

RESPONSE TO THE RECOMMENDATIONS
OF THE EDUCATION AND HEALTH STANDING COMMITTEE REPORT
“DESTINED TO FAIL: WESTERN AUSTRALIA’S HEALTH SYSTEM”

AUGUST 2010

Recommendation 1

The Director General of Health's public comments should be restricted to administrative matters and all other issues should be addressed by the Premier, Minister for Health or Minister for Mental Health

This recommendation is **noted**.

The Director General of Health is expected to comment on matters within his areas of responsibility, both operational and administrative.

Recommendation 2

The Government combine the North Metropolitan Area Health Service and South Metropolitan Area Health Service into one Metropolitan Area Health Service. Administrative savings arising from this could be allocated to services that the Committee feels are currently under-funded, such as community and preventative health care programs.

Along with this centralisation of metropolitan area health services, the Minister should establish local hospital boards.

This recommendation is **not supported**.

Any administrative saving associated with combining North Metropolitan Area Health Service (NMAHS) and South Metropolitan Area Health Service (SMAHS) would be minimal.

Extensive administrative costs would be incurred in re-establishing more than 80 local hospital boards. There is the potential for a loss of adherence to policy, and a loss of capacity to plan and engage across Health.

Recommendation 3

The Auditor General report to Parliament on the current efficiency and effectiveness of the Health Corporate Network systems.

This recommendation is **noted**.

The State Government is not able to comment on what matters the Auditor General may wish to review.

Recommendation 4

The Department of Health develop a strategy for systematically gaining public feedback from Western Australians on the State's health system and include new mechanisms for providing information to the community on its web site.

This recommendation is **supported**.

There are already established mechanisms for community engagement at each of the metropolitan Area Health Services (SMAHS, NMAHS and the Child and Adolescent Health Service (CAHS) and the WA Country Health Service (WACHS). There are also established health networks,

community consultation processes, patient satisfaction surveys, and advocacy and complaints processes.

The WA Health public hospital activity website provides data and information to the public on current, daily and weekly emergency department activity for public metropolitan hospitals, including ED attendances, admissions, triage waiting times, ambulance attendances and ambulance diversions. Also provided is the number of hospital beds and beds ready for use in metropolitan and rural hospitals.

All of the WA Health websites are currently being modernised and altered to improve the public access to timely and pertinent health information.

There is an inter-active aspect to the Health website where members of the public can lodge their concerns or comments and have them sent to the appropriate area of the DoH to deal with.

Recommendation 5

The Government implement the recommendation of the Reid Report to establish community advisory committees or boards to provide feedback to the Department of Health for the:

- *proposed Metropolitan Area Health Service;*
- *WA Country Health Service; and*
- *Child and Adolescent Health Service.*

This recommendation is **supported**.

Each of the metropolitan area health services (NMAHS, SMAHS and CAHS) and the WA Country Health Service already have established and functional community advisory committees or councils.

Recommendation 6

The Department of Health should develop a strategic web communication plan by the end of 2010 that includes a separate health portal for Western Australians to more easily access health information of direct use to them. This new portal should include important performance data to assist Western Australians using their health system.

This recommendation is **supported**.

The Department of Health is in the process of developing a strategic web communication plan which will be completed by the end of 2010. This plan will incorporate initiatives that are aimed to enable easier web based access to health information and services.

The establishment of a portal platform is currently underway. The portal is intended to further enable Western Australians to access the broad range of health information and services as well as provide a relevant, searchable and effective user experience.

Recommendation 7

The Western Australian Government include in each annual health budget an outline of the cost of services to be provided at public private partnership health facilities and a comparison with the cost of these services provided at government-provided facilities.

The recommendation is **noted**.

The intent of this recommendation is already met through the application of existing PPP policy. Any PPP procurement process will include the development of a Public Sector Comparator (PSC). The PSC will provide a measure of the potential cost for Government to deliver the same hospital with the same service specifications and standards.

Recommendation 8

The State Government should allocate an additional \$10 million in funds in 2010-11 and 2011-12, in addition to any Federal funds, to lower the State's elective surgery wait lists.

This recommendation is **noted**.

In 2008 the State Government gave an Elective Surgery Election Commitment of \$30 million to fund approximately 5,850 additional elective surgery cases above the 2007 base year number. These were completed in the period from 1 January 2009 to 30 June 2010, and were above the target already set for that period. This funding has become part of the area health service base funding as part of the Activity Based Funding (ABF) model implemented in 2010/11.

In addition to the State Government funds, WA has received Commonwealth Elective Surgery 'Blitz' Program funding, commencing January 2008 and continuing through 2009/10 and 2010/11.

The State Government remains committed to ensuring all public hospital elective surgery patients are treated 'within boundary' of their medically determined category and for the procedure to be carried out as close to home as is practicable.

Recommendation 9

The Government should develop a strategy for managing the impact of inaccurate economic forecasts provided by the Department of Treasury and Finance. This would assist the Department of Health to maintain the State's critical health infrastructure and programs.

This recommendation is **not supported**.

The level of funding for health services and infrastructure is determined by Government priorities, having regard for competing demands for services and infrastructure, maintaining a competitive taxation system, and keeping debt at sustainable levels.

Uncertainty can never be eliminated from economic and revenue forecasts. Due to our large mining sector, Western Australia's revenue base is more exposed to volatile movements in commodity prices and exchange rates than other States and Territories. In this regard:

- in 2010-11, mining royalties (including North West Shelf petroleum royalties) are estimated to total \$4.2 billion, or 18.6% of total general government revenue;

- For each US1 cent increase/decrease in the \$US/\$A exchange rate, the State's royalty revenue decreases/increases by around \$47 million per annum. The \$US/\$A exchange rate can be highly volatile, with movements of up to US10 cents in the space of 1 or 2 months seen in recent times. This clearly has very substantial implications for the State's revenue collections and for revenue forecasting; and
- For each \$US1 per tonne increase/decrease in the price of iron ore, the State's iron ore royalties increase/decrease by around \$24 million per annum. Like the exchange rate, the iron ore price can be very volatile, with the spot price of iron ore increasing from US\$130/tonne in February 2010 to \$US177/tonne in April 2010, before dropping to back to US\$134/tonne currently.

Since the implementation of the Department of Treasury and Finance (DTF) major forecasting methodology review in 2006, the DTF's revenue forecasting error has been below the average of all other States in two of the past three years (i.e. from 2006-07 to 2008-09).

Recommendation 10

In light of the deteriorating performance of an already under-resourced State health service and the likely rebound in the State's economy, the Government's 3% efficiency dividend should not continue to be applied to the Department of Health.

This recommendation is **not supported**.

The 3% efficiency dividend announced as part of the State Government's 2009/10 budget was applied to all government agencies for one year only.

Through the 2010/11 Budget process, the State Government recognised the need for substantial additional investment in Health to address activity and cost growth. This resulted in the allocation of an additional \$1.116 billion to the DoH budget over the period 2009/10 to 2013/14. (This is indicated in the table detailing "Major spending changes" on page 179 of Budget Paper No.2 in the State Government's 2010/11 Budget).

The Department of Health acknowledges its responsibility to ensure maximum value for every dollar allocated to the health system in Western Australia. On the back of 2 years of very strong Health expenditure growth in 2007/08 and 2008/09, the DoH responded to the need to contribute to general savings in State expenditure in 2009/10, recognising the impact of the global financial crisis on estimates of State revenue in 2009/10.

The basis, evidence and expertise to support the committee's recommendation are unclear.

Recommendation 11

The Premier should immediately include the Health Minister as a member of the Expenditure Review Committee.

This recommendation is **noted**.

Recommendation 12

The Minister for Health provide to Parliament within three months of this report being tabled the number of cardiac surgical procedures carried out at Royal Perth Hospital, Sir Charles Gairdner Hospital, the Mount Hospital and Fremantle Hospital for 2007-08, 2008-09 and 2009-10; and the average annual cost of these procedures for each of the four hospitals.

This recommendation is **noted**.

Cardiac Surgical Procedure Episodes and Average Costs for the period 2007/08 - 2009/10

Hospital	Financial Year	Cardiac Surgical Episodes	Average Costs (\$)
Royal Perth Hospital	2007/08	1350	26 410
	2008/09	1439	26 713
	2009/10	1137*	*
Fremantle Hospital	2007/08	735	17 042
	2008/09	903	17 406
	2009/10	338*	*
Sir Charles Gairdner Hospital	2007/08	1104	22 187
	2008/09	1090	23 543
	2009/10	605*	*
Mount Hospital	2007/08	1142	**
	2008/09	1541	**
	2009/10	857	**

Data Source: Hospital Morbidity Data System, National Hospital Cost Data Collection (NHDC) Round 13 Costing Data.

