



WESTERN AUSTRALIA

# **Parliamentary Debates**

## **(HANSARD)**

THIRTY-FIFTH PARLIAMENT  
SECOND SESSION  
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LEGISLATIVE ASSEMBLY ESTIMATES COMMITTEE A

Tuesday, 25 May 1999

# Legislative Assembly

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## ESTIMATES COMMITTEE A

The meeting commenced at 9.00 am.

The CHAIRMAN (Mr Bloffwitch): For the information of members, this Estimates Committee will be reported by Hansard and a proof document will be made available to the committee clerk progressively throughout the day. The daily *Hansard* will be available the following morning. I caution members that if a minister asks that a matter be put on notice, it is up to the member to lodge the question on notice with the Clerk's office; only supplementary information which the minister agrees to provide will be sought within one week.

It will also greatly Hansard if, when referring to the *Budget Statements* or the consolidated fund estimates, members give the page number, item, program and amount in preface to their question.

As has been the practice of previous Estimates Committees members should not raise questions about matters of general concern which do not have an item of expenditure in the consolidated fund. The Estimates Committee's consideration of the consolidated fund's estimates of expenditure will be restricted to discussions of those items for which a vote of money is proposed. We are dealing with estimates of expenditure and that should be the prime focus of this committee. While there is scope for members to examine many matters, they need to be clearly related to matters of expenditure. For example, members are free to pursue performance indicators which are included in the *Budget Statements* while there remains a clear link between the questions and the estimates.

It would assist in the committee's examination if questions and answers can be kept brief, without unnecessarily omitting material information. It is my intention to ensure that as many questions as possible are asked and answered and that both questions and answers are short and to the point.

The minister may agree to provide supplementary information to the committee rather than asking that the question be put on notice for the next sitting week. For the purpose of following up the provision of this information, would the minister clearly indicate to the committee which supplementary information he agrees to provide? Details in relation to supplementary information have been provided to both members and advisers, and accordingly I ask the minister to cooperate with those requirements.

### **Division 73: Health, \$1 793 541 000 -**

[Mr Bloffwitch, Chairman.]

[Mr Day, Minister for Health.]

[Mr A.J. Bansemer, Commissioner of Health.]

[Mr K. Larkins, Director.]

[Dr G.J. Goodier, Chief Executive, Royal Perth Hospital.]

[Mr J. Burns, Chief Executive, Fremantle Hospital.]

[Mr M.H. Moodie, Chief Executive, King Edward Memorial and Princess Margaret Hospital for Children.]

[Mr C. Bennett, Chief Executive, Sir Charles Gairdner Hospital.]

[Ms P. Ford, Executive General Manager, Finance and Infrastructure.]

[Dr P. Psaila-Savona, Executive Director, Public Health.]

[Associate Professor B. Stokes, Chief Medical Officer.]

[Mr A. Kirkwood, Acting General Manager, Finance and Resource Management.]

[Mr J. Kirwan, Acting Executive General Manager, Public Health and Purchasing.]

[Professor G. Lipton, General Manager of Mental Health.]

[Mr D. Martindale, Acting General Manager, Health Workforce Reform.]

[Dr R.M. Davidson, Acting General Manager, Public Health.]

[Mr R.S. Smith, General Manager, Contract Management.]

[Mr H.M. Blake, Director of Finance and Performance Management.]

[Mrs C. O'Farrell, Acting Executive General Manager, Health System Performance.]

[Mr M. Pervan, Director, Secretariat.]

[Mr S. Houston, General Manager, Aboriginal Health.]

[Mr G.H.P. Stacey, Acting General Manager, General Health Purchasing.]

[Mr K. Snowball, Principal, Rural Health Development.]

[Mr K. Larkins, Director.]

Mr McGINTY: I refer to nursing and the projected availability of nurses. I am told that over the next five to seven years there is likely to be a significant shortage of nurses in Western Australia. What are the projections and what is being done to ensure there will be sufficient nurses to staff the State's hospitals?

Mr DAY: As the member has indicated, concerns have been expressed about the future supply of nurses in Western Australia, the fact that the average age of nurses is increasing and the declining tendency of school graduates to undertake nursing as a career. That is all obviously leading to some concern about future supply. However, the Health Department has implemented various programs, including the provision of scholarships, to encourage school graduates to undertake nursing as a career and to ensure that those who have been trained continue nursing. I do not have details about the future supply of nurses at my fingertips, but I am sure that Mrs O'Farrell will be able to provide some information.

Mrs O'FARRELL: I cannot provide the figures in any concrete form, but I can elaborate on some of the initiatives that have been implemented to alleviate the anticipated problems in nursing numbers. A number of initiatives which have been under way for some time and which will continue are designed to improve the standard of accommodation for nurses, particularly in rural areas. The department has significant programs involving upgrading existing accommodation, improving the availability of free-standing accommodation and the provision of new accommodation for nurses.

The department has a number of very good scholarship programs in midwifery, critical care, pre-operative nursing, emergency nursing and mental health. The Margaret Beard scholarship scheme is an ongoing program and scholarships are also available for undergraduate nurses. Additional funding has been made available to offer new graduates full-time employment and to assist with their take up into the nursing and health service system once they are trained. In addition, the department provides a number of short courses for nurses in areas such as triage, operating room procedures, child and community health care and midwifery.

In conjunction with those programs, the department has an initiative called the Combined University Centre for Rural Health, which is designed to support the training and ongoing development of nurses while they are working in the rural sector. Also, a significant program is aimed at marketing the nursing profession, particularly to senior high school students and school leavers, to try to attract them into the profession and make nursing a viable and attractive choice for them. A number of initiatives are currently being undertaken in health services. We are constantly managing those programs and monitoring and evaluating their effect through our marketing initiative.

[9.10 am]

Mr McGINTY: Have any studies been carried out which show the extent of the expected shortfall in the number of nurses, which you have acknowledged there will be in the medium term?

Mr DAY: I am not aware of any specific studies that firmly predict what may be the supply or shortage in the future.

Mrs O'FARRELL: I have information that our principal nursing adviser and the health work force reform division did a study about two years ago. Although I have not got the exact figures, a significant shortfall was predicted. A number of work force statistics are kept and attempts are made to do predictive planning for the future. The study was aimed at looking at what would be the situation in the year 2000. The study predicted a significant nursing shortfall in public sector services. It was the basis of a number of initiatives to be implemented, as I have described previously. The initiatives were specifically aimed at trying to close the gap by 2000.

Mr McGINTY: Is there any basis on which you are currently planning for the provision of extra nurses, taking into account the anticipated number of nurses? I appreciate the initiatives that have been taken. About 12 months ago many hundreds of nurses were flown in from overseas to fill positions. Do you expect that to occur again in the medium term?

Mr DAY: I do not foresee that occurring. I hope that the supply of nurses that we need can be met from within Western Australia or Australia. However, obviously we cannot rule out having people from overseas, if necessary, in the same way that we aim to attract overseas doctors to work in rural areas, but I do not predict it.

Mr McGINTY: Mrs O'Farrell mentioned the provision of accommodation for nurses in rural areas. I am aware of what is happening in Kalgoorlie. Given that accommodation was one of the initiatives specifically referred to, where else in this budget is capital works money provided for upgrading or building new accommodation for hospital staff?

Mr DAY: We can provide detailed information. The allocation to Port Hedland is \$200 000, to Carnarvon \$250 000 and to Exmouth \$250 000. Other allocations are made for Corrigin, Gnowangerup, Northam, Onslow, Broome, Derby, Halls Creek, Oombulgurri, Warman, Morawa, Leonora, Karratha and Ravensthorpe.

Mr McGINTY: That \$200 000 will not buy much accommodation in Port Hedland. Could the amount of capital works funding and accommodation which is expected to flow from it be provided by way of supplementary information?

Mr DAY: You said that \$200 000 does not buy a lot of accommodation in Port Hedland. I agree it is the case with new accommodation. You must remember that there is an extensive supply of housing in Port Hedland. I was there on the day that the budget was delivered. From recollection, the health service manages or owns some 60 or 70 housing units there. The \$200 000 is for the purpose of upgrading some of that accommodation and to build on the current extensive supply.

Mrs O'FARRELL: The capital works program from 1996-97 to 1998-99 provided a total of \$3m for staff accommodation. The expenditure out of that amount in the current financial year was \$1.04m. Further to that, the capital works program from 1998-99 to 2000-01 provides a total of \$9.6m for staff accommodation, \$1.746m of which is the estimated expenditure in the current financial year. For the next financial year of 1999-2000 the sum is \$3.073m. In addition, some funding is available through the minor works, special repairs and equipment program. There is also a staff accommodation trust fund which is resourced by the sale of existing substandard staff accommodation, so that accommodation which is being kept can be refurbished or replaced. That amount covers some of the current projects to which the minister referred. There are a huge number of those ranging from Avon and the wheatbelt to a number of projects in the north west, including the Pilbara. That includes the \$200 000 which was mentioned for Port Hedland. There are a number of projects in the Kimberley, including Broome, Derby, Halls Creek, Oombulgurri and Warman. In addition to that amount, as part of the enterprise bargaining initiative for country nurses, a special arrangement has been put in place for the north west. It includes Kimberley, Pilbara and Gascoyne. It provides an additional \$2.338m, most of which has already been allocated to the various health services for either the refurbishment of existing accommodation or the building of new accommodation.

Mr McGINTY: By way of supplementary information, could detail be provided of capital allocations for the purposes of accommodation?

Mr DAY: We have covered a fair bit of it, but I am happy to provide by way of supplementary information details of the allocation of funds for either the provision of new staff accommodation or the upgrading of existing accommodation.

Mr McGINTY: The impact of the decision relating to Mrs Sue Terry on the prospects of alleviating the nursing shortage will send a message to nurses, will it not, that if that is the way in which one of the State's most senior nurses is treated, it is not worth being part of the profession? Do you not think that will cause you significant problems down the track?

Mr DAY: I would not have thought so. Based on my observations, I have no doubt that Sue Terry is a very dedicated and competent senior nursing officer in Western Australia. The bringing to the end of the position which she occupied at Princess Margaret and King Edward Memorial Hospitals in no way is an indication that the role of nurses in Western Australia is being downgraded. The situation is quite the contrary: That position was an administrative one. We are keen to ensure that the maximum resources are put into providing patient treatment and the best possible services to patients and their families. The role of nurses is absolutely crucial in all of that. Nothing has been done as part of that process which in any way has downgraded the role of nurses nor should nurses interpret it as downgrading their role. They have a significant role to play in providing patient treatment and administration where appropriate.

