	200	80
<i>Topography</i>	25	50	45	30
<i>Access to facilities</i>	100	70	90	50
<i>Transport</i>	45	45	40	25
<i>Adjacent uses</i>	40	35	40	40
<i>Proximity to, but separation from, the urban area</i>	45	40	45	35
<i>Landscaping to support therapeutic outcomes</i>	20	40	45	45
<i>Environment and Heritage</i>	20	40	40	40
<i>Compatibility with the Territory Plan</i>	40	80	100	100
<i>Infrastructure services</i>	35	35	35	35
<i>Opportunity cost</i>	40	40	90	60
<i>System Operational Efficiencies</i>	80	70	80	60
<i>Minimal disruption to existing services</i>	20	40	40	40
TOTAL	530	785	890	640

Summary

University of Canberra

The University of Canberra has been identified as the preferred site when evaluated against the site assessment criteria and has a number of potential sites on the campus capable of accommodating a sub-acute hospital. Over 40 hectares of undeveloped land is adjacent to the intersection of Ginninderra and Aikman Drives. Sloping land is also available in the south western corner adjacent to the swimming centre. The site adjacent to Ginninderra Drive would provide ample land with suitable grades for the development of the hospital. This site, however, while having good access to the arterial road system would have a less adequate public transport service. Given the extensive land still available at the University, the opportunity cost would be low. The sites are in close proximity to the acute hospital, making any transfers efficient.

A major attraction of a location at the University of Canberra would be the collocation with the School of Nursing and Allied Health. The relationship should assist with staff recruiting and training, and should assist the university in undertaking health research.

The combination of sites which are suitable and have adequate size for flexible design of the hospital, potential for research and staff recruitment and training, good access to an acute hospital and the lowest opportunity costs on suitably zoned land tend to indicate that the University of Canberra should be the preferred location for the north-side sub-acute hospital.

Gungahlin Town Centre

Gungahlin Town Centre has adequate vacant land which has suitable physical characteristics for a sub-acute hospital. The hospital would have good public transport and road access but the planning requirements, in particular those relating to building to the road frontage and minimum building heights could lead to less effective outcomes than could be achieved at other sites.

It must be questioned, however, whether a hospital which has no accident and emergency facilities, and which will not provide facilities for birthing or for operations, should occupy valuable land in the town centre and be located further away from the acute hospital than other viable sites. The opportunity cost to the community of the land in the town centre, based on past sales and the limited supply of land in the centre, is estimated to be in the range of \$12 to \$25million. If car-parking in the

centre is required to be in structures, the cost of the hospital could increase by \$10 - \$30 million, dependant on the final parking requirements of the hospital facility.

Block 12 Section 78 Nicholls

This site is the least attractive of the alternatives to the Calvary site. It can only be rated as marginally suitable given its area at 5.66 hectares and it has an awkward shape. It would be tight for all the required uses. Some structure parking may be required adding to cost. Considerable areas of the site appear to be covered by unconsolidated fill, the treatment of which could cost in the order of \$0.5 to \$2million. Additional investigations would be required if this site to be given further consideration. The community facility land in the vicinity is limited and the opportunity cost could be expected to be in the order of \$5 to \$15million. The hospital would be the most remote of the four sites from the acute facilities. Hospital access for higher level services from this site would be the most difficult of all the sites.

The site is zoned for community facility uses, which is ideal for a hospital. The development controls should facilitate the proposed development. It is close to Casey group centre which is soon to be developed and could expect to have reasonable levels of public transport access although it is towards the periphery of the catchment. Compatible uses could locate in the group centre.

It is relatively flat so that site planning would be able to meet minimum grade requirements for disability access. The need to deal with the suspected unconsolidated fill on the site would also add to costs.

The site is currently being surveyed for endangered species. Although no high quality areas necessitating exemption from development are anticipated from inspections, some offsets may be required for some sites.

Calvary Campus

The Calvary Campus consists of two blocks (Block 1, Section 1, Bruce) on which the main Hospital and car-parking is located and (Block 2, Section 1, Bruce) where Brian Hennessey House is located. The main Hospital block is approximately 12.7ha and the Hennessey block is approximately 3.2ha.

Estimates on the required land for a new Sub-Acute Hospital are 6.3ha to enable functional design for the facility with most of the operations on one level, site coverage of 50% and surface parking to minimise cost. With the existing hospital infrastructure development, the requirements for a 6.3 ha site

could not be met on the Calvary Campus without significant replanning and changes to existing building footprints, or constructing a multi-storey sub-acute facility and multi-storey car parking. Both replanning the existing campus and designing a multi-storey sub-acute hospital are considered undesirable.

The block immediately adjacent to Calvary (Block 1, Section 110) is approximately 21.9ha and is zoned as Transport, Designated Hills, Ridges and Buffer Areas on the Territory plan. A variation to the Territory plan would be required to enable construction of a sub-acute hospital on the site delaying the sub acute hospital program by up to 2 years. The land also has environmental value adding further complexities to the site.

Whilst Calvary and the adjacent block scored well against some of the assessment criteria, Blocks 1 and 2, Section 1, Bruce do not have adequate land available for construction of a new facility without significant replanning and remodelling of existing infrastructure at significant cost, or compromising the design of the sub-acute hospital facility requiring it to be a multi-storey facility.

The Calvary Campus and adjacent block is considered unsuitable for development of a new sub-acute hospital.

Appendices

1. Preliminary analysis and location of the 7 initial sites (Page 25)
2. Excerpt from the Territory Plan Map showing the zoning of the 7 original potential sites (Pages 26 - 27).
3. Excerpt from the Territory Plan Map showing the zoning of the University of Canberra Campus and the area adjacent to Calvary (Pages 28 - 29).
4. Aerial Photo showing a potential site at the University of Canberra (Pages 30 -31).
5. Aerial Photo of the land adjacent to Calvary showing environmental constraints (Pages 32 - 33).
6. Aerial Photo of Gungahlin Town Centre showing the potential sites (Pages 34 - 35).
7. Excerpt from the Territory Plan Map showing the zoning of Gungahlin Town Centre potential sites (Pages 36 - 37.)
8. Aerial Photo showing some of the Golden Sun Moth sites at the University of Canberra (Page 38).
9. Aerial Photo of the Nichols site showing suspected unconsolidated fill sites outlined in red (Page 39 - 40).
10. Excerpt from the Territory Plan Map showing the zoning of the Nicholls site (Pages 41 – 42).
11. Table of land sales in Gungahlin Town Centre and adjacent areas (Page 43)

Preliminary analysis of the 7 initial sites

Location No	Block	Section	District	Area	Zone	Access Via	Comment
1	1	159	Belconnen	32 ha	Urban open Space; X Overlay- Urban Open Space; Pe- Public Land Reserve	Ginninderra Drive Diddams Close	Proposed use is prohibited under the current land use zoning. A variation to the Territory Plan would be required to develop the site for the use.
2	1	153	Kaleen	18 ha	Hills Ridges Buffer	100 Ellenborough Street / Barton Highway/ Ginninderra Drive	Proposed use is prohibited under the current land use zone. The land is also subject to Special Requirements under the National Capital Plan (Main Avenues and Approach Routes). An amendment to the National Capital Plan and Territory Plan would be required to develop the site for the proposed use.
3	1	3	Bruce		Community Facility	Ginninderra Drive/ Aikman Drive/ Coulter Drive	The site is part of the University of Canberra Campus. The land is zoned for Community Facilities and the proposed use is a permitted use in the zone, subject to development approval including lease variation to include the proposed use in the purpose clause.
4	2	147	Kaleen	44 ha	Hills Ridges Buffers / Designated Land	Ginninderra Drive / Ellenborough Street	Proposed use is prohibited under the current land use zone. The land is designated land and therefore subject to the National Capital Plan and the planning responsibility of the National Capital Authority. An amendment to the National Capital Plan and Territory Plan would be required to develop the site for the proposed use.
5	12	78	Nicholls	5.6 ha	Community Facility	Gungahlin drive / Kelleway Avenue	The land is zoned for Community Facilitates and the proposed use is a permitted use in the zone. The land is suitable and available to be developed for the proposed use subject to development approval. Two adjacent sites are separated by a strip of land zoned Urban Open Space(drainage line), subject to this design and environmental constraint the land could be developed as one large site ~11 ha.
	20	73	Nicholls	4 ha	Community facility		