Notes: * Coding is not yet completed for 2009/10. Cost is provided for 2007/08 and 2008/09 only as the data is not yet completed for 2009/10 and therefore the cost has not been calculated.

** Costed data from the Mount Hospital is not available. Private hospitals are not obliged to provide this data to the department

Episodes have been selected using ICD-10-AM principal and additional procedure codes. The data may include episodes where patients were admitted for reasons other than undergoing a cardiac surgical procedure. 297 ICD-10-AM cardiac surgical procedure codes have been used. Average costs are calculated from NHDC patient level costings submitted by the hospitals. An apportionment of HCN costs is added to the costs of each patient. Caution should be exercised in comparing data as the casemix of each hospital varies. Caution should be exercised in comparing data as the results may be affected by high cost and/or long length of stay outliers

Recommendation 13

The CSF 2010 be amended to ensure that tertiary services are provided according to population needs.

Current population projections indicate a need for tertiary services at the Joondalup Health Campus and the Government should upgrade the Joondalup Health Campus to a tertiary facility by 2020.

This recommendation is **noted**.

Current planning and demand projections, conducted by expert health planners, indicate that tertiary facilities planned at Royal Perth Hospital (RPH), Sir Charles Gairdner Hospital (SCGH) and Fiona Stanley Hospital (FSH) will provide sufficient tertiary services for the WA population until 2020 and a further tertiary facility at Joondalup Health Campus (JHC) is not required during the period 2010-20.

The provision of another tertiary facility in WA, and its location, will be considered when demand projections, informed by utilisation, population and service configuration factors, indicate that tertiary demand outstrips supply. As service planning is a dynamic process, ongoing refinements are key to ensuring appropriate, timely and relevant planning is maintained. As a result, changes and trends in key parameters such as population growth will always be accommodated within the planning process. The future role of JHC will continue to be evaluated as part of this dynamic and ongoing process.

A broad definition is outlined here:

Tertiary hospitals provide services requiring highly specialised skills, technology and support. Typically a tertiary hospital would include centres of excellence (primary referral centre), teaching, training, research and development; and would provide a leadership role for clinical services.

The basis, evidence and expertise to support the committee's recommendation are unclear.

Recommendation 14

The Department of Health report to Parliament by the end of 2010 on successful strategies used in other jurisdictions that can reduce avoidable admissions to Western Australian hospitals.

This recommendation is **noted**.

Western Australia compares favourably with other jurisdictions with regard to reducing avoidable admissions to hospital. WA is in the process of implementing service role delineation by hospital site, as outlined in the *Clinical Services Framework 2010-2020* (CSF 2010-20), and putting in place newly defined models of care including alternative ways of treating patients with low complexity, low acuity medical conditions in alternative care settings following consultation with senior and eminent clinicians.

Recommendation 15

The Department of Health must use at least the ABS Series A (high-growth) population projections in its demand modelling for its current planning for recurrent and reform-based funding requirements. This will present the Government with a more realistic account of the future operational and financial needs of the State's health system.

This recommendation is **noted**.

While the low population growth underpins the demand modelling for the CSF 2010-20, sensitivity analysis to higher population growth estimates and their impact has been undertaken as part of the CSF 2010-20 modelling.

Consideration has been given to the strategies to accommodate the impact of higher than expected population growth, and in several areas contingency allowances have already been provided for (e.g. Development of the new children's hospital includes a bed contingency for higher than expected population growth and the move towards linking activity to budget allocation via the Activity Based funding will enable recurrent funding of increased activity due to population growth).

As service planning is a dynamic process, ongoing refinements are key to ensuring appropriate, timely and relevant planning is maintained. As a result, changes and trends in key parameters such as population growth will always be accommodated within the planning process.

Recommendation 16

The Auditor General evaluate the veracity of the Department of Health's demand and capacity modelling process, with particular attention given to determining the cost of using a more accurate population projection.

This recommendation is **noted**.

The State Government is not able to comment on what matters the Auditor General may wish to review.

Recommendation 17

The Government maintain Royal Perth Hospital as a facility for treating Level 4 emergency presentations and the provision of secondary-level care for Perth's inner-city population.

This recommendation is **not supported**.

The State Government made a commitment to retain RPH as a 410 bed tertiary hospital with trauma capability, indicating a Level 6 Emergency Department is to be maintained.

The demand for more complex emergency services for the inner city population has risen in line with urban planning strategies to increase population density in inner city suburbs. If RPH was not to be maintained as a Level 6 facility for emergency services, the burden of complex care in Emergency Department and in admitted patient beds generated by the RPH catchment population would fall on FSH and SCGH, where the demand would then exceed what is considered manageable for providing safe and high quality services.

RPH will continue to provide adult emergency, elective, medical and surgical inpatient care. As a tertiary facility it will continue to provide teaching, training, research and development; and would provide a leadership role for clinical services

The basis, evidence and expertise to support the committee's recommendation are unclear.

Recommendation 18

A revised clinical services delineation be undertaken by the Department of Health, using ABS Series A high-growth population data, to determine the appropriate distribution of hospital services when Royal Perth Hospital is maintained as a facility for treating Level 4 emergency presentations and the provision of secondary-level care for Perth's inner-city population.

This recommendation is **not supported**.

Sensitivity analysis to higher population growth estimates and their impact has been undertaken as part of the *Clinical Services Framework 2010-2020* (CSF 2010-20) modelling. Consideration has been given to the strategies to accommodate any impact of higher than expected population growth. As service planning is a dynamic process, ongoing refinements ensure appropriate, timely and relevant planning informed by utilisation, population and service configuration factors. Changes and trends in key parameters such as population growth will always be accommodated in the process.

See comments for recommendation 17.

The basis, evidence and expertise to support the committee's recommendation are unclear.

Recommendation 19

Tertiary services currently at Royal Perth Hospital should be distributed between Fiona Stanley Hospital, Joondalup Health Campus and Sir Charles Gairdner Hospital once Fiona Stanley Hospital is operational.

This recommendation is **not supported**.

The State Government is committed to maintain Royal Perth Hospital as a 410 bed tertiary hospital.

Joondalup Health Campus is configured in terms of infrastructure, workforce and support services to provide care at the levels identified in the CSF 2010-20, generally at Level 5 and it is not expected that JHC will become a tertiary facility during the period 2010-2020.

The CSF 2010-20 shows that tertiary services are to be provided at RPH, SCGH and FSH in the period up to 2020. Service planning for the future is a dynamic process; ongoing refinements ensure appropriate, timely and relevant planning informed by utilisation, population and service configuration factors.

The basis, evidence and expertise to support the committee's recommendation are unclear.

Recommendation 20

The final capacity of the Fiona Stanley Hospital should be expanded from its current projections as contained in CSF 2010. The size of the expansion should be determined by a revised clinical services delineation that uses realistic population projections and accounts for the Committee's recommendation to reclassify Royal Perth Hospital to a secondary-level facility.

This recommendation is **not supported**.

The capacity of the FSH to provide tertiary services in the timeframe of CSF 2010-20 is in line with the delineation of RPH as a tertiary facility that provides care to its tertiary services catchment area.

Sensitivity analysis to higher population growth estimates and their impact has been undertaken as part of the CSF 2010-20 modelling. Consideration has been given to the strategies to accommodate the impact of higher than expected population growth.

The State Government is committed to retaining RPH as a tertiary hospital. As such, RPH will remain as a 410 bed tertiary facility with trauma capability. The CSF 2010-20 acknowledges this.

The basis, evidence and expertise to support the committee's recommendation are unclear.

Recommendation 21

The Minister for Health provide to Parliament the full details of the parties with whom he consulted before reversing his position and made the decision to retain the heart and lung transplant unit at Royal Perth Hospital.

This recommendation is **not supported**.

The DoH carried out extensive consultation with the relevant senior and eminent clinicians including the cardiothoracic surgeons and with area health service managers.

Recommendation 22

As recommended by the Clinical Services Framework 2005-15, the heart and lung transplant unit at Royal Perth Hospital be transferred to Fiona Stanley Hospital.

This recommendation is **not supported**.

A number of factors were considered in determining the mix and distribution (role delineation) of tertiary services for Western Australia.

A detailed consultation process was conducted with relevant senior and eminent clinicians to inform tertiary role delineation. The MfH (Ministerial Media Statement - May 6, 2009) announced that:

- “cardiac surgery would be streamlined across the metropolitan area with the development of a single cardiothoracic service”
- “When Fiona Stanley Hospital (FSH) opened a new director of cardiothoracic services would be appointed to head up the service based at the hospital”, and
- “the service would operate across the three sites of FSH, RPH and SCGH with co-ordination and management by the director at FSH

- As with all other health planning, this service will be re-evaluated closer to the opening of Fiona Stanley Hospital and changes will be made if the evidence indicates the need.