[9.20 am]

Mr NICHOLLS: I refer to page 669 of the *Budget Statements*. I seek information on the timing of the "runnelling" program in salt marsh areas in the Peel region to limit mosquito breeding, and whether it is likely to operate for only one financial year or be an ongoing program? What are the program's objectives? Will it replace or in some way reduce the larvicide spraying program which operates in the region? Will any ongoing research be conducted into mosquito breeding and control mechanisms?

Mr DAY: The runnelling program in the Mandurah area has been allocated a total of \$1m at \$250 000 a year over the next four years. It is not intended to immediately replace the spraying program. Ultimately, it is hoped it will lead to a reduction in the need to spray the larvicide in the Mandurah area. If it reduces or eliminates the need for spraying, it will be a good thing.

Mr NICHOLLS: I assume that a research component will assess the success of the program. If so, who will undertake that research?

Mr DAY: The program will be evaluated to determine its success.

Dr DAVIDSON: The program operates from the environmental health section of the public health division. It certainly has an evaluative component over the period of the program, which is expected to be an ongoing program beyond the four years.

Mr NICHOLLS: Is the program based on another successful program or is this initiative applied only in Western Australia? For how long is the runnelling expected to be effective, or is that aspect to be determined in the evaluation program?

Dr DAVIDSON: The program has operated in Queensland, where long-term evaluations have shown it to be effective. Also, an initial trial period has operated in the Peel region. The process requires minimal maintenance to keep the runnelling channels open. However, it does not require any significant work once the channels have been made.

Mr NICHOLLS: What sort of decrease in mosquito numbers is the runnelling program expected to achieve, or has no assessment been made at this stage? Are we specifically talking about the mosquitoes which carry the Ross River virus, or will this be an effective program to apply to the many different mosquito groups?

Dr DAVIDSON: It is an effective program for all mosquito types, which will include the mosquito associated with the Ross River virus. A very significant reduction in the number of mosquitos has occurred. This is not complete, and sometimes needs supplementation with larvicide spraying. This has a very good effect in reducing the number of mosquitoes.

Mr NICHOLLS: Can an estimate be provided of the expected decrease in mosquito numbers from runnelling?

Dr DAVIDSON: It would be of the order of 70 per cent or 80 per cent of mosquitoes.

Mr NICHOLLS: Can the minister indicate the numbers of Ross River virus infections in the past year and whether this program will reduce those numbers?

Dr DAVIDSON: The infection rate is difficult to determine as it requires laboratory and other reporting. Therefore, it is difficult to give an estimate of the expected infection rates. However, it is true that a significant reduction in the number of Ross River virus infections will result from this program.

Mr MARSHALL: I am delighted that money is allocated in the budget for the Mandurah area. Has any forward planning been done on this program? In what locations will the runnelling be placed, and what is the best time of year for this work to begin? Will advertising for the contract start almost immediately?

Dr DAVIDSON: One will achieve more effect from the runnelling program in certain times of the year relating to tides; that is, avoiding times of high tide which leave the areas unconnected from the sea. This methodology involves the small fish reaching the mosquito larvae and reducing their number. Also, full drainage will leave the area without water in which continued breeding can occur. The selection process will go to tender. That is being moved forward as fast as possible within that appropriate process. We will look for expressions of interest in the near future. We expect that advice will be given to organisations likely to have an interest in this area.

Mr MARSHALL: Have the locations at which the runnelling is needed been identified?

Dr DAVIDSON: We have identified preferred areas for a runnelling program. It is necessary to achieve agreement on locations with the Environmental Protection Authority. That is the subject of current discussions.

Mr MARSHALL: Can the areas be named?

Dr DAVIDSON: I do not have the prioritised list with me. The runnelling steering committee has developed a fairly extensive list.

Mr DAY: There will be further negotiations with the EPA on finalising those locations.

Mr MARSHALL: Who heads the steering committee for the runnelling program?

Dr DAVIDSON: I do not have that information.

Mr DAY: We will provide that by way of supplementary information.

[9.30 am]

Mr McGINTY: I was somewhat surprised to see that no allocation was made in this year's budget for capital works at the five metropolitan teaching hospitals. Could the minister explain why that is the case? It is a remarkable omission. I would appreciate the minister detailing what each of the teaching hospitals have identified as their priorities for capital works. The hospitals would have submitted bids and I want to know what they think are the areas which are most in need of capital works expenditure.

Mr DAY: It is not correct that there is no allocation for the teaching hospitals.

Mr McGINTY: It is a bit hard to find.

Mr DAY: They may not be listed separately, but an allocation has been made under the heading "Metropolitan Health Services Developments - Various", which is listed in the capital works program on page 692 of the *Budget Statements*. The estimated total cost is \$25.9m and of that, \$5.8m has been allocated for expenditure in 1999-2000. We expect a significant portion if not all of that sum to be used in the teaching hospitals. Over the past eight years \$20m has been shown in the capital works program and that is now being transferred to the recurrent budget. That money is intended for minor works and its transfer to the recurrent budget does not change the purpose of those funds in any way. That \$20m was included in the capital works program under the last Government. I understand it related to a difficulty in providing sufficient allocation for the Health budget from the recurrent budget and it was easier to allocate that money from the capital works budget. In about 1991-92 the previous Government decided to find that \$20m in the capital works program. It has now been transferred to the recurrent budget where it is more accurately located and is available for minor works activities. In the four years from 1994-95 to 1998-99 approximately \$72m was spent on the teaching hospitals. That included about \$20m at Fremantle Hospital, \$3.3m at King Edward Memorial Hospital for Women, nearly \$8m at Princess Margaret Hospital for Children, \$18.5m at Royal Perth Hospital and almost \$22m at Sir Charles Gairdner Hospital. I can provide the committee with details of the use of those allocations if it wishes.

Mr McGINTY: Yes, please.

Mr DAY: Do you want that information by way of supplementary information?

Mr McGINTY: However.

Mr DAY: It is probably easiest for me to provide those details as supplementary information; I could read them out but it would be quite time consuming. If the committee wishes, I will provide the capital allocations for the teaching hospitals for the period 1994-95 to 1998-99 as supplementary information.

A significant allocation has been made in this year's budget for the redevelopment of the Armadale-Kelmscott Memorial Hospital. The total estimated cost of that redevelopment is \$48m; \$6m has been allocated for expenditure in 1999-2000 and the rest will be allocated in the next couple of years. This Government has made a significant commitment not only to our teaching hospitals but also to the further development of the health system in the metropolitan area. Members must not overlook the fact that we have a significant program in place to try to provide services closer to where people live in the

more peripheral parts of the metropolitan area such as the Armadale region. There has been substantial development at Swan District Hospital; over the past few years the Joondalup Health Campus has been established out of the former Wanneroo hospital; and although the Mandurah region is not considered to be part of the metropolitan area, it is very close to it and the Peel Health Campus has been developed there. In its time in office the Government has made a substantial commitment to undertake capital works programs in the teaching and non-teaching hospitals.

Mr McGINTY: The second part of my question related to what the teaching hospitals want or what they have identified as their capital works priorities.

Mr DAY: I am not aware of the teaching hospitals' wish list. They would have particular priorities but these need to be weighed against the overall need to provide comprehensive health services in the metropolitan area and around the State. The Government has responsibilities and the Health Department has a responsibility to advise the Government of the needs from a comprehensive point of view as opposed to the needs of the teaching hospitals.

Mr McGINTY: Where does the Health Department propose to expend the \$5.8m allocated for metropolitan health service developments for capital works?

Mr DAY: I ask Mr Blake, the director of finance with the Metropolitan Health Service Board, to provide as much information as possible about the use of those funds.

Mr BLAKE: Once we are told what funds are available for us in the coming year, as part of our planning process we sit down and prioritise the expenditure of those funds based on the bids we receive from the hospitals. Now we know how much we have, we will ask the hospitals to identify their needs and we will allocate that money based on a review of the metropolitan area as a whole.

Mr McGINTY: What are those needs?

Mr BLAKE: We have a process of first identifying what money is available. Now we know that, we will ask the hospitals what their needs are; we have not yet asked them about their needs for 1999-2000.

Mr McGINTY: Does the minister have any idea what the capital needs of the metropolitan teaching hospitals are and what the Health Department will be spending money on this year?

Mr DAY: It is well known that an extensive planning process has been undertaken over the past 12 months to two years to predict the needs of public health services across the metropolitan area and to determine how best to meet those needs. That process has not been completed and the recommendations need to be formally considered by the Government. The undertaking of such a program would require a substantial allocation of funds and the Government will need to consider that. The needs of the teaching hospitals in particular will be considered in the Health 2020 planning process which has not been completed. I am happy to seek some indication from the chief executive officers about how the \$5.8m may be spent. Does Sir Charles Gairdner Hospital have any plans?

[9.40 am]

Mr BENNETT: We have a variety of priorities. We look very carefully at our maintenance liabilities. We have a range of major equipment needs and we are constantly evaluating our internal priorities for minor works, equipment replacement and refurbishment of the site. We have been through an indicative exercise whereby we have requested our various devolved units to indicate their priorities and, consistent with what Mr Blake said, we will soon be able to indicate to him what our priorities are. It is an ongoing exercise and we look at it constantly. We have a large range of big-ticket items that we have to consider bringing on stream and also replacing over time.

Mr McGINTY: Thanks for saying nothing, but could I put it to the minister again -

Mr DAY: Simply, the answer is that decisions have not been made. That information will be sought from the hospitals and it will be considered by the Metropolitan Health Service Board and then obviously allocations will be made. The process has not yet been gone through at this stage.

Mr McGINTY: Is the minister saying that he has allocated \$25.9m over the next three or four years and \$5.8m for this year and he has no idea of what it will be spent on?

Mr DAY: Decisions have not been made about how those funds will be allocated at this stage.

Mr McGINTY: I do not believe that.

Mr DAY: The member has heard what Mr Blake has had to say. Obviously, I am only going on the advice I am provided by the Metropolitan Health Service Board. If the member wants to argue that what Mr Blake said is not correct, please do so. If we can reaffirm that it is correct that decisions have not been made about how the \$5.8m will be spent -

Mr BLAKE: That is correct.

Mr McGINTY: In respect of the other teaching hospitals, will any be able to do something more than describe a process and actually describe what they think money will be spent on by way of capital works?