Preliminary analysis of the 7 initial sites

Location No	Block	Section	District	Area	Zone	Access Via	Comment
6	Eastern end Gungahlin Town Centre				Commercial Zone - Business (CZ2)	Kate Grace Street / Manning Clarke Street / Flemington Road	The proposed use is permitted in the commercial zone. The land is subject to a Future Urban Area Overlay in the Territory Plan which indicates that the zoning and subdivision layout are an indicative planning intent at this stage. An appropriate block could be identified to suit the proposed use. The land would be suitable and available for the proposed use, subject to development approval and a Technical Amendment to the Territory Plan to uplift the FUA overlay.
7	1344	-	Canberra Central	18 ha	Urban Open Space / Designated Land Central National Area (Lake Burley Griffin and Foreshores)	Lady Denman Drive	Proposed use is prohibited under the current zone. The site is National Land, the responsibility of the National Capital Authority and identified for National Capital Use in NCP. An amendment to the National Capital Plan would be required.

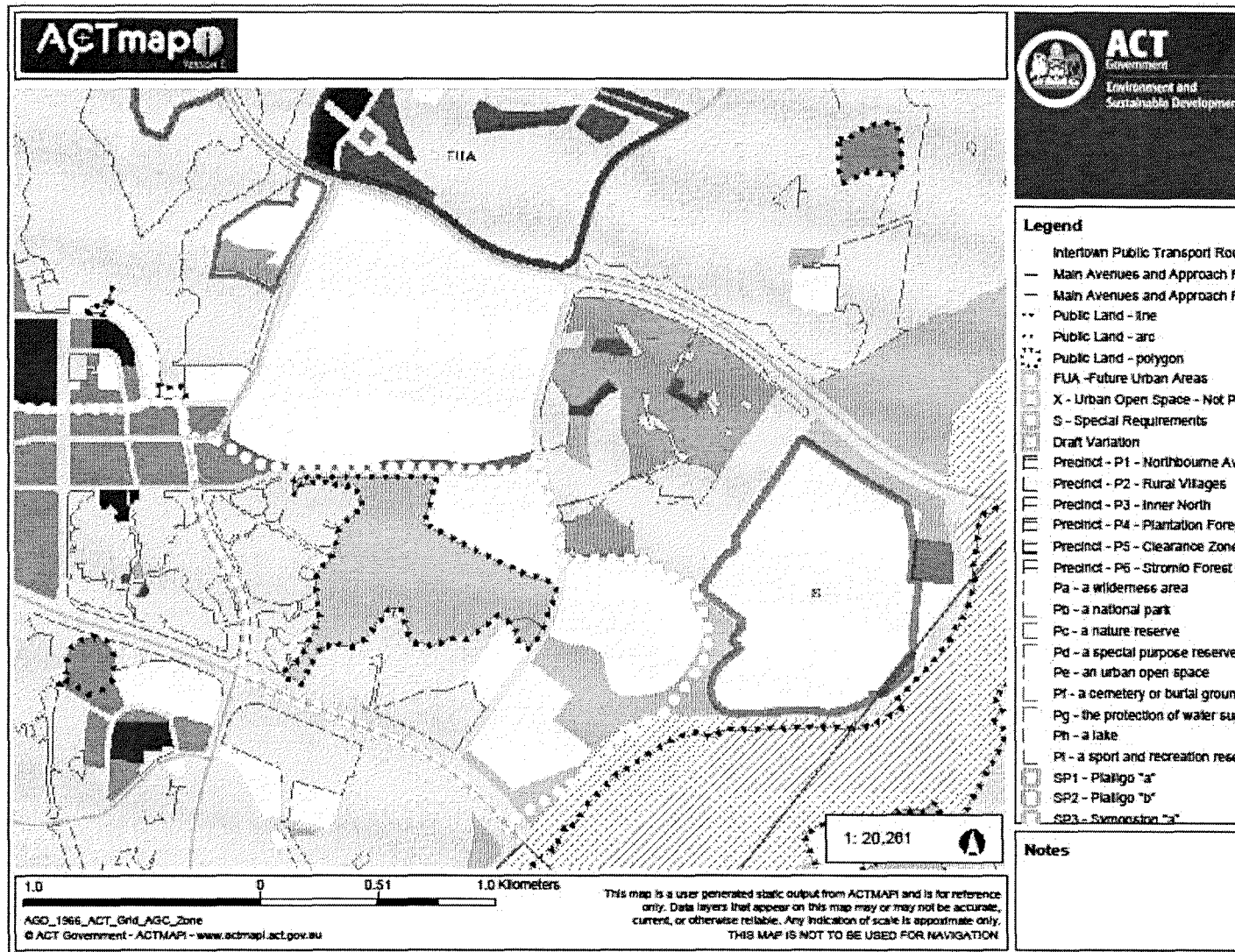
**Excerpt from the Territory Plan Map showing the zoning of
the 7 original potential sites .**