The basis, evidence and expertise to support the committee's recommendation are unclear.

Recommendation 23

The Government expedite the redevelopment of King Edward Memorial Hospital, along with the new children's hospital, on the QEII site. This project should be completed no later than five years after the new children's hospital becomes operational.

This recommendation is **supported**.

Planning for the relocation of PMH to a new purpose built facility on the QEII Medical Centre site is well underway, with current planning indicating completion of the New Children's Hospital by late 2015.

The updated master plan for the QEII Medical Centre site continues to allow for the future relocation of KEMH to the site. In line with the Reid Report recommendations, it remains Government's intention to relocate KEMH to the QE11 site - to be collocated with an adult tertiary hospital (SCGH) and the new children hospital. The timing of the relocation is still to be determined and will be considered and prioritised as part of the State Health Infrastructure Plan, currently being developed, and yet to be endorsed by the State Government.

Recommendation 24

The Government should upgrade the Joondalup Health Campus to a tertiary hospital by 2020.

This recommendation is **noted**.

Joondalup Health Campus was originally proposed to be upgraded to a tertiary hospital, in both the Reid Report and the *Clinical Services Framework 2005-2015*. In the latest update of the services planning document, *Clinical Services Framework 2010-2020*, Joondalup Health Campus will remain a general hospital within the scope: 2010-20.

Population growth and demand for services is carefully monitored. There may be valid reasons to reconsider the capacity of Joondalup Health Campus as a tertiary facility in the future. A broad definition is outlined here:

Tertiary hospitals provide services requiring highly specialised skills, technology and support on a state-wide basis. Typically a tertiary hospital would include centres of excellence (primary referral centre), teaching, training, research and development; and will provide a leadership role for integrated clinical services. They will also provide some secondary level care to their local catchment populations.

The basis, evidence and expertise to support the committee's recommendation are unclear.

Recommendation 25

All WA Country Health Service Regional Resource Centres be staffed to allow on-site 24-hour coverage by medical practitioners.

This recommendation is **supported**.

Six regional resource centres or regional hospitals (now called health campuses) are located at Albany, Broome, Bunbury, Geraldton, Kalgoorlie and Port Hedland. Five of the six sites currently have 24 hour on site coverage by medical practitioners and the one remaining, Broome, will have sufficient numbers of junior doctors by early 2011 to enable 24 hour on-site coverage.

The model for regional service delivery is now well embedded across WACHS.

The regional health campuses form the base for the network in their region and act as the regional referral centres for:

- Diagnostic, secondary-level acute and procedural (surgical) services;
- Emergency and outpatient care;
- Specialist services such as, but not limited to obstetrics, and the coordination of outreach specialist services across the region; and
- Coordination for acute, emergency and non admitted services across the region.

The regional health campuses have all benefited from significant capital investment over the last six years and major redevelopments are being progressed at each site.

Recommendation 26

The Government provide the full projected cost of the new Albany Health Campus, including the proportion that will be funded via any partnerships with the private sector or provided by the Royalties for Regions program, in the 2010-11 Health budget, or by the end of 2010.

This recommendation is **supported**.

Based on clinical services planning activities and the application of the DoH endorsed activity projections, the total budget allocation of \$166 million will see the redeveloped Albany Health Campus constructed to the scope and scale required to enable it to deliver the range of services expected of a Regional Resource Centre.

The budget allocation comprises \$105.1million from within the WA Country Health Service (WACHS) Capital Program and \$60.8million for the Royalty for Regions (RfR) program. Negotiations are continuing with private sector health providers for the potential addition of private health services to be included on the Albany Health Campus site.

Recommendation 27

To compensate for the chronic shortage of General Practitioners, WA Country Health Service revise its current Standard Operational Procedures to incorporate a consistent policy across all

Integrated District Health Services advising on basic treatments that Nurse Practitioners can undertake with the consent of the on-call General Practitioner.

This recommendation is **noted**.

WACHS has already agreed and developed the necessary policy to enable Nurse Practitioners to become independent nurses who practise within a defined scope and are able to order a range of clinical investigations, medication and treatment. Protocols have been developed and are in operation.

WACHS has developed a number of strategies aimed at addressing increasing availability of General Practitioners in the country.

- These include working together with a number of stakeholders to initiate the Rural Generalist Training Pathway.
- WA has trebled the number of medical students undertaking training over the last 10 years. The Rural Generalist Pathway allows medical students to train as junior doctors in country Western Australia.
- WACHS is working with a number of stakeholders to look at alternative models of practice. These include teams of practitioners – medical, nursing and allied health, working closely together to support each other.

The enhanced use of technology will also enable remote specialist practitioners to support more generalist practitioners on site in rural locations.

Recommendation 28

The Minister for Health provide to Parliament by December 2010 an inventory of all outstanding clinical and non-clinical requirements for the State's Regional Resource Centres and Integrated District Health Services.

This recommendation is **noted**.

Recommendation 29

The Auditor General should investigate all of the costs associated with the duplication of services in Perth's tertiary hospitals caused by the retention of Royal Perth Hospital as a tertiary hospital, and report to Parliament by the end of March 2011.

This recommendation is **noted**.

The State Government is not able to comment on what matters the Auditor General may wish to review.

Recommendation 30

The Government should maintain Royal Perth Hospital as a secondary-level facility. This will allow planning to continue in a manner that is more appropriate to Perth's population growth

patterns, future budgetary pressures and the potential impact of the new national hospital arrangements proposed by the Federal Government.

To that end, the Royal Perth Hospital Protection Bill 2008 should be amended to delete the words “as a tertiary hospital” from section 6.

This recommendation is **not supported**.

The State Government’s commitment to retain RPH as a tertiary facility was legislated with the passing of the *Royal Perth Hospital Protection Bill 2008*.

The retention of RPH as a 410 bed tertiary facility with trauma capability is acknowledged and is reflected in the CSF 2010-20. RPH is integral to essential tertiary service provision in WA. RPH currently addresses the criteria for a tertiary centre, broadly defined as:

Tertiary hospitals provide services requiring highly specialised skills, technology and support on a state-wide basis. Typically a tertiary hospital would include centres of excellence (primary referral centre), teaching, training, research and development; and will provide a leadership role for integrated clinical services. The hospital may also provide some secondary level care to the local catchment area populations.

The basis, evidence and expertise to support the committee’s recommendation are unclear.

Recommendation 31

That the Government establish a Department with a Minister with portfolio responsibility for early childhood education and development, family services and childcare.

This recommendation is **noted**.

The State Government is currently considering models of Early Years service integration in Western Australia to improve planning, resource integration, service responses and ultimately outcomes for children.

On 12 January 2009, the Premier identified Early Childhood Development and Learning as a responsibility of the Minister for Education. This was closely followed by the establishment of the Office of Early Childhood Development and Learning. In collaboration with other agencies, the Office has assumed responsibility for implementing the COAG Early Childhood Reform Agenda. Different models for integrated education and care are being given careful consideration to ensure the right policy decisions regarding early childhood services are made. The system of services supporting early childhood development, care and learning, will build the capacity of each community in Western Australia to maximise the development of its children.

Recommendation 32

To assist in developing a whole of government approach to child health issues, the Government establish a Children's Services Coordination Board consisting of the senior executives of:

- *Department of Health;*
- *Department of Education;*
- *Commissioner for Children and Young People;*
- *Department of Planning;*
- *Department of Communities;*
- *Department of Child Protection;*
- *Department of Disability Services;*
- *Department of Indigenous Affairs;*
- *Department of the Premier and Cabinet;*
- *Department of Treasury and Finance;*
- *Commissioner for Mental Health; and*
- *Commissioner WA Police.*

This recommendation is **noted**.

It is noted that the role and function of the Board are not described, that there are existing mechanisms within government that facilitate coordination and that the office of the Commission for Children and Young People has within its mandate, the capacity to advocate for, promote and monitor the wellbeing of children and young people.

Recommendation 33

The Department of Health must develop a State-wide women's health strategy by 1 July 2011.

This recommendation is **noted**.

Recommendation 34

The Department of Health provide an estimate in its annual report of the proportion of its budget that is spent on women's health services for the current financial year and the out-years.

This recommendation is **not supported**.

The DoH information systems have not been designed to capture financial data on the provision of services based on gender. Accordingly, the DoH is not able to specify the proportion of its budget spent on the provision of health services involving women.

Recommendation 35

The Government should increase its resources for men's preventative health programs, especially those aimed at men in rural regions of the State.

This recommendation is **supported**.

The State Government is already committed to a considerable investment in regional men's health services.

The Department of Health has been funding on an ongoing contractual basis the following men's health services:

- Men's Advisory Network – currently being renewed for three years from 1 July 2010 to 30 June 2013, contract value \$331,692 over the three years.
- Albany Men's Resource Centre – three year contract from 1 July 2009 to 30 June 2013, contract value \$382,857 over the three years.
- Midwest Men's Health Inc – currently being extended for a further year from 1 July 2010 to 30 June 2011, contract value \$130,939.