Mr DAY: Obviously decisions need to be made at a metropolitan health service level, but I am happy to seek comment as to how Fremantle Hospital considers that it might put in a bid for some of that \$5.8m.

Mr BURNS: Fremantle Hospital needs another orthopaedics theatre. That is currently being considered as part of the five-

year plan for orthopaedics at a service level. There is a need for a magnetic resonance imaging service there. Unfortunately, that is being blocked or hindered at the moment by the commonwealth licensing requirements on MRIs, but we will look at that matter. In fact, this year the Metropolitan Health Service Board allocated \$300 000 to upgrade our radiology equipment and has allocated \$1.6m next year. That has been confirmed and allocated by the Metropolitan Health Service Board. The two big issues that Fremantle Hospital will look at next year are an extra orthopaedics theatre, which is part of the service provision in the next five-year plan for orthopaedics, and an MRI service.

Mr McGINTY: The cardiologists at Fremantle tell me that the cardiac catheter laboratory is drastically in need of upgrading. Is that seen as a priority at Fremantle and is it likely to be considered over the next few years?

Mr BURNS: That will be considered, along with other requirements in the hospital. We must always be very careful about vested interests pushing their point; the whole service must be considered.

Dr CONSTABLE: My question refers to the restructuring of the senior positions at King Edward Memorial Hospital and Princess Margaret Hospital for Children. Does that restructure or actual axing of the three senior positions provide a blueprint for other hospitals, particularly Royal Perth Hospital, Sir Charles Gairdner Hospital and Fremantle Hospital? Does the minister envisage the same positions being eliminated in those hospitals in the near future?

Mr DAY: It is important to recognise that the changes which have occurred at Princess Margaret and King Edward Memorial hospitals are part of a process that has been occurring over the past few years or so. They have moved to a clinical streaming process in which medical directors and nursing directors of each of the four clinical streams have been appointed and now largely fulfil the roles that previously were fulfilled by the directors of nursing, medical directors and so on. I reiterate that the changes which have occurred and been announced in recent times are part of an evolution at those two hospitals, as opposed to any sudden change in direction. As to whether it is a prediction of similar changes at other hospitals, no it is not. Each hospital needs to look at its own staffing structure as appropriate to its particular organisation, bearing in mind the size of the organisation, the total number of the work force and how it has things arranged. It is not a prediction of any similar changes at other hospitals at all.

Dr CONSTABLE: So people who hold similar positions in the hospitals, particularly the ones I have named, can feel comfortable that their positions will not be axed?

Mr DAY: As I have said, the changes which are taking place at Princess Margaret and King Edward hospitals are not a prediction of what may occur at other sites. However, the Government and the Metropolitan Health Service Board on behalf of the Government have a responsibility to ensure that the best value is obtained from the substantial amount of taxpayers' funds that are injected into the health system. That means directing as much as possible in the way of resources into providing patient treatment as opposed to providing administration, and if sustainable, rational and reasonable changes can and should be made in future, I expect that they will be made.

Dr CONSTABLE: So it could happen?

Mr DAY: There are simply no plans that I am aware of for similar changes at other hospitals.

Dr CONSTABLE: Is the minister concerned about the loss of the expertise and leadership of people such as Sue Terry to the State?

Mr DAY: Sue Terry has a significant amount of expertise and competence and I hope that it will not be lost to the system.

Dr CONSTABLE: It obviously is.

Mr DAY: No. The point is that the position she happens to have occupied will not exist in future. That decision must be made at local level, given that the responsibility of the chief executives of hospitals in the Metropolitan Health Service is to ensure that the maximum possible resources are put into providing patient treatment, but it is no reflection on the competence of the occupant of that position.

Dr CONSTABLE: I did not suggest that.

Mr DAY: I hope that such expertise will be able to be used elsewhere in our extensive health system.

Dr CONSTABLE: I would have thought that if the minister was going to axe the position that Mrs Terry held, he would have looked ahead and thought how he could use that expertise, if he valued it.

Mr DAY: The contract relating to that position does not expire until about another nine months, but under the contract it was necessary for any possible changes about the future of the position to be discussed at this time. There is still a significant lead time until the expiration of that contract. I will ask Mr Moodie to add any further relevant information.

Mr BLOFFWITCH: I remind members that we are talking about expenditure. Questions, however relevant, must be linked to an item of expenditure.

Dr CONSTABLE: I am sure that there are savings by axing the positions.

Mr DAY: It is not a matter of savings, but of getting the maximum amount of our ever-increasing funding put into providing patient treatment, which is something that I would have thought that the member would support.

Dr CONSTABLE: The minister saves the money on those positions so that he can spend the money elsewhere.

Mr MOODIE: The minister is correct. In addition, the positions were due for review at this time. The occupants of the

positions were on contracts and they were fully aware of the conclusion of those contracts. We advised that we did not propose to continue the current arrangements. The rules provide that the occupants be notified, and that is essentially what has been done. I believe that there is ample opportunity for those individuals to find -

Dr CONSTABLE: I understand the rules, but I was talking about the loss of expertise and good people from our system through that move, and I should think that the minister would have seen a way to continue holding that expertise within our Health Department.

Mr DAY: As I indicated, given the lead time before the contract actually expires, I hope that that will be achieved and that good expertise will not be lost, but there is a wide range of people who have expertise and competence in our health system and that should not be overlooked.

Ms McHALE: I have a series of questions relating to output, prevention and promotion - that is, pages 664 and 665 of the *Budget Statements*. I note the estimated actual for this output and I wonder whether the minister can tell me precisely how much has been spent on this output for 1998-99 - not the estimated actual, but the actual amount that has been spent to make that output.

[9.50 am]

Mr DAY: I do not know the actual amount spent since 1 July 1998, and I doubt that anybody would know.

Ms McHALE: Is it on target or over that amount?

Mr DAY: A good attempt was made to predict what will be spent at the end of the financial year based on the spending pattern up to the time the budget papers were prepared. The budget papers give a pretty good indication of that. It is my understanding that is on target.

Mr KIRKWOOD: The estimate of \$154m on page 665 of the *Budget Statements* is based on projecting expenditure so far this year to the end of the year. I do not have the amount of actual expenditure.

Ms McHALE: A pre-budget submission by the Western Australian Council of Social Service indicated that women's health centres had suffered a reduction in funds because of an increase in the consumer price index, and WACOSS recommended an automatic increase in funding to women's health centres. Has the minister accepted that recommendation and, if so, what is the increased expenditure to women's health centres in WA?

Mr DAY: We recognise the good work that is undertaken by women's health centres around the State. However, decisions about funding for the next financial year have not been made as yet. Obviously those decisions will be part of the detailed consideration of the Health budget which is under way at the moment. Now that the global allocation to Health has been determined, I would expect a decision will be made prior to 1 July. However, those decisions have not been made at this time.

Ms McHALE: At this stage is there no budgetary increase in the allocation for women's health centres?

Mr DAY: The decisions about how the approximately \$1.8m allocation out of the state budget to Health will be made have not been made. Those matters will be considered over the next few weeks and decisions made. The commissioner will add a further comment about the process.

Mr BANSEMER: At this stage the allocations to health services in rural areas, which include women's health services, are likely to increase. Individual health services must then consider local priorities. The same situation applies to the metropolitan health, and priorities within the health service will need to be considered before any final allocation is made to women's health services.

Ms McHALE: The budget papers indicate a commitment of \$25m to capital works, but we do not know how that will be spent. The point I am making is that the budget does not reflect what will be spent over the next financial year. When the Opposition tries to obtain detail on expenditure and whether there will be increased allocations to meet objectives the minister cannot tell us. I find that an extraordinary situation.

Mr DAY: I expect there will be increases in many allocations to non-government organisations as well as to the various health services throughout the State. The process has not been finalised at this stage. It could not have been finalised by now, and it is unreasonable to expect all of those decisions to be made before now. I expect there will be increases in many of allocations that are made.

Ms McHALE: In relation to prevention, is the minister saying that he will expand services for women and infants with a focus on reducing postnatal depression? Women's health care centres - certainly throughout the metropolitan area and I would imagine in regional areas - do an enormous amount of work with women with postnatal depression. They are saying that services do not meet the demand. If the minister is not able to tell me there is a commitment to an increase in women's health care centres, how does he expect to expand services for women to deal with postnatal depression?

Mr DAY: I am not saying there will not be any increases. If there is a commitment to expand the postnatal depression treatment program, I expect there will be increased allocations specifically for that purpose. Professor Lipton is head of the mental health division and will comment further about what is likely to happen.

Professor LIPTON: Postnatal depression is a very important issue and one in which the women's health centres play an important role, though not the only role, because community and mental health services also identify and treat the problem. We understood that about six months ago, the minister received a letter which said there was a shortfall in services in the



Rockingham-Fremantle area. Ms McHale may be adverting to that. The response was they should contact the mental health division. We have not heard from them directly, but we will always entertain an approach about our activities. I cannot comment on next year's funding. Three women's centres receive about \$51 000 each from the mental health division for the treatment of postnatal depression. We are in the process of finding out what our specific budget is, and how we will respond to that. As the minister indicated, those centres can approach us if they are short of funds. That has not happened in the past six months.

Ms McHALE: Can somebody else tell me what services will be expanded to deal with women who suffer from postnatal depression? Professor Lipton's response did not answer the question.

Mr DAY: Allocations are generally made to the various health services on a geographical basis. Each of those health services has a role to determine its own priorities to a large extent. It is not necessarily a matter of the Government trying to determine every degree of detail for where every dollar will go; some local decisions must be made. That is one of the advantages of our system.

Professor LIPTON: The majority of the treatment for postnatal depression occurs in the general health and mental health system. As the member is aware, a case finding program exists throughout the State. Many women with this problem are referred to local community mental health services, some are hospitalised in special units, and so on. The women's centres play an important but not unique role. Postnatal depression is a general issue for mental health services and general health services, and women's health centres play a part in that. It is possible to receive treatment for postnatal depression in any part of the State through mainstream services.

Mr DAY: The member's particular point is how we plan to expand the provision of services for postnatal depression.

Professor LIPTON: There has been an enormous expansion of those services. *Pari passu* with that expansion is the provision of services to women with postnatal depression. As the member will be aware, in the past three years the best part of \$20m has been provided for that expansion, almost all of which has gone into community services, both rural and metropolitan. While I cannot specifically say what has been expended on women with postnatal depression, that money goes to individuals, families, children, and others as needed. I cannot be more specific than that, except to say that services have expanded. Awareness of the problem, both through education and case findings, has increased enormously, and women's centres play their part.