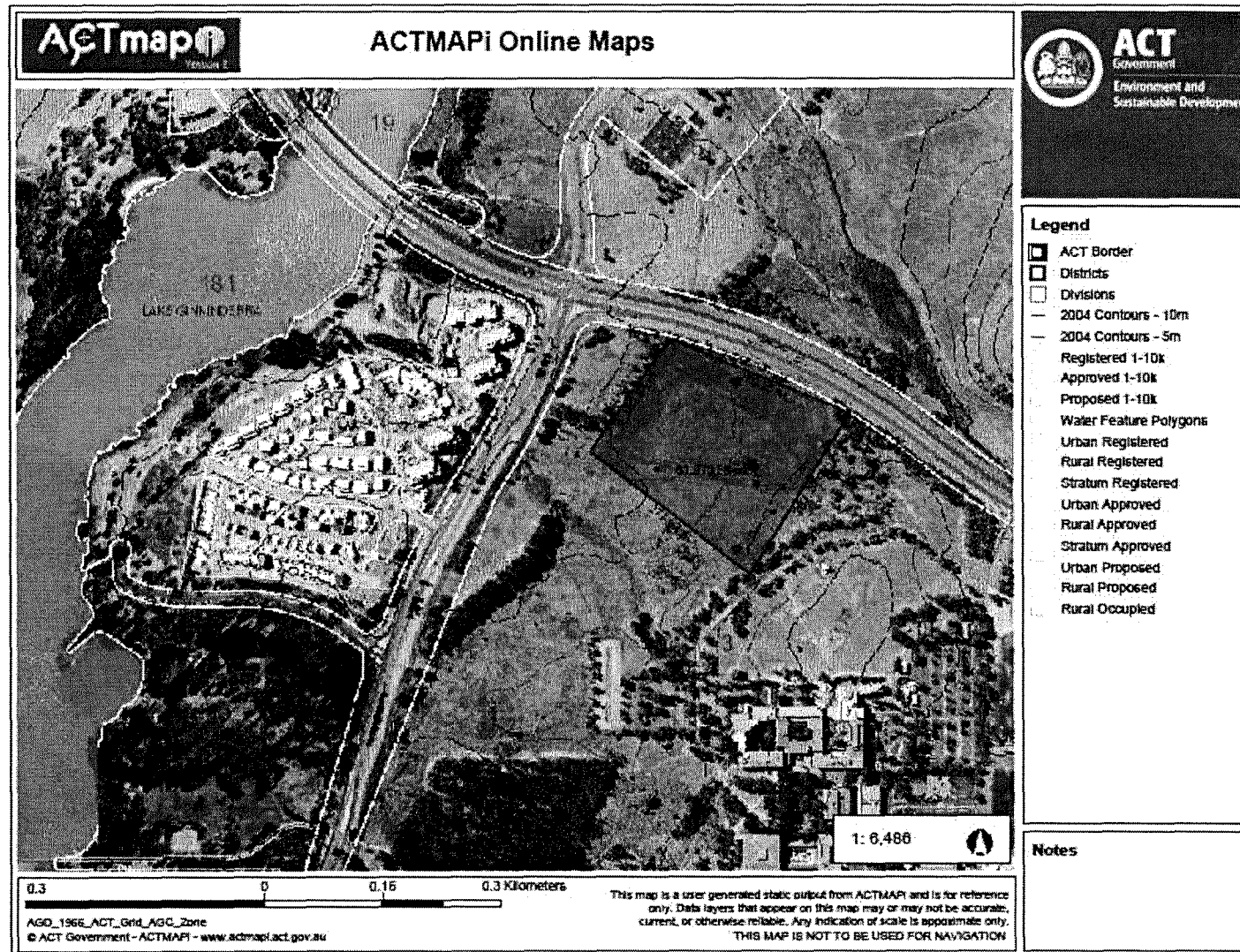
ZONES		OVERLAYS	
<p>Designated Areas: See National Capital Plan</p> <p>Residential:</p> <ul style="list-style-type: none"> R21 - Suburban R22 - Suburban Core R23 - Urban Residential R24 - Medium Density Residential R25 - High Density Residential <p>Commercial:</p> <ul style="list-style-type: none"> C21 - Core C22 - Business C23 - Services C24 - Local Centre C25 - Mixed Use C26 - Leisure and Accommodation <p>Industrial:</p> <ul style="list-style-type: none"> I21 - General Industrial I22 - Mixed Use Industrial 	<p>Community Facility:</p> <ul style="list-style-type: none"> CF2 - Community Facility <p>Parks and Recreation:</p> <ul style="list-style-type: none"> PR21 - Urban Open Space PR22 - Restricted Access Recreation <p>Transport and Services:</p> <ul style="list-style-type: none"> TS21 - Transport TS22 - Services <p>Non-Urban:</p> <ul style="list-style-type: none"> NU21 - Broadacre NU22 - Rural NU23 - Hills, Ridges and Buffer NU24 - River Corridor NU25 - Mountains and Bushland 	<p>Type of Project:</p> <ul style="list-style-type: none"> P1 - Northcross Avenue P2 - Rural Villages P3 - Inner North P4 - Remotest Forestry P5 - Cleavage Zone P6 - Strategic Forest Park <p>Public Land, written point interests and encompasses the type of public land reserves listed below (see also Chapter 10 of the Planning and Development Act 2020):</p> <ul style="list-style-type: none"> PL-1 <p>Type of Public Land Reserve: <small>(see also Chapter 10 of the Planning and Development Act 2020)</small></p> <ul style="list-style-type: none"> PL - a wilderness area PL - a national park PL - a nature reserve PL - a special purpose reserve PL - an urban open space PL - a cemetery or burial ground PL - the protection of water supply PL - a lake PL - a sport and recreation reserve 	<p> Education (only to Community Facility Zone Development Code)</p> <p> Special Requirements apply under National Capital Plan</p> <p> Future Urban Area</p> <p> Draft Variation to the Plan having interim effect</p> <p> Urban Open Space - Not Public Land</p> <p> Special Requirements apply banking Main Arteries and Approach Routes (see National Capital Plan)</p> <p> Interurban Public Transport Route</p> <p> Area subject to the variation</p>

TERRITORY PLAN MAP
JULY 2016

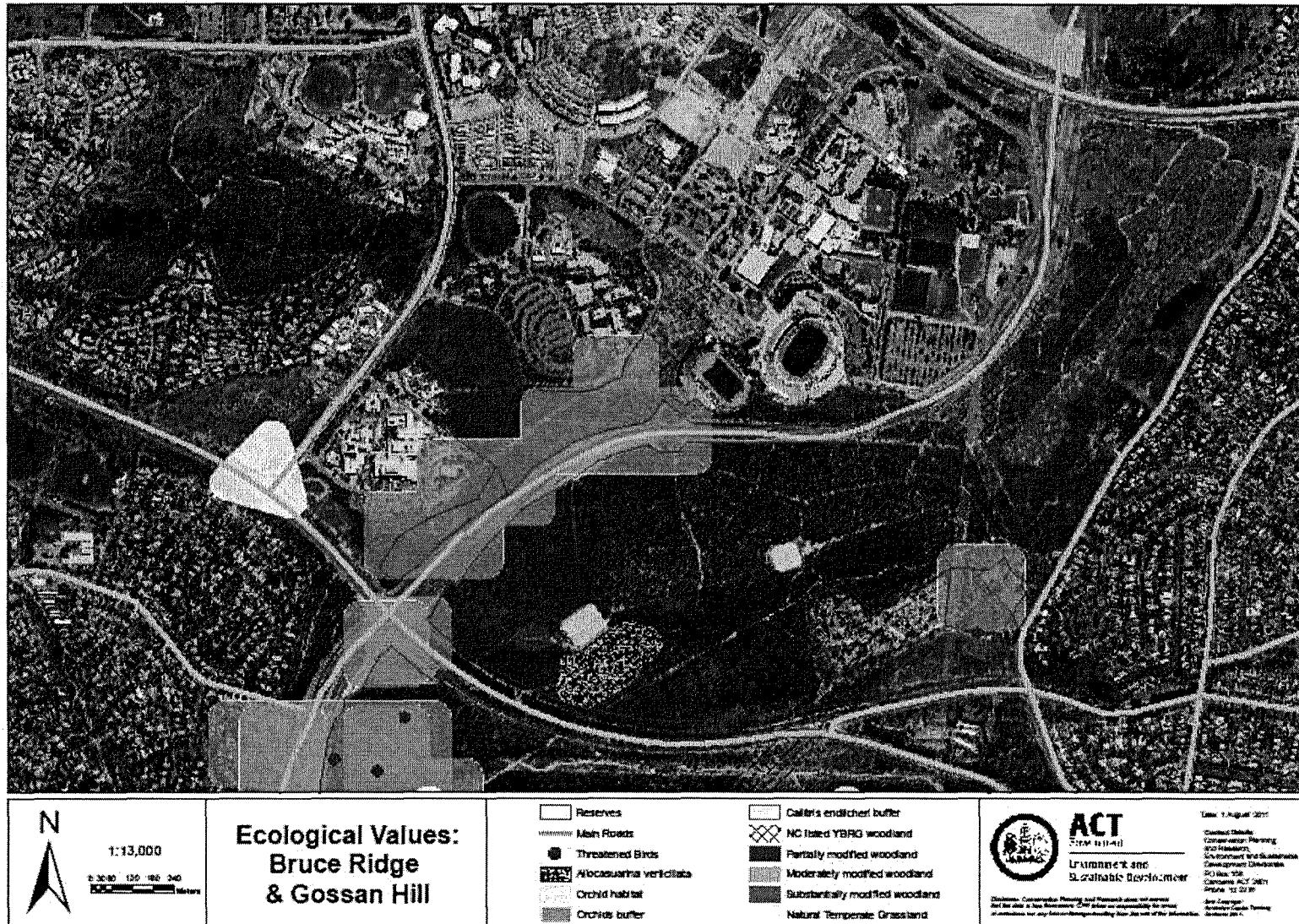
**Excerpt from the Territory Plan Map showing the zoning of
the University of Canberra Campus and the area adjacent to Calvary**