This has been recently significantly boosted with:

- New funding of \$2.78 million from the RfR scheme over three years to expand the existing Wheatbelt Men's Health program into a Regional Men's Health program that reaches across the nine regions. The program will deliver education and awareness of men's health issues, work towards suicide prevention and aim to increase community resilience in men in regional WA. The scheme commits funding of \$734,000 in 2010-11, \$828,000 in 2011-12 and \$917,000 in 2012-13.
- \$180,000 from the DoH to fund the expansion of 'Pit Stop' health promotion programs in Aboriginal Medical Services. This will expand on the existing WACHS investment in 'Pitstop' through partnerships with other agencies in regional areas.

Recommendation 36

The Premier request all Western Australian Senators to support the legislation to establish the new Australian National Preventative Health Agency.

This recommendation is **noted**.

The Council of Australian Governments (COAG), including Western Australia, agreed on 29 November 2008 to establish the Australian National Preventive Health Agency (the Agency) as one element of the National Partnership Agreement on Preventive Health.

The Bill to establish the Agency was introduced into Commonwealth Parliament on 10 September 2009 and passed by the House of Representatives on 26 October 2009. The Bill commenced

debate in the Senate on 27 October 2009. Debate on the Bill is expected to recommence in the Senate in the Spring 2010 sittings (after the Commonwealth election).

WA Government continues to progress a range of initiatives under the Prevention NP targeting the lifestyle risk factors of chronic disease in the Western Australian community.

Recommendation 37

The Department of Health should publish in its annual report a clear set of key performance indicators, and its performance in meeting them, for the main chronic disease challenges faced by Western Australians.

This recommendation is **noted**.

The annual reports for the legal entities of Health publish key performance indicators (KPI) data on chronic diseases.

Recommendation 38

The Government must urgently increase the Department of Health's budget for health prevention, promotion and protection programs. It must aim to double the budget for these programs by the end of 2012 from \$9.3 million to \$19 million, with a further doubling by the end of 2015

These funds should continue to be listed as separate line items in future health budgets.

This recommendation is **noted**.

For 2007/08 the estimated total government expenditure on public health activities, as a proportion of the total government recurrent health expenditure in WA was 2.6%. This figure was calculated using an agreed national methodology and reported to COAG annually.

There has been a significant planned increase in funding for health prevention promotion and protection as outlined below

- \$9.47 million in chronic disease and injury prevention programs
- \$6 million in ABHI funding from 2006-2010
- National Partnership Agreement (NPA) on preventative health which is 34 million over 5 years
- Healthway continues to invest significant funding into sponsorship and projects (over \$20 million per annum).

Recommendation 39

The Department of Health should establish a health research centre, with collaboration from universities, other government departments and the private sector, to ensure that the Department has the most up-to-date data on population epidemiology and the challenges posed by chronic diseases.

This research centre should have the capability to track the long-term savings accruing from the State's investment in preventative health and promotion programs.

This recommendation is **not supported**.

The DoH already possesses up to date data on population epidemiology and has access to the Health Networks involving eminent clinicians. In addition, the DoH funds specific research efforts in priority areas.

Recommendation 40

The Minister for Health should obtain Cabinet approval for a 'Health in all Policies' project in Western Australia as part of the State's strategy to contain health costs.

This recommendation is **noted**.

Recommendation 41

The Department of Health engages the community by sponsoring a competition for suggestions for new low-cost preventative health programs.

This recommendation is **noted**.

The basis, evidence and expertise to support the committee's recommendation are unclear.

Recommendation 42

The WA Country Health Service should prioritise programs to attract nurses, nurse practitioners and Aboriginal health workers to staff its health facilities in the Kimberley.

This recommendation is **supported**.

These actions are ongoing throughout the Kimberley.

Recommendation 43

The Government should urgently boost the funds available to provide housing in country Western Australia for health staff, especially nurses and medical staff employed by the WA Country Health Service, to assist in the recruitment and retention of these staff.

This recommendation is **noted**.

In line with State Government policy, WACHS is working with the Government Regional Officers' Housing Unit (GROH), in the Department of Housing and Works (DHW), to transfer WACHS owned housing stock, utilised by permanently employed or long-term employed staff to

GROH. This initiative will reduce WACHS' exposure to the current housing challenges and better align the management, maintenance and strategic acquisition of the housing stock with an agency whose core business it is to undertake this task.

Recommendation 44

The Department of Health include in the WA Country Health Service annual report all of the projects funded, or partially-funded, from the Royalties for Regions program.

This recommendation is **supported**.

The WACHS annual report currently includes comments on health projects funded or partially funded from the RfR program, where comments on these projects are material to the report on WACHS operations.

Recommendation 45

To alleviate some of the major challenges facing the WA Country Health Service, the Government should commit at least 10% of the Royalties for Regions funds (or about \$300 million between 2009-13) to health projects in regional and rural areas. This extra funding should be directed towards improving WACHS' physical infrastructure and clinical equipment.

This recommendation is **supported**.

Since its inception in 2008/09 through to 2013/14, RfR has budgeted funding towards Health related projects and program totalling approximately \$441 million.

This will continue to assist in improving health services for regional Western Australians.

Recommendation 46

In addition to gathering regional data, the Department of Health should establish processes that monitor the health of Indigenous Western Australians in regional areas. Services should be provided based on regional needs, and where appropriate, within a family context.

This recommendation is **supported**.

Since 2009 Metropolitan and Regional Aboriginal Health Planning Forums have used information from the regional Indigenous health profiles and consultation with service providers, health professionals and the Indigenous community to identify regional Indigenous health needs and priorities. Epidemiological information was also used to assist informing decisions on allocation of health funds for 'Closing the Gap' in Indigenous Health Outcomes and the Indigenous Early Childhood Development National Partnership Agreements with the Australian Government.

Recommendation 47

The Western Australian Government needs to increase its support for the education of more Indigenous people to work in the health system, either as nurses and doctors, or as allied health workers.

This recommendation is **supported**.

The Minister for Health and Indigenous Affairs strongly supports this. Building the number and capacity of Indigenous employees is a priority within the WA health system.

The NPA's outlined in recommendation 48 have resulted in the creation of approximately 300 new positions in government and non-government organisations, including 90 within WA Health. Recruitment of Indigenous people commenced as of 1 July 2010.

Recommendation 48

In its annual report to Parliament, the Department of Health should report the total expenditure on Indigenous health programs in Western Australia broken down by:

- (a) *State funding.*
- (b) *Federal funding.*

This should include data on the number of Indigenous and non-Indigenous staff employed in these programs.

Future annual reports to Parliament will report the total expenditure on Indigenous Health programs in WA. Currently for 2010:

This recommendation is **supported**.

- (a) **State Funding:** WA Health has committed \$117.4 million to the National Partnership Agreement for Closing the Gap over four years and \$11.25 million to Indigenous Early Childhood Development Element 3 over the next five years.

In 2009/10 DOH released \$28.3 million to government and non-government organisations for delivery of programs within Closing the Gap and Indigenous Early Childhood including the transfer \$22.47 million to the Mental Health Commission for the delivery of programs within the Closing the Gap priority area: *Healthy transition to adulthood*.

The above NPAs have resulted in the creation of approximately 300 new positions in government and non-government organisations, including 90 within WA Health.

- (b) **Federal Funding:** Commonwealth have committed \$17.12 million over five years to the National Partnership Agreement Indigenous Early Childhood Development Element 2.

Recommendation 49

The Western Australian Government should increase the funding for early childhood programs for Indigenous children, especially in regional areas.

This recommendation is **supported**.

Currently the WA State Government has committed, under the Council of Australian Governments' (COAG) bilateral agreement, Indigenous Early Childhood Development funding of \$11.25 million towards dedicated Aboriginal child and maternal health services. The National

Partnership consists of three elements. Under Element One, the Department of Education is progressing the establishment of five Children and Family Centres at Halls Creek, Fitzroy Crossing, Kununurra, Roebourne and one to be located in the Swan region. Element Two focuses on increasing access to antenatal care, pre-pregnancy, and teenage sexual and health programs for young Aboriginal people. Element Three will increase access to maternal and child health services for Aboriginal families. While the service mix for each centre will be determined by community consultation, each centre will provide child care, early learning, parent and family support programs, early childhood health services, mental health services and maternal health services. These centres will provide a unique opportunity for government and non-government agencies to work together to improve health and educational outcomes for Aboriginal children and their families.