[10.00 am]

Ms McHALE: Why was the postnatal depression program run out of King Edward Memorial Hospital terminated in 1998?

Mr DAY: I presume the answer - I will seek more expert advice in a minute - is that it could be provided in a better way and more effectively on a localised basis.

Professor LIPTON: Sherryl Pope ran a research program with a number of other people. She developed a model of case findings so that all health workers in any region would identify postnatal depression in people, and then refer or manage those cases appropriately. The research component of the program came to an end, but the tools are in the hands of various services, and the model approach, the questionnaires and so on are available throughout the State. My understanding is that it was not a treatment program so much as a case-finding program. It is a very effective program - I think it leads the nation - and it is now in common usage.

Ms McHALE: The recommendations from the report of the program included the need for a follow-up mechanism or program. The report from that project clearly indicates that ongoing work is needed. Although it was not a treatment program per se, it generated resources used by general practitioners and other health professionals, which must be updated, maintained and expanded. With the closure of the program and the lack of commitment to women's health care, I am still at a loss to see precisely what will be done to expand these services for women. The answer is not satisfactory. In the absence of that project, what mechanisms exist to have a central focus for postnatal depression and the management of it?

Mr DAY: Before Professor Lipton responds, I ask Mr Moodie to comment on the cessation of the program at King Edward Memorial Hospital.

Mr MOODIE: I am not aware the program was cancelled. King Edward Memorial Hospital has a full-time psychiatrist with support resources that are determined within the facility. Those services to which the member refers, and follow-up in the community, are provided. I assume the cancellation relates to the research project to which Professor Lipton refers.

Mr DAY: Does the member have any evidence to suggest the service that is needed is no longer provided?

Ms McHALE: The program ceased in 1998. It developed material for general practitioners. In the absence of that, who is doing that work, who is liaising with the people on the ground to whom women go in dealing with postnatal depression?

Professor LIPTON: There is a central focus on the quality of care provided to various groups of people, including women with postnatal depression. The mental health division has a continual interest in this. We have a program to monitor the case-finding study, which was a research program, university and hospital based. We have made sure that, insofar as possible, the services are available. The general practitioners have the use of that tool and we depend considerably on primary health care and general practitioner care. As members know, we have a teaching and skills improvement program through Fremantle for general practitioners. The focus on postnatal depression is part of that. At the moment postnatal depression is not monitored specifically. Such monitoring could be established in time. It will take some time to evaluate the outcome of the program. It was not ours in the first place, but it has been very valuable.

Ms McHALE: In summary, there is no central mechanism for monitoring the incidence of postnatal depression or carrying out the coordinated research. Bits and pieces are being done, but there is not a coordinated approach.

Mr DAY: I am not sure whether that conclusion can be drawn. It sounds to me that we have a comprehensive approach to dealing with postnatal depression. If the member wants to say that there should be a greater centralisation of the use of resources, or whatever, that is another argument, and that is up to her.

Ms McHALE: What is the incidence of postnatal depression in Western Australia?

Professor LIPTON: With respect, the member's conclusion did not quite meet the response I made. There is a central collection of data, and we can quite easily provide information about the prevalence and incidence of postnatal depression to the member. We have one of the best data collection systems in Australia. We monitor those figures. We provide additional support through our mainstream services through which such people are taken care of. We have not focused specifically on the nature of care provided. That will happen as I sequentially review the different services. If the member would like information on the prevalence and incidence of postnatal depression, if the minister takes the question on notice, we can make that available.

Ms McHALE: If it cannot be provided now, I should like the information relating to the incidence of postnatal depression provided by way of a supplementary answer.

Mr DAY: I am happy to provide that.

Mr MARSHALL: I refer to the first dot point in the significant issues and trends on page 661, which states that the Western Australian health system has been grappling with a number of significant issues. I am intrigued by the word "grappling". The final dot point refers to an ageing building stock which has a limited capacity to respond to new models of health care. What specific areas have been identified for that first dot point? What are the priority areas of change? Is there a timetable for the improvements?

Mr DAY: They are general statements in the budget papers and reflect that the provision of medical services and health services is developing very rapidly. A whole range of new procedures and new equipment is needed, and existing equipment can become out of date fairly rapidly as new methods are developed. There has been an extensive and ongoing program to provide new facilities. The new Peel Health Campus, the Joondalup Health Campus and the recently opened South West Health Campus are examples of the development program undertaken by the Government to upgrade and renew the hospital facilities. Another example is the substantially expanded hospital in Broome, which has recently come on line.

One major issue is the fact that there is now much more of a tendency for treatment to be undertaken on a day-surgery basis, as opposed to patients being admitted to hospital overnight. The average stay in hospital is much less than it was 20 or 30 years ago. One exercise being undertaken is to consider the best way of providing the day-surgery treatment facilities in suburban areas, closer to where people live. In the future we will see a trend towards that sort of facility, as opposed to the major hospitals which we have become used to over the past century. The statements to which the member referred are general and are about the trends that are occurring. If the member wants specific information about locations, I am happy to comment.

[10.10 am]

Dr CONSTABLE: I understand that in the department's efforts to streamline services and to get the best for each dollar spent on health, a report has been provided about the future of the Osborne Park Hospital. I would like to know what changes are likely to occur at Osborne Park Hospital and when they are likely to occur.

Mr DAY: I have not received a report about the future of the Osborne Park Hospital. It provides a significant number of services. Some change has occurred in the past couple of years with the development of the Joondalup Health Campus, and some redirection of services has occurred to place them closer to the expanded population in the northern suburbs.

Mr BLAKE: As part of achieving the Government's policy on reconfiguration of services, an internal plan was put together to achieve the policy set by the department. One of the options, among many other options, was to look at services across the metropolitan area. In the document referred to there is an option for closure of the Osborne Park Hospital site, but that option was rejected. The idea put forward was part of the overall process to reconfigure services closer to where people live, but it is not on the agenda.

Dr CONSTABLE: I understand a more recent document has been produced in the Health Department on the future of Osborne Park Hospital.

Mr BLAKE: I am not aware of that document.

Dr CONSTABLE: Time will tell.

Mr McGINTY: I refer to capital works, and I thank Mr Burns from the Fremantle Hospital for his factual answer. What are the capital works priorities for Royal Perth Hospital, Princess Margaret Hospital for Children and King Edward Memorial Hospital?

Mr DAY: I will ask the chief executives of those hospitals to comment on how they would like some of the \$5.8m to be spent over the next 12 months.

Dr GOODIER: The major priorities for capital works at Royal Perth Hospital are, first, the continuation and completion of the redevelopment of the emergency department, and, secondly, the refurbishment, redevelopment and expansion of renal dialysis services. After that, the major priorities are for capital equipment, particularly in intensive care.

Mr MOODIE: The priority at King Edward is to integrate the outpatients clinic; and at Princess Margaret it is refurbishment of the accident and emergency departments. Generally, across the two sites there are issues of major capital items and capital equipment.

Mr McGINTY: With regard to King Edward Memorial Hospital and the announcement made yesterday afternoon about relocation of the antenatal clinic, I understand money has been spent on architects redesigning the ground floor of the east wing of the main building for the purpose of relocating the antenatal clinic in that area. The announcement made yesterday was not that the hospital would proceed with the work the architects had done, but that the clinic might move into the former executive suite on the first floor. How much has been spent on the different plans and how did yesterday's announcement come to be made?

Mr DAY: The member is well aware that he released a media statement yesterday which attracted some media interest and which resulted in a beat-up of the issue.

Mr McGINTY: You should look at it; it is disgraceful.

Mr DAY: The chief executive of the hospital had an opportunity to provide information publicly about what has been planned for at least some months; that is, to relocate the clinic to the area mentioned. That work had been in mind and planned for some time, and it was not simply developed yesterday afternoon as was suggested in this morning's news. Just because architects' plans have been produced for the construction of a clinic on another site and they have not been taken up immediately, that does not mean it will never occur. The department must balance the needs across the whole health system and the outcome being planned for the antenatal clinic at King Edward seems a good one, at least as an interim solution.

Mr MOODIE: It is generally recognised that the Hensman Road clinic requires redevelopment or relocation, and preliminary design work has been done for moving it from the ground floor of King Edward Memorial Hospital. Some money has been spent on architects.

Mr McGINTY: How much?

Mr MOODIE: In the order of \$400 000, but I will get the precise details. They are preliminary drawings, and the money for them was provided by the Metropolitan Health Service. It is at a lodgment stage and there is no commitment by anyone to proceed. It is at the feasibility stage. Even if the money were made available, it would be some time before the clinic was ready because it would be essentially refurbishment. I have looked at the Hensman Road clinic, and discussions have been continuing for a while now with the consumer advisory group about what to do in the interim. It was resolved to look at moving the clinic to the first floor of the main complex, which is where my offices are located.

Mr McGINTY: When do you expect that move to occur and what costs are associated with it, such as plumbing, installation of medical equipment and the like? Why is that being done as an interim measure, rather than going straight to the development of the clinic on the ground floor in one quick move, having already spent \$400 000?

Mr MOODIE: As I mentioned previously, the design work is continuing and running in parallel. In any event, it will take time because it is a refurbishment. I am keen that people do not spend another winter in the Hensman Road clinic. The proposed location was an old ward area before it was refurbished for offices, and there are some issues about the plumbing, hand-washing facilities and so on, and we are trying to work through those matters at the moment. I am anxious, as is the consumer advisory group, that the move occur as quickly as possible.

Mr McGINTY: Does the minister have any idea of the cost of refurbishment of the executive suite for this purpose?

Mr MOODIE: The only costs indicated to me are for hand-washing facilities, and it is a matter of whether the plumbing infrastructure is still in the walls. I suspect it is. We have no intention of altering the physical structure of the area because it will be an interim arrangement. However, it would be far better than the current circumstances.

Mr McGINTY: How much and when?

Mr MOODIE: Probably hundreds of thousands of dollars and we would have made provision for that in the internal budget of the hospital.

Mr DAY: How long do you expect it to take?

Mr MOODIE: I am anxious that they be there within the next couple of months.

Mr McGINTY: With respect to the other capital works required at King Edward, are you aware that in the centenary clinic, parts of the roof are falling in?

Mr DAY: I am not aware of that. Do you mean the roof or the ceiling?

Mr McGINTY: Parts of the roof are falling in.