Aerial Photo showing a potential site at the University of Canberra



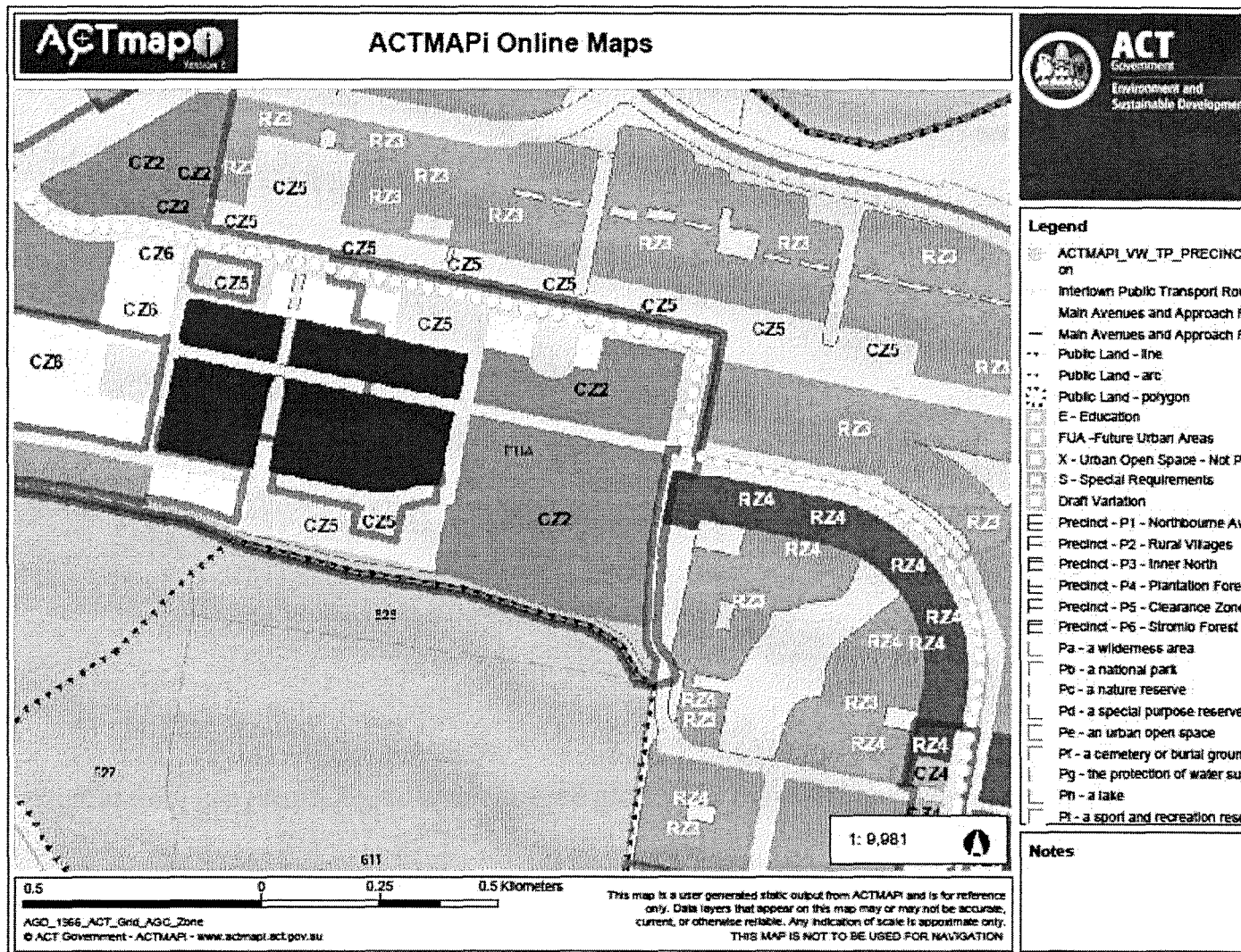
Aerial Photo of the land adjacent to Calvary showing environmental constraints



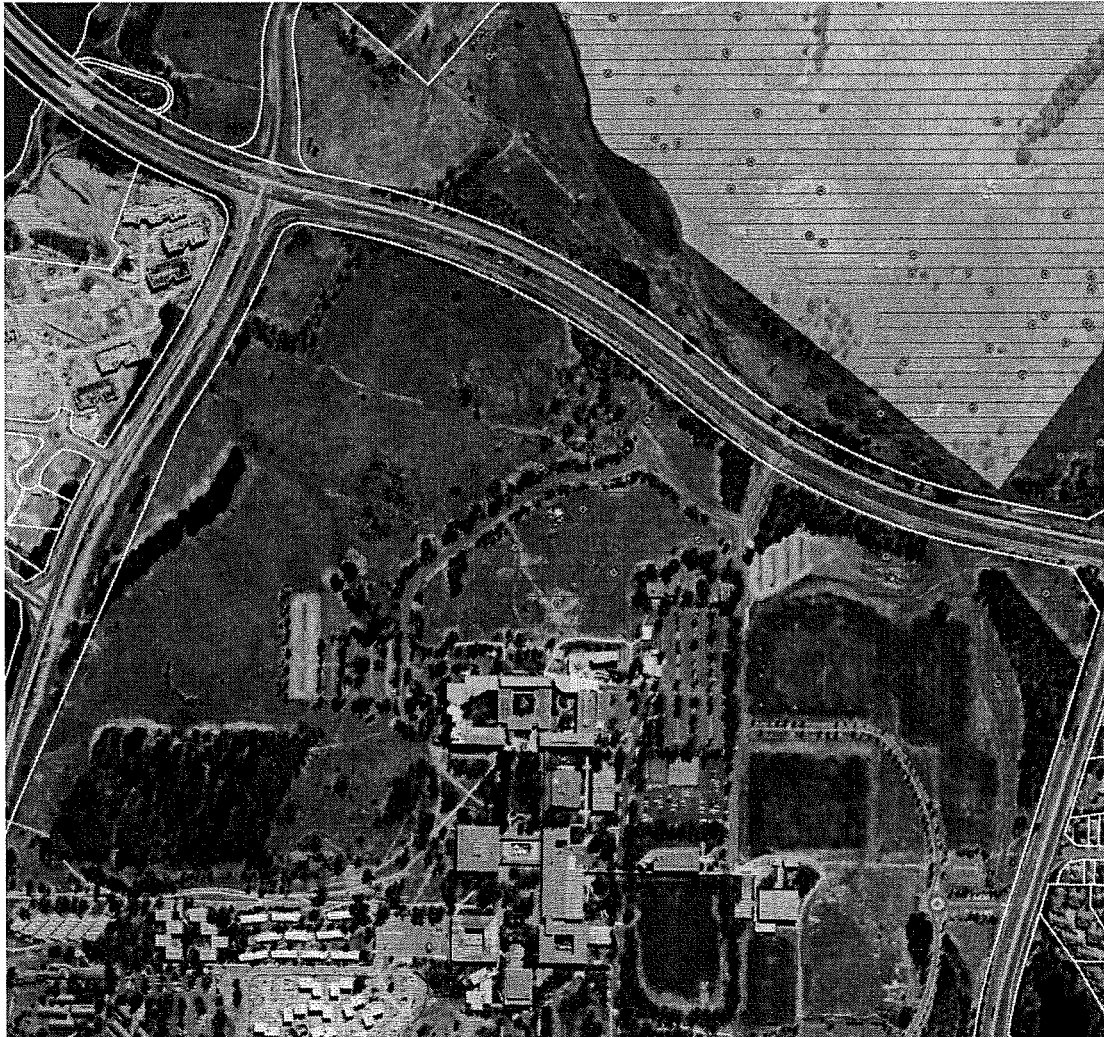
Aerial Photo of Gungahlin Town Centre showing the potential sites