In response to the WA Government's commitment to early childhood, an Office of Early Childhood Development and Learning has been established. The education of young Aboriginal children has been accorded high priority by the Office of Early Childhood Development and Learning. Twenty-eight Aboriginal kindergartens which cater for children from three years of age provide programs for Aboriginal children in their transition from home to school. These programs are inclusive of their culture, language and learning styles. In addition, 42 remote community schools provide early childhood programs for young Aboriginal students to increase participation and readiness for formal schooling.

Additionally there are 18 remote non-government schools (8 Catholic and 10 Independent) for predominantly Aboriginal students – for which the State Government provides the highest level of per capita grant financial assistance in recognition of the higher costs of delivering education services to remote localities. State per capita grants in 2010 for this category of school are \$5,279 per student per annum for Kindergarten students and \$3,520 per student per annum for Pre-primary students.

The *Western Australian Aboriginal Strategy* which is currently being developed outlines strategic directions for 'closing the gap' in Aboriginal and Torres Islander student outcomes in WA public schools.

WACHS funds a range of Aboriginal Community Controlled Health Service across the State to deliver primary health care services of which child and maternal health service is one component

Recommendation 50

Consistent with the Reid Report and CSF 2010, the Western Australian Government should provide additional funds to the Department of Health and non-government agencies to make an urgent priority the cutting of Indigenous smoking rates over the next five years to a level closer to that of the general population.

This recommendation is **supported**.

The WA State Government, through the 'Closing the Gap' NPA has committed \$6.95 million over the period 2009/10 to 2012/13 to reduce smoking prevalence in the Aboriginal community.

Recommendation 51

The Minister for Health fund and develop a smoking reduction plan for Indigenous people by the end of 2010 and provide additional funding to employ people to work in this area throughout the State.

This recommendation is **noted**.

See response to recommendation 50 above.

Recommendation 52

The Department of Corrective Services and the Department of Health undertake an urgent campaign to lower smoking rates among Indigenous prisoners in Western Australia's prisons and to make the State's prisons smoke-free by the end of 2011.'

This recommendation is **supported in part**.

The Department of Corrective Services smoking reduction strategy is guided by the Smoking Reduction Plan (SRP) which is applicable to all prisoners. While the plan originally envisaged a total cessation of smoking in State prisons, the need to maintain parity with community standards and also occupational health and safety standards within the prison saw the focus turn to 'reduction'.

Currently, the SRP is being reviewed by way of a risk assessment given reports that there have been unintended consequences as a result of the policy change at the local prison level. For instance, it had been reported that prisoners having been banned from possessing lighters in cells were resorting to potentially dangerous practices to light cigarettes in cells. The findings of the risk assessment are due to be finalised in the near future, at which time consideration will be given toward the smoking reduction strategy and how it can proceed safely in custodial environments.

Recommendation 53

The Western Australian Government work with the Federal Government to establish a national office to coordinate the food supply chain to remote communities.

Communities should be encouraged and supported to produce fresh food for their own consumption. Assistance should be provided to help remote communities to purchase and maintain equipment to grow and store fresh produce.

This recommendation is **noted**.

The DoH already supports and participates in the implementation of the COAG Strategy for Food Security in Remote Indigenous Communities (the Strategy). The Strategy's Healthy Eating Action Plan (HEAP) priority actions to address food insecurity in remote Indigenous communities includes improving supply models, agricultural and local food supply development, and infrastructure to sustain access to, and create demand for, affordable, safe and healthy food in remote stores.

Recommendation 54

The Department of Health must organise, prior to discharge, transport home for Indigenous patients attending Regional Resource Centres from remote communities.

The Department should include in its annual report the statistics on transport assistance offered in this way for each WA Country Health Service Regional Resource Centre.

This recommendation is **noted**.

WACHS already organises, through their discharge managers and where appropriate, partners with local Aboriginal medical and indigenous community service providers, to provide transport to Indigenous patients from remote communities to return home after treatment. Wherever appropriate, the transport costs are met by the Patient Assisted Travel Scheme (PATS).

WACHS provides statistics on the financial transport assistance offered in each region in its Annual Report.

Recommendation 55

With 15% of Australia's Indigenous population living in Western Australia and a growing incidence of second-generation Foetal Alcohol Spectrum Disorder, funding should be provided by the Department of Health for Foetal Alcohol Spectrum Disorder programs in regions beyond the Kimberley

This recommendation is **supported**.

Whilst there is anecdotal evidence to support there is a growing incidence of second-generation Foetal Alcohol Spectrum Disorder (FASD), there is no accurate Western Australia research data on FASD to support this. A number of research papers in Australia have reviewed the prevalence of FASD but more evidence is required.

The Telethon Institute of Child Health Research (TICHR) they indicate that they have developed, with the DoH Child and Youth Health Network, three projects regarding Foetal Alcohol Spectrum Disorder.

Project Title	Funds allocated	Comment
FASD Screening and Diagnostic Tool Research	\$130K	With TICHR's administrative costs the total allocated to these projects is \$244K
Audit of Current Services Provided to Children with FASD and Families with a FASD-diagnosed child	\$40K	
Qualitative Study of Diagnosis and Care Pathways for FASD	\$63K	

These research projects are funded as part of the \$1 million that the DoH provided TICHR in the 2009/10 financial year.

The Drug and Alcohol Office (DAO) guide and inform the planning, development and implementation of strategies that help address alcohol use in all Aboriginal communities is guided and informed.

Current programs include:

- Resources including *Strong Spirit Strong Mind*.
- *Aboriginal Alcohol and other Drug Worker Training Program*.
- DAO programs (utilised by Aboriginal clients) providing services to women, such as the *Pregnancy and Parenting Substance Use Program (PEPISU)*, a non-residential treatment service that provides counselling, support and outreach services to women.
- King Edward Memorial Hospital (KEMH) operates a Women's and Newborns Drug and Alcohol Service that provides multi-disciplinary antenatal services.
- DAO has recently received funding of \$2.2 million over four years to develop state-wide Aboriginal FASD prevention initiatives approved through COAG Closing the Gap Indigenous Early Childhood Development NPA. The *Promoting Healthy Women and Pregnancies* project is commencing in July 2010.
- Dedicated drug and alcohol treatment, rehabilitation and community based services exist across the State to provide support, treatment and education to Aboriginal people who use alcohol, and their families. Specialist key services include outpatient, withdrawal and residential rehabilitation.

Recommendation 56

The Department of Health should ensure that culturally appropriate mental health programs are associated with the development of alcohol management accords and alcohol and drug education programs in Indigenous communities.

This recommendation is **supported**.

The Drug and Alcohol Office's Aboriginal Alcohol and Other Drugs Plan has been developed to guide stakeholders, including the mental health and drug and alcohol sectors, in ensuring the delivery of culturally secure programs.

Mental health support programs are tailored to local needs and aim to reflect the nature of the alcohol management activity in each community and the resources available.

Community Drug Service Teams and Mental Health Services have formal agreements and processes to appropriately support co-morbid clients.

Recommendation 57

The Government should urgently increase the resources allocated to dealing with sexually transmitted diseases (STDs) and human immunodeficiency virus (HIV), especially in regional areas. In its annual report, the Department of Health should report on new initiatives, including:

- *any additional WA Country Health Service funds for education programs on STD and HIV;*
- *the establishment of additional sexual health clinics in regional areas; and*
- *programs to encourage companies involved in the mining sector to pay for the assessment and treatment of staff with STDs.*

This recommendation is **supported**.

In Western Australia, rates of sexually transmitted infections (STIs) and HIV are highest in certain regional areas – the Kimberley, Goldfields, Pilbara and Mid-west regions.

The Department of Health currently supports and funds a range of STI/HIV prevention programs including:

- regionally based programs in the Pilbara, Kimberley and Goldfields regions that provide a comprehensive sexual health program supported by regional teams;
- school based sexual health curriculum materials supported by teacher training;
- out-of-school community education programs for high-risk youth;
- community-based theatre accompanied by educational workshops for Aboriginal youth, provided by Yirra Yaakin Aboriginal Theatre Company and regional sexual health workers;
- culturally appropriate sexual health education resources and multi-media social marketing for the general population;
- organisation-level support through clinical audits and clinical management guidelines;
- workforce development initiatives with an emphasis of STI and HIV shared care training for general practitioners; and
- HIV case management officer for the Goldfields region.

Improving health outcomes in the areas of STIs and HIV by providing additional programs and services come at significant additional cost. In addition to providing new programs, The DoH approach is to re-orient existing health services to high-risk populations and increase capacity of regionally-based STI and HIV prevention and treatment services.

WA data shows that increased STI/HIV testing through improved clinical protocols can decrease STI and HIV notifications over time.

The Department has funded the WA AIDS Council to work with mining companies to develop policies and programs to promote awareness and testing for HIV and STIs for mine workers.

