

**DIVISION: 11: DEPARTMENT OF HEALTH —**  
**[Supplementary Information No B25.]**

*Question: Mr R.H. Cook I have a follow-up question about the home-based hospital programs. I note the government's \$27 million commitment for the FINE program and that there has been a \$15.6 million increase in funding for the Hospital in the Home program. Assuming that that includes that \$27 million increase; can the minister disaggregate across the other programs to demonstrate where the reductions in overall funding have been made?*

*Answer: The FINE election commitment has been apportioned across services 3 (Home Based Hospital Programs) and 10 (Aged and Continuing Care). The estimated cost of providing this service is as follows:*

<b>Friend In Need - Emergency (FINE) budget allocations 2009/10</b>	<b>Summary Description</b>	<b>2009/10</b>
<b>Silver Chain Nursing Association</b>	Targets increasing capacity of Hospital At The Home (HATH), Post Acute Nursing (PAC) and community nursing, as well as strengthening medical/clinical governance to enable delivery of a model of care and service delivery that aligns with the intent of diverting patients from the emergency department by delivering better and more timely care "at home".	\$16,932,500
<b>Other Community Care programs</b>	Targets community focused programs to support chronic disease.	\$2,567,500
<b>Community Flexible Care Packages</b>	Expansion of the current Home Care Package program managed through North and South Metropolitan Area Health Services.	\$800,000
<b>Emergency Department Care Coordination Teams</b>	Targets the emergency department based care coordination teams - as a pivotal clinical linkage with the FINE scheme community services.	\$1,657,720
<b>Complex Care Coordination - community focused</b>	Targets establishing a network of "complex care coordinators" who will work with patients and carers who are at a higher end of functional decline, and whose care and support needs in the community are complex.	\$4,342,280
<b>Training, Education</b>	Targets a sustainable and system wide training and education program in relation to complex care coordination and the FINE scheme.	\$200,000
<b>Quality and Evaluation</b>	A robust quality and evaluation framework and process to be developed.	\$300,000
<b>Administration</b>	As a system wide project the FINE scheme is to be administered through the Department of Health.	\$200,000
<b>Total funding to FINE 2009/10</b>		<b>\$27,000,000</b>

**[Supplementary Information No B26.]**

*Question: Dr J.M. Woollard asked: Will the minister provide, possibly by way of supplementary information, the funding for these three areas (school health nurses, community health nurses and child development services) over the past decade?*

*Answer:* A combined Child and Adolescent Health Service (CAHS) and WA Country Health Service (WACHS) response has been prepared. It is not possible to disaggregate Child and Adolescent Community Health expenditure into school health nurses, community health nurses and child development services, therefore a total expenditure value has been provided.

The gross expenditure budgets for CAHS/Child and Adolescent Community Health in the metropolitan area in the last three years since its formation is:

- 2008/09 Gross Expenditure Budget (April)      \$54,976,000
- 2007/08 Gross Expenditure Budget              \$51,279,000
- 2006/07 Gross Expenditure Budget              \$45,971,000

The growth factor is mainly due to Cost of Awards increases for staff and Commonwealth funded programs.

Financial information is not available prior to 2006/07 and information from WACHS is not available in the time frame.

Prior to 2006 community child health services were the responsibility of separate area health services; three in the Perth metropolitan area and two in the country. There were no integrated information systems due to the historical decentralisation and Board managed hospitals. Also, in some areas of the State child health, school health and child development service staff FTE were shared across different work units allocated by a proportion of time. This still occurs in areas of the State with small populations and low staff numbers.

Following the Reid Review there has been ongoing reform of WA Health that has seen the creation of CAHS in the Perth Metropolitan area and WACHS. With the creation of metropolitan CAHS, child and adolescent community health services were brought into one management system enabling a clear analysis of resource allocations and funding to this area of work in the metropolitan area.

**[Supplementary Information No B27.]**

*Question: Mr C.J. Tallentire asked: My question relates to page 172 of the Budget Statements related to palliative care. The question is in two parts. First of all, will the minister advise how much of the revenue is provided by the commonwealth government, and which programs and services will that funding cover?*

*Answer:* The total Service 4 Palliative Care recurrent expenditure budget for 2009-10 totals \$22.417 Million. This amount is funded by the State Government (\$21.160M) and the Commonwealth Government (\$1.257 Million). The Commonwealth Component is comprised of:

- Department of Veterans Affairs - funds to treat veterans - \$1.140 Million;
- Palliative Home Care Grant - Paediatric Palliative Care - \$67,000; and
- Palliative Home Care Grant - Palliative Care Community Medications - \$50,000.

**[Supplementary Information No B28.]**

*Question: Mr R.H. Cook My question relates to the "3% Efficiency Dividend" heading on page 162 of budget paper No 2. Can the minister please provide, in the first instance, details about the breakdown of the full-time equivalents across metropolitan and country health services in terms of the actual number of staff anticipated to be part of the three per cent efficiency dividend for 2009-10 and the forward estimates?*

*Answer:* The \$51 million budgeted in 2009-10 for "Metropolitan and Country Health Services FTE Efficiencies" represents a reduction of 527 FTE to be achieved by natural attrition; reductions to casual and temporary staff levels; reductions to overtime; reductions to non-core projects; and achieving productivity

improvements. Of this total, 120 FTEs are attributable to the WA Country Health Service and 407 FTEs attributable to Metropolitan Health Services.

**[Supplementary Information No B29.]**

*Question: Mrs M.H. Roberts I am interested to know whether, either globally or on a hospital-by-hospital basis, the minister knows how many hours are worked by nurses Does the department collate those figures; and, if so, is a comparison possible?*

*Answer:*

	<b>12 months to April 2008 (inclusive) - hours</b>	<b>12 months to April 2009 (inclusive) - hours</b>
<b>South Metropolitan Area Health Service</b>	<b>6,272,130</b>	<b>6,802,692</b>
Royal Perth Hospital	2,346,700	2,569,229
Fremantle Hospital	1,815,408	1,935,947
Armadale Hospital	574,863	632,462
Bentley Hospital	509,267	544,946
Royal Perth Rehabilitation Hospital	399,083	394,748
Rockingham General Hospital	345,312	411,587
Kaleeya Hospital	166,785	195,640
Murray Districts Hospital	57,382	59,579
Galliers Hospital	57,331	58,555
<b>North Metropolitan Area Health Service</b>	<b>5,122,332</b>	<b>5,540,318</b>
Sir Charles Gairdner Hospital	2,229,086	2,462,609
King Edward Memorial Hospital	995,426	1,074,959
Graylands	532,207	541,935
Mental Health North Metro	523,342	528,037
Swan District Hospital	407,597	470,144
Osborne Park Hospital	375,639	393,910
Kalamunda	59,034	68,725
<b>Child And Adolescent Health Service</b>	<b>960,784</b>	<b>1,054,524</b>
Princess Margaret Hospital	960,784	1,054,524
<b>Total</b>	<b>12,355,246</b>	<b>13,397,534</b>