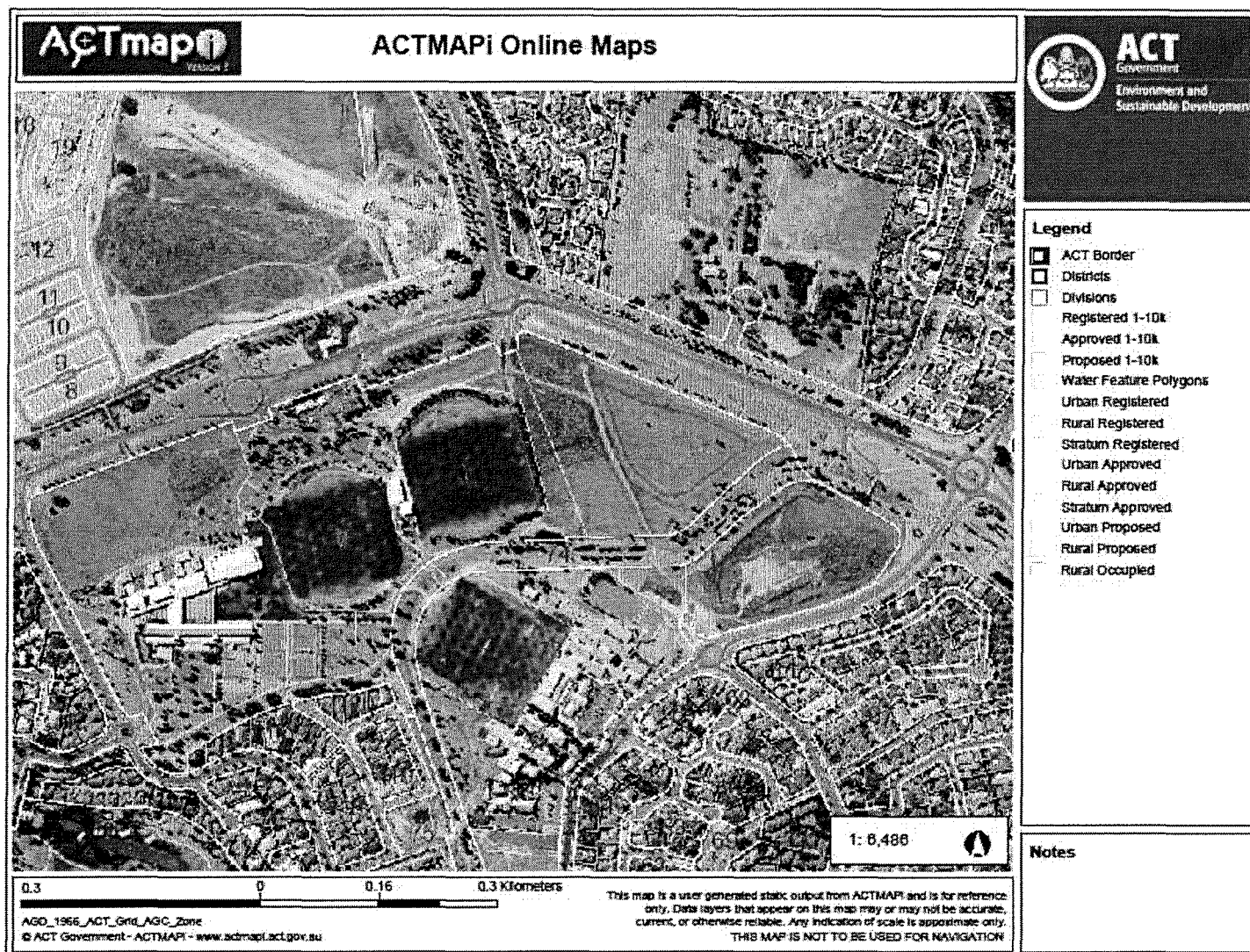
Excerpt from the Territory Plan Map showing the zoning of Gungahlin Town Centre potential sites



**Aerial Photo showing some of the Golden Sun Moth sites at
the University of Canberra**



**Aerial Photo of the Nichols site showing suspected unconsolidated
fill sites (outlined in red)**



Excerpt from the Territory Plan Map showing the zoning of the Nicholls site

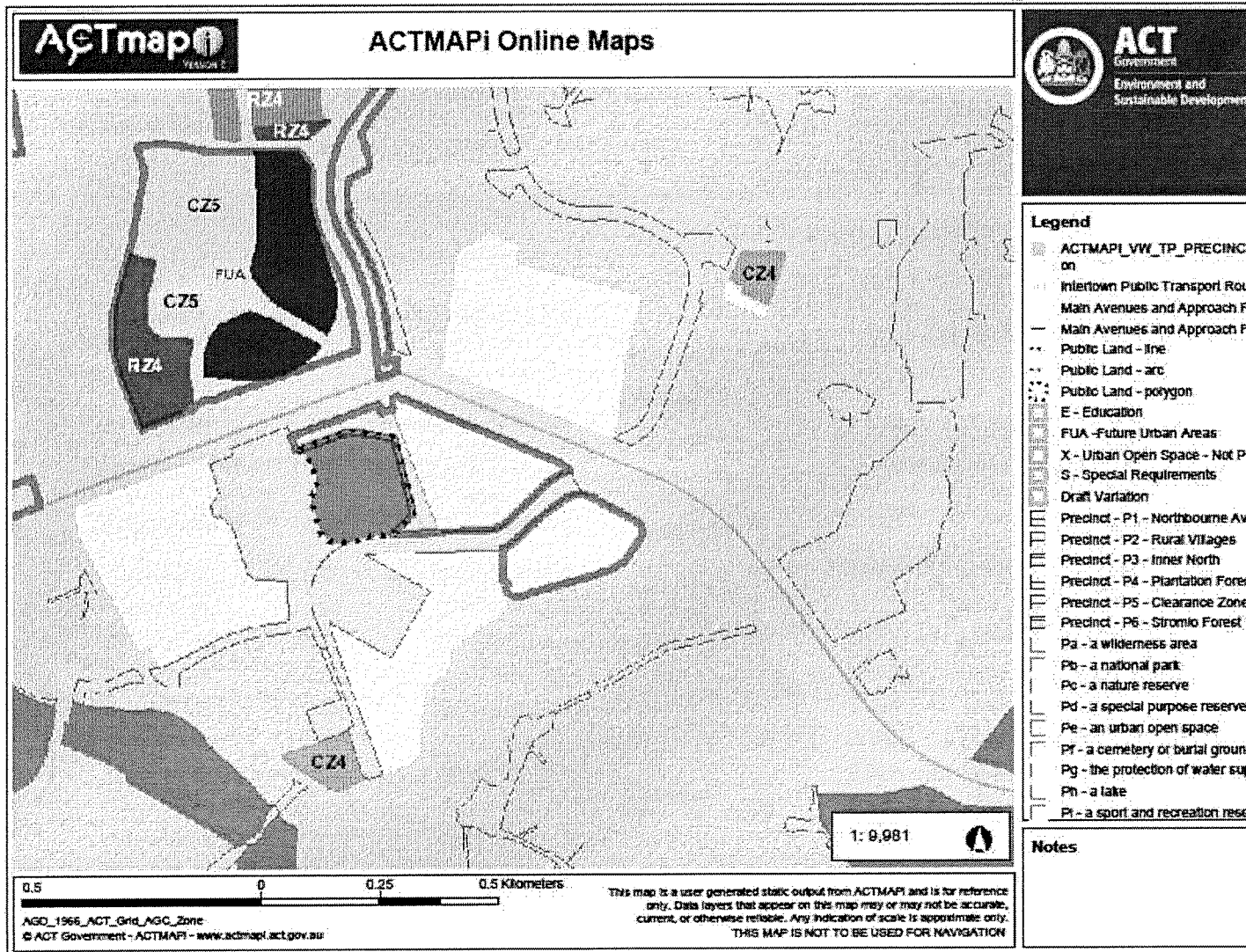


Table of land sales in Gungahlin Town Centre and adjacent areas

DATE	BLOCK TYPE	Zone	SUBURB	BLOCK	SECTION	AREA (m ²)	MAX GFA (m ² /dwelling g no.)	PRICE SOLD	Square Rate
14/09/10	Commercial	CZ2	Gungahlin	6	2	573	N/A	\$270,000	\$471
14/09/10	Commercial	CZ3, TSZ1	Gungahlin	1	225	2,580	N/A	\$720,000	\$279
10/05/10	Commercial	CZ2	Gungahlin	6	88	6,015	N/A	\$1,125,000	\$187
10/05/10	Commercial	CZ2	Gungahlin	1	209	17,264	N/A	\$2,850,000	\$165
26/06/09	Commercial	CZ2	Gungahlin	5	88	2,254	N/A	\$450,000	\$200
26/06/09	Commercial	CZ2	Gungahlin	1	224	4,885	N/A	\$1,020,000	\$209
26/06/09	Commercial	CZ2	Gungahlin	2	224	4,673	N/A	\$1,000,000	\$214
03/06/09	Commercial	CZ6	Gungahlin	5	3	4,276	3000m ²	\$900,000	\$210
11/06/08	Commercial	CZ2	Gungahlin Business Park	1	88	1,046	710m ²	\$525,000	\$502
11/06/08	Commercial	CZ2	Gungahlin Business Park	2	88	1,139	710m ²	\$455,000	\$399
11/06/08	Commercial	CZ2	Gungahlin Business Park	3	88	1,139	710m ²	\$455,000	\$399
11/06/08	Commercial	CZ2	Gungahlin Business Park	4	88	1,078	710m ²	\$475,000	\$441
								Med	\$247
								Avg	\$306
								Highest	\$502
								Lowest	\$165
DATE	BLOCK TYPE	Zone	SUBURB	BLOCK	SECTION	AREA (m ²)	MAX GFA (m ² /dwelling g no.)	PRICE SOLD	Square Rate
18/05/11	Community	CF	Giralang	9 (was 2)	80	2,274	N/A	\$733,000	\$322.34
18/05/11	Community	CF	McKellar	4	52	1,353	N/A	\$695,000	\$513.67