The Department of Health will report annually on new initiatives, including:

- any additional funding for education programs on STIs and HIV;
- access to enhanced sexual health services in regional areas; and
- programs to encourage companies involved in the mining sector to pay for the assessment and treatment of staff with STIs.

Recommendation 58

The Minister for Health should request the Royal Flying Doctor Service to base the Hawker-800 jets in a large centre in the North West, such as Broome or Port Hedland, as part of the trial of their use in Western Australia.

This recommendation is **not supported**.

The three year pilot program for the medical jet is for one jet only, which is based at the Royal Flying Doctor Service (RFDS) headquarters and hangar at Jandakot Airport.

Recommendation 59

The Western Australian Government should cooperate with the Federal Government in recognising paramedics as a professional group by establishing a registration scheme to ensure accountability for their activities, enhance quality standards and support robust clinical governance of their activities.

This recommendation is **supported**.

In February 2010, the Australian Health Ministers' Conference (AHMC) gave in-principle support for the national registration of paramedics.

The DoH will progress a proposal, after gathering views and support of other States and Territories that includes an effective model for the addition of paramedics to the National Registration and Accreditation Scheme (NRAS). The proposal will provide an assessment against six criteria set out in the Inter-Governmental Agreement (IGA) for assessing health professions for registration legislation.

Recommendation 60

The Government require St John Ambulance to offer:

- *where clinically appropriate, patients with private health insurance the opportunity to be transported to a private hospital.*
- *patients with work place injuries the opportunity to be transported to a private hospital.*

This recommendation is **supported**.

Patients who are transported by St John Ambulance (SJA) from a community setting are usually taken to a public hospital for review but if already prearranged the patient can be taken to a private hospital.

When medically assessed at a public facility, the patient has the option to request to be transferred to the care of a private medical practitioner at a private facility and if accepted the patient can be transferred to a private setting.

These options are available to both privately insured and compensable patients.

Recommendation 61

The Department of Health (DOH) establish 'Health Related Transport Reference Groups' comprising a representative of DOH, St John Ambulance Service, the Royal Flying Doctor Service and the Department of Transport, for each area health service.

This recommendation is **noted**.

The Department of Health has completed a three-month inquiry into the safety and quality of the SJA service and the Hon Dr Kim Hames MLA, Minister for Health released the inquiry's report in November 2009.

The SJA inquiry made 13 recommendations, one of which was to establish a Steering Committee to oversee the implementation of recommendations.

Six major working groups have been established comprising the Operations Centre, Training, Clinical Governance, Country Services, Inter-Hospital Transport/Ramping and Finance.

The Working Groups have representation from DoH staff, SJA staff and paramedics, and a staff member from the Royal Flying Doctor Service.

Recommendation 62

The roles and resources provided by the Royal Flying Doctor Service and St John Ambulance (Western Australia) need to be incorporated into the next version of the Department of Health's Clinical Services Framework.

This recommendation is **supported**.

The roles and resources provided by the Royal Flying Doctor Service and St John Ambulance (Western Australia) are currently not incorporated into the Department of Health's *Clinical Services Framework 2010-2020* model of projecting future health resource needs.

These services are operated by external agencies in Western Australia and were not included in the original *Clinical Services Framework 2005-2015*. The current version of the CSF 2010-20 expanded on the remit of the original framework to include country hospitals and a range of non-hospital services.

There is opportunity to incorporate the roles and resources provided by the Royal Flying Doctor Service and St John Ambulance (Western Australia) into the next update of the Department of Health's Clinical Service Framework.

Recommendation 63

In light of the significant expenditure provided under contract to the Royal Flying Doctor Service and the St John Ambulance by the State Government, the Department of Health should table their annual reports in Parliament with an analysis of their performance against their contracts.

This recommendation is **noted**.

The Annual Reports of both the RFDS - Western Operations and the St John Ambulance WA are publicly available documents of non-government organisations.

Recommendation 64

Given their past under-funding and the high level of unmet need, the State's mental health programs should be isolated from any further cuts flowing from the Government's 3% efficiency dividend.

This recommendation is **noted**.

The 3% efficiency dividend announced as part of the State Government's 2009/10 budget was applied to all government agencies for one year only.

The 2010/11 Government Budget Statements separated the budget for the Mental Health Commission (MHC) from the DoH.

The budget of \$508 million was constructed following the 3% efficiency savings allocated for 2009/10. No further cuts are reflected in forward estimates.

Recommendation 65

The State's mental health strategy should clearly outline a way to further boost the State's rehabilitation and accommodation mental health services in Perth and in regional Western Australia, especially for those services operated by non-government organisations.

This recommendation is **noted**.

The *WA Mental Health Towards 2020: Consultation Paper* outlines a commitment to the principle of providing services in the most appropriate setting. There is recognition that a range of services based in the community, which include rehabilitation and accommodation services, are required to facilitate the recovery journey of individuals with a mental illness.

Securing the provision of stable and permanent housing for people with a mental illness is identified as a key initiative.

The Mental Health Commission (MHC) as the State's 'purchaser' of mental health services will be investigating options for the purchasing of community residential services. Non-government organisations (NGOs) will increasingly be engaged in providing these services.

Recommendation 66

A key thrust of the new Western Australian mental health strategy should be for the rapid development of new community residential accommodation (step-down) facilities in both metropolitan Perth and in regional communities to the north of Perth.

This recommendation is **noted**.

Planning is underway for the development of a 22 bed facility in Joondalup which will provide "step-up step-down" services. This community residential facility will provide intensive short term treatment for consumers recovering from an acute episode of mental illness, or prevent avoidable admission to an acute inpatient facility.

The *WA Mental Health Towards 2020: Consultation Paper* recognises that a continuum of services based in the community is required in order to facilitate the recovery journey of individuals with a mental illness.

The Minister for Health is not able to respond on matters concerning other ministerial portfolios.

Recommendation 67

The Department of Health should give an urgent priority in its regional workforce strategy to employing mental health staff, particularly graduate nurses, and seek ways in which to ensure staff in regional areas are encouraged to stay in those communities.

This recommendation is **noted**.

The *WA Mental Health Towards 2020: Consultation Paper* identifies the mental health workforce as a key reform area.

Current initiatives include:

- scholarships to allied health staff to complete a Graduate Certificate in Mental Health.
- scholarships to attract graduate nurses into mental health services, including Higher Education Contribution Scheme (HECS) reimbursements

The State Government has made a commitment of \$22.47million to establish a State-wide Specialist Aboriginal Mental Health Service as part of the *Closing the Gap* in Indigenous Health National Partnership Agreement. Development of a skilled Aboriginal Mental Health Workforce will be a key focus of this investment.

WA has contributed to the development of the *Mental Health Online Professional Development* (MHPOD) initiative. MHPOD is a web-based educational tool aligned with the National Mental Health Practice Standards. When fully functional MHPOD will deliver advanced learning

opportunities via the internet to the mental health workforce in rural and remote areas and is expected to contribute to better retention in regional areas.

Recommendation 68

Before any of the Department of Health's mental health services are transferred to the Mental Health Commission, the Department needs to introduce a standard approach to providing and evaluating mental health programs that meet the needs of its patients in a transparent fashion.

This recommendation is **not supported**.

None of the DoH mental health services are being transferred to the MHC. The MHC was established as a separate State Government department to introduce reform and 'purchase' mental health services in WA.

Recommendation 69

Like other child health services in Western Australia, the State's mental health services for young people, particularly in regional areas, need a dramatic funding boost.

This recommendation is **noted**.

The work of the MHC will include population-based planning to determine the appropriate level of services including Infant Child Adolescent Youth Mental Health (ICAYMH) services.

The recently announced COAG *Closing the Gap on Indigenous Health Outcomes* has provided funding of \$22.4 million over 3 years for initiatives to support the 'Transition to Adulthood' for Aboriginal people with mental illness. A key focus is to improve access to specialist mental health community services for Aboriginal young people in rural and remote areas. Around 60% of the funding will be directed to improving services in regional rural and remote areas.

Planning is advanced for a new tertiary specialist mental health inpatient unit for children at the New Children's Hospital by 2015.

Recommendation 70

The Department of Health needs to put in place measures to counter the alarmingly high rate of suicides occurring within seven days of discharge from treatment facilities. These measures should follow nationally recognised benchmarks guidelines, such as those contained in the National Mental Health Benchmarking Project (2008) and the Key Performance Indicators for Australian Public Mental Health Services (2005), which require 90% of patients to be contacted by mental health staff within seven days of leaving a mental health facility.

This recommendation is **noted**.

Timely post-discharge follow up and other indicators will be included in the Service Agreement between the Mental Health Commission (MHC) and the DoH for the delivery of mental health services.

The *Key Performance Indicators for Australian Public Mental Health Services (2005)* publication does not include targets. The 90% figure was proposed as a 'good practice' target for adult services following the National Benchmarking Project.