Mr MOODIE: I am not aware of that, but it is a heritage building and it is in need of repair. When people talk about the Hensman Road clinic, they usually refer to that clinic and the centenary clinic in the grounds of King Edward which provides those outpatient services. The major works planned will include the centenary clinic.

[10.20 am]

Mr McGINTY: I am told that only two rooms are currently set aside for foetal deaths. This is unsatisfactory and often imposes impossible burdens on mothers and staff. Do you have any ideas to change that arrangement?

Mr MOODIE: I am not aware that those issues have been raised with the hospital in terms of refurbishment. Circumstances exist within the facility such as the one that you have outlined which are not ideal, but the capital costs involved in creating more physical room within the existing ward structures would be great. We would be looking to rationalise the present office accommodation within the site to enable us to provide more space for services.

Mr McGINTY: In the ultrasound department, all that exists between the two units is a flimsy curtain; one unit might be detecting an abnormality while the other might contain a mother who is enjoying the experience of seeing her healthy baby on an ultrasound machine. No privacy exists and this is a cause of grievance to the staff. Do you have any plans to upgrade that facility to provide the necessary privacy and a basic level of decency that one would expect in that facility?

Mr MOODIE: I have inspected that facility. Other problems exist as well as those outlined - accommodation for patients who are waiting as well as some issues of equipment. We have given an undertaking that we will look at the state of the equipment in that facility as well as the minor modifications that would be required to the infrastructure. I suggest that it is an issue about the decisions on the equipment that are driving when those changes will occur.

Mr McGINTY: King Edward Memorial Hospital has no CT scanner. Do you have as a matter of priority the acquisition of that equipment?

Mr MOODIE: As I mentioned before, there is a range of issues in terms of major clinical equipment that we have progressively been looking at and working through. The issues that you have raised will be identified in that process. King Edward Memorial Hospital has no CT scanner and it is generally considered to be a priority for the facility.

Mr McGINTY: The anaesthetic machines in the department of anaesthesia are 25 years old and obsolete. Do you have any priority to replace those?

Mr MOODIE: Yes. It is certainly on the list for fundraising bodies to consider for the coming year.

Mr McGINTY: The fourth operating theatre table is ancient and needs to be replaced. The other three were replaced a number of years ago. The laparoscopic equipment is also deficient. Do you have any plans to replace those?

Mr MOODIE: They have been identified by the unit for attention.

Mr GRAHAM: Can you advise me of the total funding implementation of the Norhealth 2020 plan?

Mr DAY: The plan to which the member for Pilbara refers has been in development over the past 12 months or so. The consideration of the recommendations made in that plan has not been finalised by the Government. Obviously, financial implications are involved in what is proposed and we will give consideration to that. It will be done in conjunction with all the other needs around the State. As a Government, it is something that we will be dealing with over the remainder of this year.

Mr GRAHAM: Does this budget contain nothing for the implementation of that plan?

Mr DAY: The consideration plan has not been finalised by the Government and therefore is not included in this budget.

Mr GRAHAM: What is in the three-year forward estimates for the implementation of the plan?

Mr DAY: As I said, we simply have not addressed allocations flowing out of the Norhealth 2020 plan at this stage. What may be in the forward estimates in two, three or four years' time is something that can change substantially. I would expect changes to be made.

Mr GRAHAM: Do the forward estimates contain any provision for the implementation of the plan?

Mr DAY: As I have said, the Government has not considered it yet.

Mr BANSEMER: Each of the planning stages that we have done is currently under discussion with the Treasury Department prior to government consideration. We are trying to work out a funding timetable and plan for each of those, and for all of them collectively, but that has not been finalised. Each of the plans deals with a number of areas that require significant funding, but they also deal with a number of areas that can be dealt with by the health services within their existing fund expectations and therefore within the forward estimates. I envisage those things going ahead and starting very soon after the Government's consideration. The answer to the question is that the significant capital increases and increased service costs are not provided in the forward estimates, but a significant proportion of the plans deal with how we use our existing resources and therefore they are within the estimates.

Mr GRAHAM: The plan outlined nine key health issues for the north west region. The first of those was maternal, foetal and child health. What is in this budget and the estimates to deal with that health issue?

Mr DAY: Allocations were certainly made as part of the normal recurrent funding as well as capital works funding that will obviously address that need. It is an ongoing issue.

Mr GRAHAM: This is fine; that is what is said in the second reading speech, but this is the estimates. What is the dollar value of it? That is the purpose of this committee.

Mr DAY: I am not sure that it can be identified as a separate dollar value for the north west region.

The CHAIRMAN (Mr Bloffwitch): I remind members that if they ask for dollar values, it is up to them to find the page and not to request the minister to find it and then to discuss that budget item.

Mr GRAHAM: With all due respect Mr Chairman - I do not want to canvass your ruling - I am not interested in the page. I am interested in the dollars. It is contained in the programs and the minister and the commissioner have made that clear. I simply want to know the dollar value. It is not an unreasonable question in an Estimates Committee.

Mr DAY: Do you want to know the dollar value for maternal services -

Mr GRAHAM: The first issue raised in the Norhealth 2020 plan is maternal, foetal and child health. The minister and the commissioner have indicated to me that that is contained in the budgets and in the forward estimates for the north west. I want to know how much is allocated.

Mr DAY: Neither of us has said anything about there being a specific allocation for that program for the north west region. Obviously they are central activities of any health service and are incorporated in both what is spent now and what will be spent in the future, but no specific allocation is separately identified at this stage.

Mr GRAHAM: The second issue raised by Norhealth 2020 is diabetes and renal disease. I assume that also comes under outcome 2 in the budget papers referring to preventable disease, injury, disability and premature death. What programs have been implemented or are planned to be implemented, and what budget allocation matches those for the north west?

Mr DAY: One comes to mind, namely, an allocation of about \$1m to establish renal dialysis in Port Hedland and Broome, which would be welcomed by the member. That will occur over the next few months or so and is a welcome development to enable renal dialysis to be provided in the north west for the first time so that people who need it do not have to reside in the metropolitan area. Diabetes is an increasing problem and is addressed through allocations to the office of Aboriginal health and also through the general provision of health services.

Mr HOUSTON: In the north west, the Kimberley and the Pilbara, the office has made a significant allocation in the current financial year to an Aboriginal family futures project that includes a central health events program broken up by age and gender distribution. Included in that program are resources for the early detection of people with renal disease and diabetes. Those two projects operate in Port Hedland and Fitzroy Crossing. In addition, the contracts that the department holds for the provision of health services in the Kutjunga region based around Balgo and Yagar Yagar also include primary health services which embrace those matters as well. Aboriginal health workers employed in both regions are engaged periodically in both screening and the provision of health prevention and promotion services.

[10.30 am]

Mr GRAHAM: What is the significant contribution?

Mr HOUSTON: I estimate the budget for the Aboriginal family futures project in Fitzroy Crossing and Port Hedland, including the training of additional Aboriginal health workers, to be about \$2m.

Mr GRAHAM: Will that be a one-off amount?

Mr HOUSTON: It is part of the pilot program established by the department. It has two years to run, after which time it will be evaluated.

Dr CONSTABLE: What is the Health Department's liability for accrued annual leave and long service leave?

Mr DAY: If I recall correctly, it is listed in the budget papers.

Ms McHALE: It is at page 685.

Mr DAY: As the member for Floreat can see, under current liabilities \$156.189m is for employee entitlements, of which \$111m is for annual leave, \$27m is for long service leave and \$13m is for superannuation. Listed under non-current liabilities is \$252.126m, of which \$83m is for long service leave and \$169m is for superannuation.

Dr CONSTABLE: Is a plan in place to systematically reduce this liability?

Mrs O'FARRELL: A plan is in place to reduce the accrued annual leave and long service leave. It will occur mainly through management action. A number of attempts have been made this financial year to reduce the liability and that will continue. It is obviously a significant problem in a big organisation such as ours and it requires management attention. To reduce it significantly will require more than routine leave management. The range of options for reducing the liability will be enhanced with the advent of enterprise and workplace agreements, which will introduce more flexible ways for employees to take leave. Included in those will be a requirement for the employer to provide written permission for employees to accrue annual leave in excess of a certain number of days or to accrue long service leave beyond three years from the date on which it falls due. Workplace agreements can also include the ability for the employer to cash out accrued annual and long service leave and to agree to early access to long service leave in return for a discounted entitlement. In some cases it will also allow the ability to forgo or extend long service leave accrual periods for a salary increase. We anticipate that those initiatives will add to the general year-to-year management of leave and gradually reduce the liability of accrued leave.

Dr CONSTABLE: I notice at page 685 that a substantial increase is projected from 2000-01 to 2000-03. That makes me wonder how effective the department's plans will be.

Mr DAY: We hope they will work very well.

Dr CONSTABLE: Those figures seem to indicate that they will not work well.

Mr DAY: It is a significant issue and a plan is in place.

Mr KIRKWOOD: Two components in the figures must be considered. Chris O'Farrell has outlined some initiatives for annual leave. The budget is prepared on an accrual basis in accordance with accounting standards. Accounting standard 30 requires us to record long service leave in accordance with a standard. The long service leave liability indicated in the budget papers is not leave that can be physically taken. However, the standard requires that it be recorded from when someone starts in accordance with an actuarial factor within the probability of his being employed for seven to 10 years. The figure calculated on that basis will continue to increase as does superannuation because it is an actuarial figure. It is not realistic to read those figures on the basis that they should be reducing. In addition to the annual leave component, which Chris O'Farrell has addressed, the other components are controlled by accounting standards that reflect differently leave that can be taken at certain times. They are only provisions for the future.

Dr CONSTABLE: What impact will the department be able to make in the next year on the problem that has been outlined?

Mr BANSEMER: We are attempting to ensure that leave entitlements are taken when they fall due. As we do that we will reduce our long-term liability.

Dr CONSTABLE: I am interested in the accrued leave to which people can make claim. What impact will the department have on that situation in the next year?

Mr BANSEMER: It will be achieved by the mechanism I just outlined.

Mr DAY: We will be requiring people to take leave when it is due.

Dr CONSTABLE: We are talking about leave that was due in the past.

Mr BANSEMER: We will be seeking to have them take that leave also. However, that must be balanced against the needs of the service.

Dr CONSTABLE: That will then become a major cost to the department.

Mr BANSEMER: It will indeed.

Dr CONSTABLE: Beyond those employee entitlements, what will be the cost of that this year? It seems to be an extraordinary item.

Mr DAY: Are you referring to the value of leave that will be taken this year?

