

GOVERNMENT DEPARTMENTS AND AGENCIES — THREE PER CENT EFFICIENCY DIVIDEND

1333. Hon Ljiljanna Ravlich to the Minister for Transport representing the Deputy Premier

For each Department and Agency within the Deputy Premier's portfolios, please provide, —

- (a) a description of each of the initiatives to achieve the relevant Agency's 3 percent efficiency dividend;
- (b) a description of how the original services, provided by the initiatives that were cut in (a) above, have been met by other areas of that Agency;
- (c) if services have not been provided to their original level, a description of where the Agency is increasing its level of service to create efficiency; and
- (d) for each new service provided by the Agency, a description of the monetary and non-monetary, costs and benefits, attributable to the new service?

Hon SIMON O'BRIEN replied:

- (a) WA Health has the following 3% efficiency dividend initiatives:
 - Adjustments to staff levels in a way that does not compromise front line patient services;
 - Reduced reliance on the use of agency nurses, moving to directly employ nurses through permanent full and part-time, casual and temporary contracts;
 - General health services savings, including:
 - Pharmacy prescribing savings through better tender negotiations and minimisation of non PBS drugs;
 - Re-prioritisation of repairs and maintenance;
 - Substitution of internet-based for print-based recruitment advertising;
 - Improved management of worker's compensation through a focus on prevention and intensive management of employees with injuries;
 - Review of opportunities to remove duplication in functions performed by the Department of Health (DOH) centrally and by Area Health Services;
 - Vehicle fleet management savings, including fewer vehicles;
 - "Just in time" management of stock levels to reduce funds invested and holding costs;
 - Review of the range and cost of prostheses and patient appliances;
 - Cessation of external function room hire and catering for meetings and special functions;
 - Interstate and overseas travel reductions;
 - Reduction in printing and consumable costs;
 - Minimisation of professional memberships on expiry of current contracts (excludes memberships required by legislation or clinical accreditation); and
 - Efficient use of energy and water consumption.
 - Progress the transfer of nursing home beds to the non-government sector;
 - Transfer of Care Awaiting Placement (CAP) beds into Transition Care Service (TCS) beds;
 - Transfer of appropriate hospital substitution, post acute and community nursing services from Area Health Services (AHS) to services to be provided under the Friend in Need Emergency (FINE) scheme;
 - More effective use of electronic purchasing options to replace paper requisitions;
 - Standardisation of pathology equipment platforms allowing for decreased maintenance costs and savings via the negotiation of bulk purchase of common items; and
 - DOH will not proceed with the planned Rockingham 25 bed Mental Health Intermediate Care unit (see note below).
- (b)-(c) In relation to initiatives involving service changes:
 - The Australian Government is increasing its investment in TCS beds. This enables the DOH to convert CAP beds to TCS beds as they are allocated by the Australian Government;

DOH is negotiating with the non-government sector to assume responsibility for residential aged care facilities currently managed by DOH;

The Friend in Need Emergency (FINE) initiative will supersede some arrangements with the AHS to the non-government sector for the purchase of home care packages, post acute care and community nursing services; and

The DOH will invest resources in homeless youth with a mental illness in the south metropolitan area rather than proceeding with the Rockingham 25 bed Mental Health Intermediate Care unit.

(d) Homeless Youth Initiative

WA Health will invest an estimated \$800,000 per annum to assist mental health clients in the south metropolitan area, specifically homeless youth with a mental illness.

The FINE initiative

The Government has allocated \$84 million over four years to the FINE initiative. FINE aims to deliver care and support to people in need, enabling them to remain in their own home, hostel or nursing home, rather than present to an emergency department or be admitted into hospital.

The FINE scheme has an emphasis on:

Community based non-inpatient acute and complex care;

A strengthened network of care coordination (case management); and

Community based flexible care packages.

The FINE scheme will enhance and align with the work of hospital outreach programs including Hospital In The Home (HITH), Rehabilitation In The Home (RITH) and the Residential Care Line (RCL).

The FINE scheme aligns with the Four Hour Rule program by enhancing the capacity of community based care enabling safe and effective care for patients and their carer's in their own home.

Office of Health Review

(a) The 3 percent efficiency dividend did not apply to the Office of Health Review.

(b)-(d) Not applicable.

Nurses and Midwives Board

(a) The Nurses and Midwives Board of Western Australia is not funded by Government. As a result, the Board is not affected by the 3 percent efficiency dividend requirements.

(b)-(d) Not applicable.

Department of Indigenous Affairs

(a) The Department of Indigenous Affairs' (DIA) will achieve the 3 per cent efficiency dividend through the reduction of positions via redundancies as part of restructuring the department.

(b) No services have been cut as a result of the 3 per cent efficiency dividend. DIA's restructure is focusing on reductions at head office by rearranging its service model to provide more focus on regional activities. Services provided by the redundant positions that need to be retained will be consolidated within other areas.

(c) Not applicable.

(d) New services assigned to the department under the Council of Australian Governments' National Indigenous Reform Agenda, in particular taking the lead agency role on the National Partnership Agreement on Remote Service Delivery (RSD NP). The RSD NP is focused on four remote locations and is aimed at:

- Closing the life expectancy gap within a generation
- Halving the gap in mortality rates for Indigenous children under five within a decade
- Halving the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade
- Halving the gap for Indigenous students in reading, writing and numeracy within a decade

- Providing that all four year olds, including those in remote communities, have access to early childhood education within five years
- Halving the gap for Indigenous students in Year 12 attainment or equivalent attainment rates by 2020

As part of this, DIA is taking a lead role in facilitating outcomes via a range of both Indigenous-specific and general National Partnerships. The State Government's contribution to the RSD NP is \$12.1m over five years.