Recommendation 71

The Mental Health Commission should report annually on its evaluation of the success of the State's Suicide Prevention Strategy 2009-2013.

This recommendation is **noted**.

The annual reporting indicators for the WA Suicide Prevention Strategy of the MHC have not yet been finalised. This recommendation will be considered.

Recommendation 72

The Government should report to Parliament by the end of 2010 on new and existing strategies aimed at lowering the rate of criminal activity among Indigenous youth.

The Government employs and supports a range of coordinated strategies to reduce rates of indigenous offending. These include:

Youth Justice Steering Group- a cross-agency group including representatives from the Department of the Attorney General; Corrective Services; Child Protection; Indigenous Affairs; Health; Communities; Disability Services; Housing; Education; Sport and Recreation; Drug and Alcohol Office and WA Police, the Government is in the process of finalising the Strategic Framework for 2011-2015, a document which seeks to reduce rates of offending and re-offending and improve outcomes for children and young people at risk of contact with the justice system with a particular focus on Aboriginal young people, as this group has the greatest need and is of highest risk.

Regional Youth Justice Services- the Government has committed \$43.9 million to the establishment of regional youth justice centres in the Kimberley and Pilbara regions, two regional areas with some of the most serious young indigenous offending centres.

Re-alignment of funding to target at-risk youth - At-risk youth in metropolitan and regional Western Australia will benefit from a realignment of State Government funding within the Department of Corrective Services.

Metropolitan

- \$878,000 towards a new bail service to expand on the Supervised Bail Program, currently operating at Rangeview Remand Centre. The program will engage with families and communities to identify responsible adults to supervise young people on bail who do not have a responsible adult to take care of them and who would otherwise end up spending time in remand on bail. The program also provides interim bail while adults are being located and source short-term bail accommodation as a last resort for young people who are granted bail but do not have anywhere suitable to stay before their court date.

- \$200,000 towards an Aboriginal non-government diversion service to address the significant over-representation of Aboriginal youth in the justice system. The tender for this service will be opened in December 2010.
- \$322,000 for an additional three prevention and diversion staff at the Killara Youth and Family Support Service to provide services to young people cautioned by police.

Regional

- \$413,742 to realign Family Intensive Team staff to the Youth and Family Support Service which operates within the Regional Youth Justice Service (RYJS) in the Mid-West
- \$396,595 to realign Family Intensive Team staff to the Youth and Family Support Service, which operates within the RYJS in the Goldfields.

Cross-Agency preventative funding focus

A range of measures were approved in the most recent state budget which will target issues contributing to offending amongst indigenous youth. These include:

Improved access to Community Child Health Services	\$49.7million
Support and protection services for children and young people, support for individuals at risk or in crisis, additional child protection staff, increased funding for non-government services	\$43.5million
Responsible parenting in regional areas	\$27.9 million
Foodbank Project	\$6 million
Expand School Breakfast Program to deliver breakfast to children in over 300 schools in metro and regional WA	\$195,000
To expand work done by Clontarf Foundation to improve self-esteem and life skills through its football academies.	\$5 million
To increase short stay accommodation for Aboriginal people – particularly in Broome and Kalgoorlie	\$13 million
Aboriginal Housing in the Kimberley	\$15 million
Regional Benefits Agreement to contribute towards social, health and economic needs of Indigenous people in the Kimberley under the Browse LNG Precinct	\$110.7 million
Ngarluma Aboriginal Sustainable Housing Roebourne	\$5 million
Support not-for-profit organisations and make low-interest loans available to eligible community sector organisations to purchase property, vehicles or other equipment.	\$10 million
To respond to unmet training demand through the purchase of an additional 7,600 training places in industry priority areas	\$19.4 million
Bonus payments to employers who take on out-of-contract apprentices and trainees to allow them to complete their apprenticeships and traineeships	\$3 million

Recommendation 73

The Government should urgently fund existing departmental proposals to upgrade mental health facilities in Western Australian prisons over the next four years.

This recommendation is supported in principle.

The Department of Corrective Services recently commissioned a review to audit and assess the clinical services provided by its Health Services Directorate and to identify areas requiring in-depth review and improvement. Its findings have prompted consideration be given toward the potential transfer of prisoner health services to both the Department of Mental Health and the Department of

Health. Government is in the process of considering the viability of this option which will determine the future directions of health service provision to prisoners.

Recommendation 74

The School Dental Service should provide dental services for students from Kindergarten to Year 12 in high school.

This recommendation is **noted**.

The need for dental services for children aged 0-4 years is of greater importance than extending the School Dental Services (SDS) to include year 12 students.

Recommendation 75

The Government should fund the Clinical Information Systems Infrastructure in the School Dental Service business case developed in June 2009 by the Department of Health to transfer the existing card booking system to a computer-based one.

This recommendation is **noted**.

Recommendation 76

The Government report by the end of 2010 on strategies it has adopted to reduce the metropolitan dental clinic waiting and provide an update on current waiting list numbers.

This recommendation is **supported**.

	May 2006	May 2007	May 2008	May 2009	May 2010
No of Patients Waiting	13,934	14,622	11,285	12,565	17,901
Average Waiting Time in Months	13.5	10.8	14.4	9.1	12.1

The number of emergency patients seen has increased from 28,503 (2007/2008) to 31,699 (2009/2010). This reduces the amount of available time for general dental care.

The number of eligible patients in Western Australia has increased by 13,000 from 414,701 in June 2009 to 427,798 in June 2010. The population growth, increased number of health care card holders, and the ageing population may all have contributed to the rise in numbers of patients waiting for public dental care.

The Dental Health Service will continue to actively recruit clinical staff to provide dental care to eligible patients in public dental clinics. Options in assisting eligible patients on the public dental waiting list to attend a participating private dental practitioner for general dental care continue to be explored.

Recommendation 77

The Department of Health should urgently improve the information it provides to Western Australian families on access to non-hospital based residential aged-care.

This recommendation is **not supported**.

There is an extensive framework through which information on residential aged care is delivered to WA families.

The WA aged care assessment teams (ACAT) that are jointly supported by the Australian Government and the WA Government, provide and assessment of the care needs and information to the older person, their families and carers, GPs and hospitals.

WA hospital social work departments assume a lead role in providing support, advocacy and information when patients in hospital are requiring access to residential aged care. All public hospital patients who require residential aged care are provided with assistance.

The Australian Government of Health and Ageing develops information for the aged person and their families – specifically:

- Information is provided through the 16 ACATs that are co-located with WA Area health service Hospital's departments of aged care.
- GPs refer to their area ACAT for assessment, information, and advice on any matters related to accessing services or assessment for aged care services.
- Resourcing documents such as "5 steps to entry into residential aged care – a check list" and other resource documents are delivered through WA ACATs and WA hospital social work departments.
- The Australian government also provides the above information through its website: <http://www.health.gov.au/internet/main/publishing/.nsf/Content/aged-care-information.htm>

There are alternative avenues for information such as the Office of Seniors Interests <http://seniors.gov.au/> and the "DPS Guide to aged care – Western Australia" <http://www.agedcareguide.com.au/> . These provide comprehensive information and a listing of residential aged care facilities.

Recommendation 78

As a matter of urgency, the State Government should immediately undertake negotiations with the Federal Government aimed at overcoming the boycott by providers in building new aged-care facilities in Western Australia.

This recommendation is **not supported**.

The basis, evidence and expertise to support the committee's recommendation are unclear. WA Health has met with representatives of the residential aged care sector to identify measures that would improve viability and encourage building. These measures include:

- Remove geographical boundaries from the Commonwealth Zero Interest loan scheme.
- Make Commonwealth capital funding available on the basis of individual jurisdictional cost pressures/beds.
- Revise eligibility criteria to allow providers to apply for a loan without an application for additional places (WA metropolitan area) to upgrade low care facilities to high care.
- Increase funding and flexibility of EACH and EACHD packages to accommodate appropriate universal design principles (home modifications) to be applied to an individual home and improve access to technology to support mobility and social participation (equipment).
- Allow successful proponents in the aged care approvals round to provide EACH and EACHD packages on an interim basis during the building phase (usually 5 years in WA) to support a transition of care for individual clients to a facility.

The WA government has, and continues to raise the concerns of the residential aged care sector with the Federal Government.

Recommendation 79

In its annual report to Parliament, the Department of Health should include data on the number of patients who are admitted to the State's tertiary and secondary hospitals when they could receive more appropriate care in a residential aged-care setting

This recommendation is **supported**.

The DoH will explore the feasibility of collecting this information.

Data on the number of patients in WA public hospitals whose care needs are no longer acute and who are awaiting transfer to residential aged care is captured on a regular basis at an operational level to assist in demand management strategies. This information is inclusive of the number of patients transferred from a hospital into residential aged care.