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2015-16

MR BRENDAN SMYTH MLA (CHAIR), MS MEEGAN FITZHARRIS MLA (DEPUTY CHAIR), DR CHRIS BOURKE MLA, MS NICOLE LAWDER MLA

ANSWER TO QUESTION TAKEN ON NOTICE



Mr Smyth: To ask the Minister for Health

Hansard page number 369-370

In relation to: University of Canberra Public Hospital

How many beds did the new North Canberra hospital report say would be in the University of Canberra Public Hospital?

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

The 2012 report *The New North Canberra Hospital: Report on site selection for the new North Canberra sub-acute hospital* noted on page 2 that "a North-side Sub Acute Hospital will accommodate the addition of up to 200 beds into the ACT Health Economy".

Approved for circulation to the Select Committee on Estimates 2015-16

Signature:

2.7.15

Date:

By the Minister for Health, Simon Corbell MLA



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

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MR BRENDAN SMYTH MLA (CHAIR), MS MEEGAN FITZHARRIS MLA (DEPUTY CHAIR), DR CHRIS BOURKE MLA, MS NICOLE LAWDER MLA

ANSWER TO QUESTION TAKEN ON NOTICE

The Chair: To ask the Minister for Health

Hansard page number 370

In relation to: University of Canberra Public Hospital

- 1) What is the cost of a sub-acute bed to construct and to operate?
- 2) What is the cost of an acute bed to construct and operate?



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

- 1) The estimated cost of a sub-acute bed to construct is \$1.3 million per bed. This cost has been derived by Rider Levett Bucknall (RLB), the contracted Master Cost Planner for the Health Infrastructure Program (HIP). The gross costing is hypothetical with no allowance for future escalation costs, location and site conditions, brownfield site special conditions and staging.

RLB provide all cost plans and cost estimates for projects that occur under the HIP. In doing so, they bring significant experience and expertise in the process of facility cost planning.

The recurrent cost to operate a bed in the ACT is \$0.316 million. ACT Health does not fund beds based on the care type, such as acute or sub-acute. The beds that are in operation across both public hospitals are staffed to respond to all care types based on ever changing demand.

- 2) The estimated cost of an acute general medical surgical bed to construct is \$2.4 million. This cost has been derived by Rider Levett Bucknall (RLB), the contracted Master Cost Planner for HIP. The gross costing is hypothetical with no allowance for future escalation costs, location and site conditions, brownfield site special conditions and staging.

RLB provide all cost plans and cost estimates for projects that occur under the HIP. In doing so, they bring significant experience and expertise in the process of facility cost planning.



LEGISLATIVE ASSEMBLY
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ANSWER TO QUESTION TAKEN ON NOTICE

Ms Lawder: To ask the Minister for Health

Hansard page number 378

In relation to: Revised funding profile for the Secure Mental Health Unit

When was the contractor appointed?



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

The contract for the Head Contractor for the Secure Mental Health Unit was awarded to Richard Crookes Constructions on 30 September 2014.

Approved for circulation to the Select Committee on Estimates 2015-16

Signature:

Date: 29.6.15

By the Minister for Health, Simon Corbell MLA



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

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MR BRENDAN SMYTH MLA (CHAIR), MS MEEGAN FITZHARRIS MLA (DEPUTY CHAIR), DR CHRIS BOURKE MLA, MS NICOLE LAWDER MLA

ANSWER TO QUESTION TAKEN ON NOTICE



The Chair: To ask the Minister for Health

Hansard page number 381

In relation to: Strategic objective 7 the optimum occupancy rate for all overnight hospital beds.

Is it possible to have those numbers split into Calvary and TCH?

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

The bed occupancy rates across ACT Public Hospitals for 2014-15 can be found below:

	Canberra Hospital	Calvary Public Hospital	ACT public hospitals
July 2014	89%	82%	87%
August 2014	90%	84%	88%
September 2014	89%	84%	87%
October 2014	90%	78%	86%
November 2014	88%	78%	85%
December 2014	85%	72%	81%
January 2015	85%	72%	81%
February 2015	86%	76%	83%
March 2015	88%	72%	83%
April 2015	87%	75%	84%
May 2015	89%	79%	86%
YTD May 2014-15	88%	77%	85%

Approved for circulation to the Select Committee on Estimates 2015-16

Signature:

Date: 29.6.15

By the Minister for Health, Simon Corbell MLA

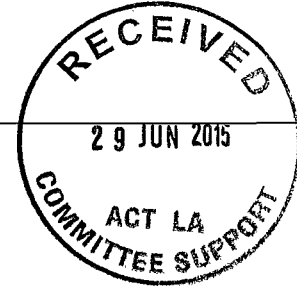


LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

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MR BRENDAN SMYTH MLA (CHAIR), MS MEEGAN FITZHARRIS MLA (DEPUTY CHAIR), DR CHRIS BOURKE MLA, MS NICOLE LAWDER MLA

ANSWER TO QUESTION TAKEN ON NOTICE



Dr Bourke: To ask the Minister for Health

Hansard page number 384

In relation to: Aboriginal and Torres Strait Islander Employment

“We employ an inclusion manager specifically to look at this issue and also the employment of people with disability and we monitor our employment statistics. I think we are slightly ahead of the CMTEDD’s specific target. I could not give you the exact numbers I would have to take that on notice.”

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

The numbers and statistics for ACT Health as at April 2015 are:

- Aboriginal and Torres Strait Islander staff: 86 employees, or 1.06 per cent of total staff.
- The Chief Minister, Treasury and Economic Development Directorate target for June 2015 is 81 people.
- ACT Health has exceeded the target by five staff.

In addition to these numbers ACT Health has employed on a contract basis three Aboriginal and/or Torres Strait Islander Australian School Based Apprentices (ASBAs), which will not be represented in the above staffing numbers.

Approved for circulation to the Select Committee on Estimates 2015-16

Signature:

Date: 29.6.15

By the Minister for Health, Simon Corbell MLA



LEGISLATIVE ASSEMBLY

FOR THE AUSTRALIAN CAPITAL TERRITORY

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MR BRENDAN SMYTH MLA (CHAIR), MS MEEGAN FITZHARRIS MLA (DEPUTY CHAIR), DR CHRIS BOURKE MLA, MS NICOLE LAWDER MLA

ANSWER TO QUESTION TAKEN ON NOTICE



Mr Hanson : To ask the Minister for Health

Hansard page number 387

In relation to: Reporting of non-elective surgery postponements at Canberra Hospital

There were some concerns raised by people in the community that they had turned up to have their non-elective surgery and often broken limbs and so on and elderly patients, and then had turned up, prepped for surgery and then been sent home. That happened two or three times.

Could you provide that information to the Committee over the last couple of years so we can get an understanding of the number of people who have had their surgery cancelled?

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

Postponements generally occur when more urgent, and at times life saving surgery, takes precedence over less urgent cases. The triage system for emergency theatre at Canberra Hospital ensures that each patient is allocated a category determined by clinical need, ensuring that the serious and life, limb or organ threatening cases are seen as a priority. Decisions to postpone surgery are made in consultation with the treating specialists and are based on the clinical need and clinical urgency of the patient, relative to other patients requiring surgery, and the impact of a delay on the clinical outcomes of the patient.