Dr CONSTABLE: Yes; what do you hope to reduce it to so that it impacts on this problem.

Mr DAY: The department predicts that this financial year the annual leave liability will be about \$111m; long service leave, by \$27m; and superannuation, by \$13m.

Ms McHALE: I refer to "Year 2000 Rectification" at page 692. I note that for 1998-99, \$7m will be spent and for 1999-2000, \$7m will be spent - a total of \$14m. In answer to a question I asked in June 1998 you said that the cost of corrective measures was approximately \$45m, which excluded assessments, awareness and testing activities. Is that \$45m still an actual amount in the budget? If so, how do you account for the inconsistency between that figure and the \$14m in these budget papers?

[10.40 am]

Mr DAY: The initial estimates to deal with the year 2000 problem were higher than what has subsequently been estimated to be the actual amount of funds needed, so the estimates have come down. Obviously the reduction in the figures in the current *Budget Statements* reflects those revised estimates.

Ms FORD: It is true that across the board most agencies, whether private sector or government, two years ago estimated the cost of Y2K problems to be greatly in excess of what they actually are today.

Ms McHALE: I clarify that this was only 12 months ago, not two years ago.

Ms FORD: Certainly. Progressively, it will be noticed that the estimates have come down in most agencies. The reason is that as one goes through the assessment testing process, in our case two things assisted us in reducing the cost. Firstly, when we initially made the estimates, we were extremely conservative about what it would cost and about the difficulties so that we would not underestimate the problem, and as we tested the equipment we found more of it was compliant than our worst case scenarios; secondly, in the course of normal equipment replacement as part of any big system, we have replaced, for instance, a great number of our personal computers across the system. In replacing them as part of the normal wear and tear procedure, that comes out of our normal maintenance program and is not a specific Y2K cost. Therefore, for those two reasons predominantly, the cost of specifically identified Y2K remediation has dropped.

Ms McHALE: Are you confident that now only \$14m in total is needed, of which \$7m will presumably be spent in the next one or two months?

Ms FORD: We think the cost will be \$18m. The \$14m comes out of our capital program specifically identified in that line item. Another \$2m will come out of metropolitan health service equipment maintenance works, and \$2m will come out of Health Department corporate costs.

Ms McHALE: Therefore, the capital works for the metropolitan health services for this year will be \$3.8m, not \$5.8m, because \$2m is for Y2K.

Mr DAY: No. I said \$20m is being transferred from the capital works budget to the recurrent budget, and I expect some of that amount will come out of that.

Ms McHALE: Therefore, the \$2m that Ms Ford said was coming out of metropolitan health services is not coming out of that; it is coming out of the recurrent budget.

Mr NICHOLLS: I refer to home and community care funding, which appears under continuing care at pages 679 to 682 of the *Budget Statements*. Firstly, one of the initiatives outlined for the coming year is an implementation of the HACC safeguards policy for new clients and agencies by adopting fees for the first time. How will this policy impact on HACC clients? Will it impact on all clients or effectively on only new clients joining the service?

Mr DAY: Firstly, the safeguards policy which is being put into effect flows from decisions which were made by the Commonwealth Government a couple of budgets ago, whereby it made a decision that a significant portion of the growth in funding for provision of HACC services needed to come from fees from the system. However, it is not correct that the policy will impact on all of the current recipients of the service because many are paying at the moment. One of the essential aims of the policy is to ensure that the fees which are charged across the whole system, given that there is a large number of non-government providers, are reasonably consistent and fair. One outcome will be that some people who are paying fees at the moment for multiple services will probably have to pay less in the future. On the other hand, some people who are not paying at the moment will be expected to make a small contribution, as do most people who are currently receiving services. That really describes the overall aims of the system. To answer the specific point about whether it will apply to only new recipients of the service, no, that will not be the case; it will apply to all recipients of the service. However, it will be handled on a case-by-case basis, and the service providers will have the option of waiving fees when, in their judgment, there is a good reason to do so.

Mr NICHOLLS: Will the capping apply to all HACC services? I believe that transport will be excluded, and there may be some other services. Can the minister confirm that?

Mr DAY: I am not aware of whether capping will not apply to some parts of the service. I ask John Kirwan to comment.

Mr KIRWAN: Following the national initiative, the HACC safeguards policy to charge fees will apply to all HACC users. Our research survey of HACC providers showed that 50 per cent of them are already charging fees. Under the policy, in some instances they will get a reduced fee. A request was received from a number of HACC providers for guidelines on what means assessment they could use when they wished to charge fees. Therefore, based on what was happening nationally, given that HACC is a joint federal-state funded initiative, we followed the national guidelines. That was done in consultation with the HACC providers, and until absolutely the last minute on the issue of palliative care, all of them were in agreement. Over the past couple of years, most of them realised that fees would come in. Work in that area started in 1997, so it is not a new initiative. With over 300 HACC providers, in some areas where the boundaries cross there will be only the one fee charged whereas at the moment one person could be charged fees by several different HACC providers. However, it is clearly intended that all of the HACC service providers have the capacity to charge fees within the safeguards policy.

Mr NICHOLLS: Firstly, who will collate or coordinate the assessment of who is being charged and for what? Secondly, if an agency, because of the circumstances of the client, does not charge the fee, must the agency fund that service out of its own funds, or is it able to provide that service with funds or support from the Health Department? Thirdly, if a client believes that the assessment is unfair or unreasonable, what options does the client have to appeal that assessment or have his circumstances reviewed?

Mr DAY: Substantial funds are provided by the Federal and State Governments to provide HACC services on behalf of taxpayers. Therefore, they are already funded to a large extent by Governments.

Mr KIRWAN: When this matter was first raised in 1997, our assessment showed that about \$6m was already being raised in fees, some of which was not going into service provision. All the fees raised are to go to service provision. There is still the opportunity to exempt those who cannot afford to pay, and there are agreed criteria on that. There will be no change to the base funding. The fees are additional, and they operate in a somewhat similar way to net appropriations. I will gather the information about the grievance procedure and provide it to the member. I understand a grievance procedure has been put in place. With respect to the manner in which the fees are collected and assessed, given that 50 per cent of the providers already have assessment and fees collection processes, it is a case of changing those. We have invested significant resources in ongoing training of the HACC providers - as I said, there are over 300 of them - so that they have agreed systems and agreed protocols. It has been through a comprehensive working party process and reference group, both of which agreed to the final protocols. We are in the process of rolling that out with training for home and community care providers on how they do the assessment and the collection.

[10.50 am]

Mr NICHOLLS: I have a question about the transport of patients from regional areas under HACC. My understanding is that some clients are unable to pay the fees when they are required to undertake transport from a regional centre to the metropolitan area for treatment within a short space of time; that is, over two or three weeks. The understanding at the local level is that if they cannot pay the fee, they will not be transported. Is that the way in which the policy is meant to work, or is this a misinterpretation of the policies to be implemented?

Mr KIRWAN: I am not sure whether we are confusing the home and community care and patient assisted travel schemes.

Mr NICHOLLS: HACC clients are being transported under HACC. Whether part of the funding comes through PATS or other services, HACC clients are being transported from the regional centres to Perth.

Mr KIRWAN: The HACC program is aimed at keeping people out of institutional services, not at providing services into the mainstream health industry. It seems as though it is a confusion of programs which may have different rules. Either way, the general philosophy is that the service should be provided. If there is no ability to pay, an exemption process can be worked through. I am unaware of anyone who has been denied the service and I would be surprised if that were the case. If it is based on clinical need, that should not occur. It seems as though there is either local interpretation of the rules - which we are happy to address - or confusion about which program it is. There are a large number of PATS and HACC providers in the area - there are over 300 HACC providers - many of which provide PATS work. We also have over 300 non-government organisation contracts in the rest of the health area. There can be some confusion because a number of providers can get revenue streams from dedicated state government funding, mixed commonwealth-state funding, some commonwealth funding and other areas including other government departments.

*Sitting suspended from 10.53 to 10.58 am*

Mr MARSHALL: On page 677, under "Major initiatives for 1999-2000" and following on from the general health section, the final sentence in the second last dot point on renal dialysis states -

These new services will lead to improved coordination of a statewide network of public and private renal dialysis providers.

What is happening in the country areas of Western Australia in that area?

Mr DAY: There is an increasing need in Western Australia for renal dialysis. It is a good example of why we are forever chasing our tails to ensure there is sufficient funding for the provision of public health services. It is an expensive form of treatment to provide and there is a growing need within the State. That applies particularly to Aboriginal communities, but not exclusively to them. To meet the growing need, there has been an extensive program of providing renal dialysis outside of the central part of the metropolitan area for two or three years; for example, the Peel Health Campus has a renal dialysis provider; one is about to be provided, if it has not already started, at the South West Health Campus in Bunbury; and there is provision in the budget for renal dialysis to be provided in Broome and in Port Hedland. Currently a process is under way to identify a service provider to be located in the Midland region, and likewise in Fremantle. Renal dialysis is now also provided in Geraldton and Kalgoorlie. That gives a good overview of the substantial change in the provision of this service over the past two to three years, which previously was concentrated in the central metropolitan area. Albany is another example of where the service will be provided in the fairly near future.

[11.00 am]

Mr MARSHALL: As a person with one kidney, I have always taken a great interest in renal dialysis machines. When I was in Broome three weekends ago, the subject came up, and in a room of 15 people, two others were in similar circumstances. We need to combat the need for people in the north west to come to Perth for renal dialysis. Did the minister say some machines would be set up in Broome?

Mr DAY: Yes, Broome and Port Hedland.

Mr MARSHALL: How many machines?

Mr DAY: From memory, six machines will be in operation in Port Hedland, with two spares, because Port Hedland is relatively isolated and it is necessary to have some spare capacity for when machines break down, because they cannot be repaired as quickly as they can be in Perth. Broome will have two functioning machines and two spares.

Dr CONSTABLE: I would like to clear up a report that appeared in *The West Australian* of 20 May about positions at King Edward Memorial Hospital and Princess Margaret Hospital for Children. What is the current number of nurse FTEs at those hospitals?

Mr MOODIE: Approximately 960.

Dr CONSTABLE: What do you expect the number to be in 12 months?

Mr MOODIE: The same - 960 FTEs.

Dr CONSTABLE: So that report in the newspaper of 20 May does not have substance. There was a rumour that 250 jobs would go, and most of those would be nursing jobs.

Mr MOODIE: No.

Dr CONSTABLE: Therefore, when I ask this question again during the Estimates Committee next year, the answer will be 960 FTEs?