That there is already considerable clinical effort given to early identification of patients in emergency departments (ED) who can safely and effectively be discharged from the ED to home

including residential aged care, rather than being admitted into a hospital bed. This work is a key aspect of the existing ED Care Co-ordination Teams and the Residential Care Line (RCL) programs. Both these programs are linked to the Friend In Need - Emergency (FINE) scheme. The data from this new initiative will be available later in 2010 – 2011.

The DoH RCL and FINE funded Silver Chain Home Hospital Priority Response Assessment (PRA) service are working together to identify patients in residential care facilities who with timely and targeted intervention can be cared for locally rather than being transferred to a hospital ED. The RCL data is currently collected and forms part of the Health annual reports. Data from the PRA service will become available later in 2010/11.

Recommendation 80

The State Government should ensure that there is ongoing education and support for aged-care staff employed in residential facilities to assist them to provide a high level of care to their residents and thereby prevent unnecessary hospital admissions.

This recommendation is **supported**.

Acknowledging that the education and training needs of staff in aged care homes is an Australian Government responsibility, the DoH efforts to reduce avoidable presentations to the emergency department included the development and implementation of the Residential Care Line (RCL) that incorporates an educational component.

RCL is a metropolitan wide service that provides a nurse outreach service, operating seven days a week. The service includes case by case support along with education related to specific acute and complex needs of the resident. In addition, the senior RCL nurses provide regular education sessions to staff at aged care facilities based on current best practice. The aim is to provide the staff at facilities with increased skill and confidence to care for residents in place rather than having the resident transferred to hospital.

The aim of the RCL is to strengthen the delivery of education and support to aged care facilities. This is supported through the recent employment of a senior geriatrician.

In country WA, WACHS has developed a comprehensive package of education and training based on implementation of the ‘Aged Friendly Principles’ in all health settings. While this strategy developed out of a need to address caring for the older person in hospitals it is inclusive of residential aged care facilities and Multi-Purpose Services.

Recommendation 81

The Department of Health should transfer, if appropriate, the management of Hospital in the Home (HiTH) patients from the existing tertiary hospitals to secondary hospitals to ensure that patients are being serviced closer to their homes.

This recommendation is **not supported**.

Transferring the management of Hospital in the Home (HiTH) patients to secondary hospitals so that they receive services closer to their homes will not result in any additional benefit to the patient – they are already being cared for at home.

Recommendation 82

Programs such as Hospital in the Home and Friend in Need - Emergency need to be isolated from any further cuts to the Western Australian health Budget.

This recommendation is **noted**.

The 3% efficiency dividend announced as part of the State Government's 2009/10 budget was applied to all government agencies for one year only. The 3% dividend was not applied to clinical services.

Funding for FINE has, and is, being provided as follows: \$3 million in 2008/09, \$19.4 million in 2009/10, \$34.6 million in 2010/11, \$27 million in 2011/12 and \$24 million in 2012/13 - total funding of \$108 million.

From 2013/14, funding for the FINE program will be incorporated as part of the DoH's base funding.

Recommendation 83

In its annual report to Parliament, the Department of Health should include data on the number of beds in the State's tertiary and secondary hospitals freed up by patients participating in the Home and Friend in Need - Emergency programs.

This recommendation is **noted**.

HiTH bed days are already reported in the health services' annual reports.

As the FINE program is in the non-admitted area of care it is not measured in bed days. The Silver Chain Nursing Association describes their aspect of the FINE scheme as providing the equivalent of 500 'virtual' beds.

Recommendation 84

The Government should give priority to further Royalties to Regions funding to supplement existing State and Federal funds to boost effective regional health care programs, such as the Home and Community Care program.

This recommendation is **noted**.

Funding from the Royalties for Regions Program is used to assist the implementation of many new regional health initiatives such as the RFDS jet, capital works on regional hospitals i.e. Kalgoorlie, Albany, Nickol Bay (Karratha), Carnarvon, Patient Assisted Travel Scheme (PATS), St John Ambulance Country Services, Rural Generalist Pathways. The Royalties for Regions Program assists in expanding services into the regions, over and beyond current services as core business of State and Commonwealth Departments of Health.

Recommendation 85

As an urgent priority the Government should provide Royalties for Regions funds to regional communities to assist them develop residential aged-care and dementia facilities.

This recommendation is **noted**.

The funding of aged care facilities is primarily a Commonwealth Government responsibility.

Development of aged care facilities is continuing in country WA, where WACHS is working in partnership with private aged care providers to build and manage residential care facilities in the country.

This has included contributory capital funding from the DoH for residential care facilities in Derby, Collie and Broome and negotiations regarding the service models at Carnarvon and Harvey are continuing.

A proposal for residential aged-care facilities in the Wheatbelt is being assessed for funding through the Royalties for Regions Country Local Government Fund. The Regional Grants Scheme administered through the Regional Development Commission may also be an avenue for funding for such amenities.

A new provider has commenced building a dementia specific facility in York and has undertaken consultation with Local Government bodies in Karratha, Denmark and Kalbarri with the view to building facilities in those towns.

In the smaller communities there are insufficient numbers of clients to attract private service providers.

WACHS will continue to explore opportunities for expansion of the Multi-Purpose Service model, with Onslow and Wyndham currently under consideration.

Recommendation 86

The Department of Health's information systems should be improved to allow the better collection of data on the experience of people requiring and receiving palliative care in the State's public and private health system.

This recommendation is **noted**.

TOPAS (metropolitan) and HCARE (country) are the Patient Systems currently used within the DoH public hospitals to capture information associated with Palliative Care services.

The DoH is committed to improving the collection of palliative care data under the Sub-acute Care National Partnership Agreement (NPA). Under this NPA, palliative care is one of four specified care types in which DoH is required to demonstrate increased service provision. Increased services will be demonstrated from both expanded/new programs but also through improvements in quantifying current activity.

Recommendation 87

The Government should increase the funding at the four general hospitals in the metropolitan area to provide at least an additional 35 palliative care beds.

This recommendation is **noted**.

The allocation of palliative care beds in Western Australia is outlined in the CSF 2010-2020.

The NMHS will have 29 palliative care beds by 2011/12 and South Metropolitan AHS will have 28 beds by 2014/15, providing a total of 57 beds for palliative care in the metropolitan area by 2014/15.

Recommendation 88

The State Government should allocate additional funds to providers, such as Silver Chain, to allow the provision of comprehensive palliative care services to people living in aged-care facilities.

This recommendation is **noted**.

The Australian Government has responsibility to ensure appropriate levels of care are provided for residents in aged care facilities.

The Australian government has produced a best practice based document to assist aged care facilities to provide improved provision of palliative care. "Guidelines for a palliative approach in aged care". http://www.nhmrc.gov.au/files_nhmrc/file/publications/synopses/pc29.pdf

The WA Department of Health funds Silver Chain Nursing Association to provide a community palliative care service that extends direct care and support into low-care residential aged care facilities, and a palliative care consultancy and advice service into high care facilities.

The development of advance care directives is expected to provide a clearer pathway of care for patients in aged care facilities when a resident enters a palliative care phase.

Recommendation 89

The Government develop a specialised strategy to address the needs of carers who are friends and family of those receiving palliative care, which particularly addresses the needs of special groups, such as younger and older carers, those from Indigenous and Culturally and Linguistically Diverse backgrounds, and those living in rural areas.

This recommendation is **supported**.

The WA Cancer and Palliative Care Network (WACPCN) have led the development of the Palliative Care Models of Care (MOC) in Western Australia which include:

- the Rural Palliative Care Model

- the Paediatric and Adolescent Palliative Care MOC; and
- the Indigenous Palliative Care Model

These MOC address the needs of families and carers and can be accessed at the website below:
www.healthnetworks.health.wa.gov.au/modelsofcare/

Recommendation 90

The Department of Health coordinate palliative care service funding and service provision across all levels of government (Federal, State and local) to ensure the equitable social and geographical distribution of services in Western Australia.

This recommendation is **noted**.

The WACPCN has provided a coordination role to ensure that both federal and state government funding is being used to fill identified service gaps.

State Government election commitment funding is being used to implement the Rural Palliative Care Model across WACHS, implement the paediatric MOC, develop the Indigenous Palliative MOC and implement the Palliative Care Area Health Teams in the metropolitan area. Commonwealth funding will improve a palliative approach to care in Residential Aged Care Facilities.

Recommendation 91

The Government should develop a strategy to meet the increased future demands for cancer services and palliative care, and incorporate it into the next version of the Clinical Services Framework.

This recommendation is **supported**.

The WA Health Cancer Services Framework, published in October 2005 has been evaluated with the majority of the initiatives now incorporated as part of everyday health operations in WA.

Any outstanding initiatives have been included in the draft State Cancer Plan for future consideration.

The State Cancer Plan will be completed by June 2011.