The demand for emergency surgery is continuously assessed by the operating rooms' multidisciplinary management team as the demand is fluid. The goal is to utilise all available emergency operating time to meet emergency demand.

The below table shows the number of patients who had their surgery postponed from December 2014 to May 2015, by month.

	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Total individuals postponed	162	136	145	151	86	121

ACT Health are implementing a number of strategies to assist with the demand on emergency surgery at Canberra Hospital and improve theatre utilisation.

The Acute Surgical Unit (ASU) commenced in April 2015 and is staffed and run by consultants at Canberra Hospital. The ASU aims to maximise access to emergency theatre time for general surgery patients. The ASU has access to their own dedicated theatre list from Monday – Friday.

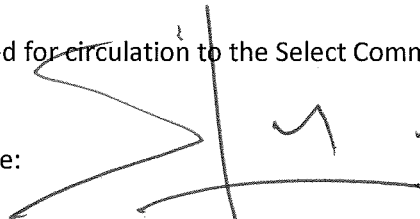
ACT Health is also working on a surgical demand strategy to free up more capacity at Canberra Hospital for emergencies and to increase emergency work through efficiency gains in available capacity.

A methodology is currently being undertaken to identify unused potential capacity and realign sessions to improve access to both elective and emergency surgery patients.

Additionally, as of 13 April 2015 extra operating time for emergencies has been allocated.

Approved for circulation to the Select Committee on Estimates 2015-16

Signature:



Date: 21.7.15

By the Minister for Health, Mr Simon Corbell MLA



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2015-16

MR BRENDAN SMYTH MLA (CHAIR), MS MIEEGAN FITZHARRIS MLA (DEPUTY CHAIR), DR CHRIS BOURKE MLA, MS NICOLE LAWDER MLA

ANSWER TO QUESTION TAKEN ON NOTICE

Mr Smyth: To ask the Minister for Health

Hansard page number 400

In relation to: Ngunnawal Bush Healing Farm

What is the contracted cost?



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

The contracted cost for the Ngunnawal Bush Healing Farm Project is \$6,125,868 (ex GST).

Approved for circulation to the Select Committee on Estimates 2015-16

Signature:

Date:

29.6.15

By the Minister for Health, Simon Corbell MLA



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2015-16

MR BRENDAN SMYTH MLA (CHAIR), MS MEEGAN FITZHARRIS MLA (DEPUTY CHAIR), DR CHRIS BOURKE MLA, MS NICOLE LAWDER MLA

ANSWER TO QUESTION TAKEN ON NOTICE



Mr Hanson: To ask the Minister for Health

Hansard page number 408

In relation to: Funding for community organisations pre and post National Disability Insurance Scheme (NDIS).

1. A snapshot of the community organisations that have been receiving funding from ACT Health.
 - (a) a breakdown of who they are and how much they have been getting, pre-NDIS;
 - (b) post-NDIS, so that we can see that organisation X was previously funded by ACT Health for an amount to do X; that has all been transferred to NDIS?
 - (c) Or with another organisation it could be in part—some is ACT Health, some is NDIS—and another one might be remaining entirely with ACT Health.
2. Where money has been essentially not provided then. There might be an organisation that was previously doing things for ACT Health:
 - (a) Has NDIS has picked it up, but that money has not followed.
 - (b) What happened to that money that was previously going to that organisation?

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

1.
 - a) A breakdown of mental health community organisations and funding pre-NDIS is at Attachment A.
 - b) Community based services for people with an enduring mental illness including psychosocial support, supported accommodation; life skills, vocational rehabilitation and respite are transitioning to the NDIS over the two year trial of the NDIS in the ACT.
 - c) A breakdown of mental health community organisations and programs impacted by the NDIS is at Attachment B. The 2014-15 value of this mental health community funding is \$4,361,000.
2.
 - a) The launch of the NDIS in July 2014 identified twenty four community organisations currently funded by ACT Health to provide mental health services. Of these, eleven will be impacted by the NDIS to varying degrees.

Attachment A

**2014-2015 ACT Government Health Directorate Funded/Contracted
Mental Health Community Organisations and Programs (Pre-NDIS)**

Contracted (Funded) Community Organisations	Service Description/Programs	2014-2015 funding
ACT Mental Health Consumers Network	<ul style="list-style-type: none"> • Provision of a mental health consumer representative, education & advocacy group. Mental Health Consumer "peak". 	\$330,000
ADACAS	<ul style="list-style-type: none"> • Provision of a mental health individual consumer advocacy. 	\$118,000
A Gender Agenda - AGA	<ul style="list-style-type: none"> • Provision of a sex and gender diverse mental health promotion and support program. 	\$158,200
Anglicare	<ul style="list-style-type: none"> • Brokerage of individual funding arrangements (IFA) for individuals suffering from mental illness with complex support needs- Consumer x1 	\$62,000
ANU – Centre for Mental Health Research	<ul style="list-style-type: none"> • Provision of a Mental Health Consumer Research Unit. 	\$159,000
Mental Health Foundation of the ACT	<ul style="list-style-type: none"> • Provision of a community mental health information and referral service. • Provision of short term accommodation support for individuals with mental illness • Provision of long term supported accommodation, outreach services and respite type programs for individuals with mental illness. • Provision of a mental health psychosocial rehabilitation centre - Mental Health Consumer Space -Rainbow Room. • HASI/HARI provider. 	\$920,000
Mental Health Community Coalition of the ACT	<ul style="list-style-type: none"> • Provision of a mental health community sector representation, education, development & advocacy. Mental Health Community Sector "peak" 	\$585,000
Barnardos Australia	<ul style="list-style-type: none"> • Provision of respite care for children of parents with a mental illness and for children with a mental illness through school holiday camps and programs, and daily respite programs. 	\$118,000
Belconnen Community Service	<ul style="list-style-type: none"> • Provision mental health resiliency training and support, and referral for "at risk" youth and their families - "Bungee" program. • Provision of mental health psychosocial recreational (arts and leisure programs) and support programs for individuals with mental illness. 	\$829,500
Brindabella Women's Group	<ul style="list-style-type: none"> • Mental Health Promotion self help support group targeting mothers in the early infant period 	\$35,000
Canberra Institute of Technology (CIT)	<ul style="list-style-type: none"> • Provision of a Mental Health Consumer Training Program scholarship scheme 	\$28,000
Majura Women's Group	<ul style="list-style-type: none"> • Mental Health Promotion self help support group targeting mothers in the early infant period. 	\$35,000

Carers ACT	<ul style="list-style-type: none"> • Provision of a mental health carers representative, education & advocacy groups. • Provision of mental health carer training & support groups. • Provision of mental health carer peer support targeted at inpatient facilities. 	\$400,000
CatholicCare	<ul style="list-style-type: none"> • Provision of long-term, medium level care needs, supported accommodation and outreach. Provision of high level fully supported youth special care accommodation and outreach support. • Provision of step-down respite accommodation for individuals with mental illness. • Provision of long-term medium to high level, care needs, supported accommodation for dual diagnosis consumers – the “Lodge”. Provision of the Youth 24 hour step up/down supported accommodation & outreach program (13 –17 year olds). 	\$2,351,000
Community Connections	<ul style="list-style-type: none"> • Brokerage of individual funding arrangements (IFAs) for individuals suffering from mental illness with complex support needs. 2XConsumers 	\$153,000
Companion House	<ul style="list-style-type: none"> • Provision of counselling and/or advocacy for the refugee survivors of trauma and torture and/or mental illness. • Provision Primary (general) Health Care Services 	\$324,641
GROW	<ul style="list-style-type: none"> • Provision of medium -long term, rehabilitation supported accommodation for individuals suffering from mental illness. • Provision of self-help groups providing support for individuals suffering from mental illness 	\$175,000
INANNA	<ul style="list-style-type: none"> • Provision of self-help groups providing support for women suffering from mental illness as a result of previous and/or current domestic abuse, including alcohol and drug issues. • Provision of long term outreach supported accommodation (3beds) for women suffering from mental illness. • Provision of short to medium term respite type crisis accommodation (8 beds) for women suffering from mental illness. • Brokerage of individual funding arrangements (IFA) for individuals suffering from mental illness with complex support needs - Consumer X1. • HASI/HARI provider. 	\$550,000
Marymead Child & Family Centre	<ul style="list-style-type: none"> • Provision of a PPEI program to support “attachment” in high risk families – <i>Circle of Security Family</i> early intervention and wellbeing promotion program. 	\$45,000