Mr MOODIE: It will be approximately 960.

Dr CONSTABLE: What is the current number of FTEs under administration?

Mr MOODIE: How do you define "administration"?

Dr CONSTABLE: Your comment to the newspaper was that any losses were likely to come from administration. How many FTEs come under that term?

Mr MOODIE: There are approximately 200 full-time equivalents in medical staff, and under the definition that the member



is using, the remainder of the 2 300-odd FTEs would be what I would classify as administration. There is a total of 2 300 FTEs in the facility.

Dr CONSTABLE: From where would any losses come?

Mr MOODIE: If losses did occur, they would occur in administrative areas.

Dr CONSTABLE: Which administrative areas?

Mr MOODIE: Areas such as my office, and corporate services functions such as payroll, human resources, etc.

Dr CONSTABLE: How many FTEs will be eliminated in the next 12 months?

Mr MOODIE: I am not in a position to say. Those decisions have not been made.

Dr CONSTABLE: Will a decision be made in the next 12 months on some of those positions?

Mr MOODIE: The establishments of hospitals are reviewed annually, as is the case at Princess Margaret and King Edward hospitals, and adjustments are made over time. You referred to a number of 250. There is no credibility to that, other than that we review our positions all the time and we look at different ways in which we can increase our resourcing into direct clinical areas.

Dr CONSTABLE: The statement that any losses are likely to come from administration suggests that there may be some losses in the next 12 months. Would you agree to let the Parliament know if any losses occurred during the next 12 months?

Mr DAY: I am happy to provide that information if any decisions are made that result in changes of that nature.

Dr TURNBULL: I have some questions about the employment and current enterprise bargaining agreement negotiations for rural nurses. As we know, because of the Industrial Relations Commission's ruling, the EBA that has been negotiated for the metropolitan nurses has been offered to the country nurses, and in quite a few areas this has not been accepted by the country nurses. At what stage is the negotiation of attraction and recruitment incentives for nurses in regional Western Australia?

Mr DAY: The EBA which has been offered over the past few months to rural nurses flows from the outcome of the discussions last year about the provision of an EBA for metropolitan nurses, and it was offered to rural nurses at the request of the Australian Nursing Federation. Some of those nurses have voted in favour of it, and the majority of nurses at a number of health services have accepted it. Some discussion is taking place about the provision of additional incentives to encourage retention in areas such as Geraldton and Kalgoorlie. Those discussions are continuing, but to the best of my knowledge they have not been finalised.

[11.10 am]

Dr TURNBULL: In the discussions on the possible incentives to be offered to the nurses, particularly in Geraldton and Kalgoorlie, has an extra amount been budgeted or will they be cost neutral?

Mr DAY: No, they will be funded out of the health service allocations. In some cases less significant costs are associated with attracting and employing new nurses. It may well be a win-win situation for everyone if the health services can reduce their current turnover of nurses, make savings from that and redirect some of those funds into improving the retention incentives.

Dr TURNBULL: What stage have they reached? Is the minister expecting a result in the next week?

Mr DAY: As I said, those discussions are currently under way.

Mrs O'FARRELL: The health services in Geraldton, the Midwest and Kalgoorlie are conducting information sessions and anticipate being able to put their proposals to the nurses in a balloting process in the near future. Their proposals are essentially the metropolitan nurses' enterprise bargaining agreement but with the addition of a small number of retention incentives which have been approved by the department and the minister and are now subject to approval by the cabinet Standing Committee on Labour Relations. We anticipate, with that level of approval being achieved in the near future, that the ballots will occur in those areas.

In the Bunbury area, where the nurses voted to reject the metropolitan EBA offered at the ballot, a joint management and employee working party has been established. That group is currently working to explore options for additional cost-effective incentives within the framework of the Metropolitan Health Service Board EBA. In particular, there has been positive dialogue between the two parties in the past week on the opportunities to introduce, at a management policy level, flexible rostering as an alternative to the loss of accrued days off in the EBA, which was one of the main reasons for the nurses voting to reject the deal on offer.

The Kimberley Health Service is the one health service out of the total number of north west health services for which there was already a separately funded EBA. It built around the core framework of the metropolitan EBA a number of attractive additional benefits to improve retention. As I mentioned earlier, the extra capital works program funding for improving some of the attraction and retention situations - the \$2.3m-odd for accommodation upgrades and replacements. The ballot result was unfavourable to the EBA on offer in a number of other smaller health services. Each of those health service managers and their nurses are currently working together to consider ways of resolving some of the underlying issues. It is intended that a fresh round of balloting in many of those health services will occur in the near future.

Dr TURNBULL: That answer has addressed the question I asked about the regional areas. Is the minister developing a policy for the smaller country hospitals in the subregional areas to present to the nurses on the method by which flexible rostering could be managed? As I have said in this Chamber before, the minister well knows that one of the very important things in our subregional hospitals is to retain our nurses, many of whom are classified as part time. Attracting anyone to replace those nurses would be extremely hard - in fact, most likely impossible. A few of those health services run 90 per cent to 100 per cent of the time with nurses classified as part time. Therefore the flexible rostering proposal is important. Will a document be issued so that the nurses can compare the flexible rostering conditions with their current operating conditions?

Mr DAY: As the member said, the provision of flexible rostering arrangements is important and is a good way of dealing with the removal of the accrued days off for part-time employees. It will achieve the same outcome that they are seeking; namely, having flexibility when they are required to work. General advice has been given to the general managers of the various health services that they should be seriously thinking about how they can achieve it and incorporating it into their management. I am not aware of a central document prepared to provide advice or direct that.

Mrs O'FARRELL: There is a working party comprising a small group of directors of nursing who are experienced in the development of flexible rostering practices. That group has agreed to work together to provide the general managers of health services and the department with a number of useful and practical guidelines that nursing management at health service level can use in their rostering practices. The intent is to strongly endorse, which the department and the general managers have now done, the use of flexible rostering as an alternative way of improving the ability for nurses to have flexible working hours and some flexibility around their time off for their personal and professional development needs. That is very well recognised and the department is giving it all the support it can. The working group will meet for the first time today - it has one metropolitan and two country directors of nursing - and we look forward to some good output and guidelines coming out of that process.

Dr TURNBULL: Is the minister and the Health Department aware that many of the health boards in the health services where the nurses have not accepted the EBA, contend that it would be virtually cost-neutral to ensure that their nurses classified part time continue to have the flexibility for time off?

Mr DAY: That may well be the case. It is up to the management to work out a mutually acceptable outcome with their staff and to, as far as possible, meet their aspirations. The member asked a specific question about whether the views of health service boards have been made known; I assume it has but I ask Mrs O'Farrell to comment.

Mrs O'FARRELL: Yes, the views of the boards are acknowledged. There is much dialogue and representation of the boards' views by their general managers to the department. Various reference groups also have opportunities to discuss issues and to present to us their concerns. We are aware of that and we are also conscious of the need to keep the boards, through their chairs and members, in the communication link with regard to how the issue will be addressed and resolved.

[11.20 am]

Dr TURNBULL: Does the department have plans to ensure that country nurses attending training programs will have time off when appropriate? Country members recognise that assistance to nurses in their training and maintenance of skills is very important and is a vital part of attracting and retaining personnel.

Mr DAY: That is acknowledged as a reasonable aspiration. As I indicated, it must be taken into account by the managers of the health services and accommodated wherever possible.

Dr TURNBULL: The health service budgets do not make any mention of purchasing of services for training.

Mr DAY: In many cases they do; that is incorporated in their specific allocation.

Mr KIRKWOOD: Each health service sets its own budget for those activities; that is not determined by the department.

Dr TURNBULL: Does the formulation of what is paid for services include a factor relating to training and ongoing maintenance of skills?

Mr DAY: Yes.

Dr TURNBULL: I refer to attracting and retaining personnel in country areas, particularly allied health professionals such as physiotherapists, nurses and so on. What programs are in place to attract allied health professionals to country areas? I am not referring to regional centres such as Kalgoorlie and Geraldton. A number of health services in country areas have had to provide attraction packages for overseas allied health professionals. Has any allocation been made to assist in attracting such professionals?

Mr DAY: There is no specific allocation for packages to attract allied health professionals from overseas. Obviously it is a matter of the health service coming with up with an attractive package within its parameters. There is no specific allocation for that.

Dr TURNBULL: Does the Health Department provide scholarships for those professionals in the same way it provides them for nurses?

Mr DAY: I am not aware of any at this stage.

Mr McGINTY: George O'Neil has commented in recent days that the Government is not providing the support and assistance necessary to keep heroin addicts alive. I am receiving an increasing number of complaints from heroin addicts

that methadone was previously supplied to them free but they are now required to pay for it. In addition, community pharmacies are charging increasingly higher prices. The point is also made that naltrexone tablets now cost in excess of \$200 a month. Most people who have a serious dependency necessitating that treatment are on a pension, and \$200 a month for such people is an enormous amount. What is the current cost of methadone treatment and each naltrexone tablet? What steps, if any, is the Government proposing to take either to have naltrexone included in the pharmaceutical benefits schedule or to subsidise it directly?

Mr DAY: I have written to the federal Minister for Health and Family Services urging that naltrexone be included in the pharmaceutical benefits schedule. Of course, that is outside the control of the State Government.

Mr McGINTY: The effect of that inclusion would be that the treatment would cost a maximum of \$20.

Mr DAY: I presume that for anyone with a benefit card it would cost far less. It is the same arrangement that applies for any other medication.

Mr McGINTY: What would that mean for someone taking naltrexone?

Mr DAY: If the person concerned had a benefit card, it would be the same arrangement applying to any other medication he or she required. I am not sure of the exact cost, but it is a couple of dollars. As the state Minister for Health, it is not something with which I normally deal. It is a substantially reduced cost for someone with a benefit card.

Mr NICHOLLS: It is about \$3.

Mr DAY: The essential point is that, before that can happen, naltrexone must be included in the pharmaceutical benefits schedule. For that to occur, it must be approved by the federal minister and he would take advice from the Pharmaceutical Benefits Advisory Committee. We have asked that the issue be considered as soon as possible. That is something outside our control, but I have written to the federal minister urging that he consider it and I raised it in discussions with him last week.

Mr McGINTY: What does it currently cost a heroin addict for a daily dose of methadone or naltrexone if it is purchased through a pharmacy?

Mr DAY: I am not sure of the current cost.