Mental Illness Fellowship of Victoria	<ul style="list-style-type: none"> • Provision of the Adult 24 hour step up/down supported accommodation & outreach program • Provision of the Young Persons 24 hour step up/down supported accommodation & outreach program (18 –25 year old) • Provision of vocational training and rehabilitation services for individuals with mental illness, through not-for-profit businesses • Provision of an adult “sub-acute” Step Up/Step Down 12hours daily, 7days /weeks intensive outreach support which targets forensic consumer in particular those exiting AM prison • HASI/HARI provider. 	\$2,682,000
Mental Illness Education ACT (MIEACT)	<ul style="list-style-type: none"> • Provision of information and education about mental illness and the maintenance of mental health, targeted to students of secondary schools, colleges, and youth groups /agencies. 	\$507,000
OzHelp Foundation	<ul style="list-style-type: none"> • Provision of information about mental illness, alcohol & drug issues, maintenance of mental health, and early intervention of mental illness targeted to building industry workers and apprentices. • Provision of mental health counselling and crisis management to building industry workers and apprentices. • Provision of a community suicide prevention education & information program. 	\$648,000
Post & Antenatal Depression Support & Information (PANDSI)	<ul style="list-style-type: none"> • Provision of self-help groups providing support for women and their families suffering from ante and/or postnatal mental illness. • Provision of an education and information service for ante and/or postnatal mental illness. 	\$398,000
DUO ACT	<ul style="list-style-type: none"> • Provision of respite care for individuals with mental illness and/or for the carers of individuals with mental illness. Includes children and adolescents. Specifically targeted at families. 	\$242,000
Richmond Fellowship	<ul style="list-style-type: none"> • Provision of long-term medium and high level care needs, supported accommodation and outreach for individuals suffering from mental illness. • HASI/HARI provider 	\$843,000
St Vincent DePaul – Samaritan Supported Accommodation Program & Compeer Program	<ul style="list-style-type: none"> • Provision of long term supported accommodation for adult males suffering from mental illness which targets forensic consumer in particular those exiting AM prison, and long-term comorbidity consumers. • HASI/HARI provider. • Provision of a mental health psychosocial recreational/rehabilitation program through the use of volunteers – “Compeer “. 	\$660,000
Social Ventures Australia ACT Social Enterprise Hub	<ul style="list-style-type: none"> • Provision, through community and commercial partnership, of a social enterprise hub. 	\$148,000
Volunteering ACT Connections Volunteers	<ul style="list-style-type: none"> • Provision of a mental health psychosocial recreational/rehabilitation program through the use of mainstream volunteers 	\$188,000

Woden Community Service	<ul style="list-style-type: none"> • Provision of an adult "sub-acute" Step Up/Step Down 12hours daily, 7days /weeks intensive outreach support. 	\$807,000
Winnunga Aboriginal & Torres Islander Health Service.	<ul style="list-style-type: none"> • Provision of a community mental health liaison officer. 	\$85,000
Gugan Gulwan Aboriginal Health Service.	<ul style="list-style-type: none"> • Provision of an early intervention youth outreach program to support early identification, treatment and advice to at risk Aboriginal and Torres Strait Islander young peoples experiencing mental ill health and emotional well being problems. 	\$180,000
Women's Centre for Health Matters	<ul style="list-style-type: none"> • Provision of secretariat and a regular forum for women's around mental health issues 	\$30,000

Community Mental Health Programs Transitioning to the NDIS			
Community Organisation	Program	Program Funding Transitioning to NDIS based on 2014-15 Values	Programs Transitioning to NDIS after 30 June 2016
Anglicare	IFA Packages x2	\$62,000	
Belconnen Community Service Inc	Arts Program	\$290,000	
	Leisure Program	\$257,000	
CatholicCare - Roman Catholic Church for the Archdiocese of Canberra and Goulburn as Trustees	The Lodge -Long term supported accommodation facility & Inreach Program	\$496,000	
	Sails	\$470,000	
	"Respite type" Psycho-social Community Outreach Support	\$275,000	
Community Connections	IFA Packages x2	\$153,000	
Inanna Inc	Long-term Accom and Psycho-social Outreach/Inreach Support	\$292,000	
Mental Health Foundation (ACT)	"Rainbow" Psycho-social & Skills for Life, Facility Based Support	\$424,000	
	Long term & Non Acute Supported Accommodation & Community Outreach	\$143,000	
Mental Illness Fellowship Victoria	Vocational Rehabilitation Program	\$414,000	
Richmond Fellowship ACT	Long-term Inreach & Outreach Support & Accommodation Program	\$843,000	
St Vincent De Paul	Samaritan Long-term Outreach Support (Program Transitioning to NDIS after 30 June 2016 at cessation of <i>Mental Health Reform National Partnership Agreement</i> Funding -\$250K)		\$267,000
DUO Inc	Respite type Psycho-social Community Outreach Support	\$242,000	
Volunteering ACT (Identified NDIS ILC Program)	Connections Program - Psycho-social Support		\$144,000
Total Program Funding Transitioning to NDIS based on 2014-15 Values		\$4,361,000	



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2015-16

MR BRENDAN SMYTH MLA (CHAIR), MS MEEGAN FITZHARRIS MLA (DEPUTY CHAIR), DR CHRIS BOURKE MLA, MS NICOLE LAWDER MLA

ANSWER TO QUESTION TAKEN ON NOTICE



Mr Hanson: To ask the Minister for Health

Hansard page number 412

In relation to: Obesity Clinic waiting times

My understanding is that there is a long waiting time involved for people. Can you advise what that waiting time is, what the situation is and what is going to be done about it?

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

For the 2015 calendar year the average wait time is 248 days, which equates to approximately nine months.

A fourth Clinic commenced on 23 June 2015 and another will start in October 2015. The waiting time will reduce markedly as medical clinics increase throughout 2015.

Approved for circulation to the Select Committee on Estimates 2015-16

Signature:

Date: 29-6-15

By the Minister for Health, Simon Corbell MLA

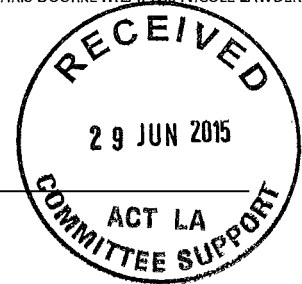


LEGISLATIVE ASSEMBLY
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ANSWER TO QUESTION TAKEN ON NOTICE



Ms Lawder: To ask the Minister for Health

Hansard page number 421-422

In relation to: Difficulty in searching for the Phillip BreastScreen service on the ACT Health website

And so if, you know, I am on the ACT Health website, under "our services" it is difficult to see where breast screening comes in. What area does it appear under?

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

Information about the Phillip BreastScreen Service is accessible via the ACT Health website. It can be found under our Women, Youth and Children section at <http://www.health.act.gov.au/our-services/women-youth-and-children/breastscreen>.

Information for both the Phillip and City services is provided at the bottom of the page. Details include addresses, contact numbers and email address.

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ANSWER TO QUESTION TAKEN ON NOTICE



Mr Hanson: To ask the Minister for Health

Hansard page number 427

In relation to Hospital in the Home:

- 1) What is now the total number of HITH Beds.
- 2) Across Canberra and Calvary, what is the total number of nurses and the total number of doctors.

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

- 1) At the end of 2014-15, there are a total of 43 Hospital in the Home bed equivalents across ACT public hospitals.
- 2) There are a total of 20.93 FTE nurses, and 4.46 medical staff to service the Hospital in the Home program.

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Signature:

By the Minister for Health, Simon Corbell MLA

Date: 29.6.15