Professor LIPTON: I am not absolutely sure, but I think it is about \$6 for a naltrexone tablet and approximately the same for methadone when it is prescribed by a general practitioner. We have two programs: The William Street program, which is a state-funded program, provides either of those medications.

Mr McGINTY: Are they provided free?

Professor LIPTON: Yes. The general practitioner program, which is the larger of the two programs, is community based. The general practitioner provides the prescription and the pharmacist provides the drug for about \$6.

Mr McGINTY: Is it correct that the effect of involving general practitioners and community pharmacies has been to price the treatment out of the reach of a number of addicts?

Mr DAY: They have the option of attending the free services which existed previously and which still exist. The program has been expanded and they now have the option of going to their local GP and pharmacy. However, nothing excludes people from accessing the central service at either no cost or a minimal cost.

Mr McGINTY: While we are awaiting a response from the Federal Government, is there anything the minister thinks he should do to reduce the cost of these treatments?

[11.30 am]

Mr DAY: Naltrexone is now available through Next Step - the Specialist Drug and Alcohol Service - which is the former WA Alcohol and Drug Authority. The drug is provided under medical supervision and a judgment is made about the appropriate form of treatment for people who have been through a heroin detoxification regime. It is important to recognise that no-one has recommended naltrexone for rapid detoxification as a result of any well-conducted clinical trial. The Therapeutic Goods Administration certainly approves it for the maintenance of detoxification but it is not recommended for detoxification. That is an important point. People who call for government money to be made available for its use in detoxification need to recognise that the organisation which has responsibility for giving approval of drug use in Australia for medication has not approved it and the manufacturers have not recommended it, as I understand it.

Mr McGINTY: For the maintenance of the suppression of addiction, if you are serious about helping serious addicts, why will you not subsidise it and bring its price down to within the affordability limit of heroin addicts who cannot afford it at the moment?

Mr DAY: Under our system, the provision of medication and drugs is a responsibility of the Federal Government. As you well know, a substantial degree of pressure is placed on our health budget to provide all the services that are demanded and needed. Naltrexone is available through Next Step, as I have said. I understand that for those who do not have the ability to pay there is no cost.

Mr McGINTY: So any heroin addict, assuming that he meets the usual medical requirements, can access naltrexone or methadone substantially free of charge?

Mr DAY: That is certainly the case where addicts do not have the capacity to pay. I will get back to you and confirm, as I believe and as you suggested, that there is no cost.

Mr McGINTY: If an addict is currently going through his GP and a community pharmacy and paying an increasing amount of money, which in my view puts it beyond an addict's limits in most cases, is there any limit on such a person accessing the free service through the central drug unit or the William Street clinic?

Mr DAY: I am certainly not aware of any limit.

Mr McGINTY: Why would an addict go to a GP and a community pharmacy where he would have to pay a very high proportion of his pension?

Mr DAY: It may be more convenient for an addict to do so. It is a choice they can make.

Mr MARSHALL: On page 678, which is a continuation of the major initiatives for 1999-2000, dot point one under the mental health heading refers to the development of comprehensive, integrated regional mental health services being continued in the north west, mid west and midlands regions. Will this improved health service be implemented in all the other country areas in Western Australia, in particular the south west and my Peel region?

Mr DAY: Yes. There has been a substantial program of devolving the provision of mental health services away from the central institutions, particularly Graylands Hospital, over the past three years or so. It has involved the provision of a wide range of community services and the funding, in many cases, of non-government organisations to provide those services alongside the direct provision of services by the Government. That applies in the Peel region as well. My understanding is that community-based services in particular have been expanded in that area.

Professor LIPTON: The Peel region has had expenditure of around \$1m. A very gifted person, Anthony Collier, has been brought in as coordinator to develop the services locally and to integrate them better with the south-west corridor. My understanding is that things are progressing very well. A number of complaints and concerns have been expressed about the region. I understand that there is a much closer relationship with the primary health care general practitioner and the services and that there is a developing satisfaction with the services. They are quite considerably supported now.

Mr MARSHALL: Is there a formula for staff to population? How do you determine how many people service the Peel region?

Professor LIPTON: There are broad parameters but they are not particularly workable, particularly as one goes away from the metropolitan region, because location, local need, ability to recruit and retention of people all play a part. There tends to be a resource contribution to a region. We have quite enormously increased resources to all rural regions. Local service providers make judgments about what they need for a particular region. For example, a region with a large Aboriginal population, such as the north west, needs a different mix of health workers and so on as opposed to a region which has a different profile. So although people put out parameters, we do not use them very powerfully. We allow the local providers to make those decisions.

Mr MARSHALL: I am continually told that Mandurah and the Peel region are understaffed. It is considered to be the fastest growing area in Western Australia with a wide range of population. The member for Mandurah can tell you that 56 per cent of people in his electorate are over 60 years of age. In the Dawesville electorate 26 per cent of people are over 60 years. In contrast to that, two of the four primary schools to be built in Western Australia in 1994 were built in that area. There is huge youth unemployment with the resultant anxiety and tension. There is a huge young family population with its resultant anxiety and tension. The area has probably the highest percentage of elderly people in Western Australia. Are those accusations of under staffing for the mental health service at Mandurah true?

Mr DAY: I am sure that people would always argue that they could do with more staff. We would never deny that. In general terms, the service has been expanded substantially in the past three years. On a recurrent basis we have put an additional \$20m into the mental health services in this State compared with the amount provided three years ago. It has brought the expenditure up to about \$160m a year, or about 10 per cent of the recurrent health budget.

Professor LIPTON: Nobody has ever complained about being overstaffed, in my experience. Peel and other rural areas have certainly had a variety of problems. You mentioned the elderly. Perhaps I may focus on that for the moment. The south west corridor, which now includes the Peel area, has a very major development in a very modern approach to services for the elderly who have emotional difficulties or psychological problems. I have no doubt that the benefit of that is already being felt and will be increasingly felt in the coming year. We appreciate that Peel has a bimodal population with an ageing population and a young population. It also now has some child and adolescent services both directly in Rockingham and with support from Fremantle. There have been increases. I have no doubt that some needs are not fully met, as in any area, but we are well on the way with Peel.

Mr NICHOLLS: Touching on community health, I want to deal with some of the critical issues in the Mandurah area. One is the adult day care centre and another meals on wheels service that is delivered from the Mandurah community health centre. For some time the community health centre has been under the cloud of being sold, having those services relocated or having to find other locations from which to operate. I have been led to believe that a decision has been made that will allow those services to remain. Is there a firm decision about the adult day care centre and the meals on wheels service and the arrangements under which they may remain at that centre?

[11.40 am]

Mr STACEY: The issue of which services are to be provided under the allocation is still under discussion. Facilities are

provided on-campus with the community health centre. An arrangement is in place for on-site Health Solutions (WA) Pty Ltd staff, the operators of the campus generally and for the community health staff to share facilities. However, other facilities are provided in the area including the terrace facility. The lease for that facility has been extended by three years so staff can remain there. The delivery of specific services run by other agencies, such as the Silver Chain Nursing Association, and the construction of facilities to bring them under one wing, is under discussion with the department. Those discussions are continuing.

Mr NICHOLLS: Can the minister or one of his representatives provide detail on funding to the adult day care centre in Mandurah? Will those groups be required to pay rent to remain in that centre or will it be provided for those agencies free of rent?

Mr DAY: I will provide that by way of supplementary information.

Mr NICHOLLS: Some questions were asked earlier by other members about postnatal depression and community health services. I ask a general question regarding community health nurses. Does the Health Department provide services for home visits to mothers following the birth of their first child, or where a view is held that the child or mother is at risk be it from postnatal or lifestyle issues?

Mr KIRWAN: My understanding of the current community health program in the child health area, which is under review, is that we do not provide services into the home. The current provision is that traditionally child and adolescent health clinics are located in the community in local government-funded areas. A follow-up is organised between the hospital and the general practitioners when people are discharged from hospital and connections are made. Often, the community and child health nurse will visit the home if contact has been made with the centre. The traditional model has been operating for some time. We are one of the few States which runs that model, as many other States have moved away from it. That area of community and child health is under review.

Mr NICHOLLS: I raise the matter as I understand that Western Australia is one of the few States to provide services to mothers, particularly younger mothers, mothers at risk and mothers with disabilities. Is that provision covered? Are those services provided through extra resources, or are community health nurses in specific regions required to take that on as extra workload? Mandurah has a high birth rate and a growing number of young families moving into the area. That places extra burden on the community health nurse infrastructure and reduces the ability for service providers to visit homes when it is believed necessary to do so.

Mr KIRWAN: Through the minister, I take a step backwards: The intention is to place greater emphasis in child health care on ages from zero to three years. Contemporary research indicates the need for that emphasis. A range of programs are offered. We do not dictate how services are to be provided in the regions. Obviously, an issue of demand arises in the growing regions with young populations. Services may be provided also through GPs. It is a matter of establishing good community health-primary care models with general practitioners. It will depend on the infrastructure available. If good GPs, good primary care, and good maternal and child health skills are available, the demands from the government area will not be so great. The area is under review.

Purchasing intentions for the first time focus clearly on a zonal approach, including the member for Mandurah's zone in the south. It picks up the health needs of the population. We negotiate with each health service as well as the private operators to make sure we address the health needs of the community. A tension always arises when growth occurs. Following the extension of the Kwinana Freeway, tensions apply to child and adolescent services in the southern corridor. It is accepted in child health provision that the ages of zero to three years are very important. We are revisiting that area. The infrastructure already in place may not be the most appropriate. However, the area is under review. This leaves us in advance of other States, which, in many ways, moved away from that emphasis in the past.

Mr NICHOLLS: I note under major initiatives on pages 668 and 669 of the *Budget Statements* that an accreditation program applies for breast screening. Also, the implementation of a strategic plan for recruitment of women for cervical cancer screening is outlined. These are two major issues throughout the community. Will the minister provide information about the level of screening and why it is necessary to implement a strategic plan for cervical cancer? Are women reluctant to undertake screening or do new methods apply? Is access to screening increasing, and if so, on what basis? I am interested in both breast and cervical cancer.

Dr DAVIDSON: The intention of the cervical cancer program is to improve early identification, which is a major measure in managing that problem. Therefore, it is a preventive program which we intend to improve so it has greater penetration, particularly to at-risk populations. It is a deliberate recruitment program aimed at populations, usually, although not always, of younger people.

Mr NICHOLLS: How many women are dying from breast cancer and cervical cancer, and what is the success rate of such programs when implemented on the suggested basis?

[11.50 am]

Mr DAY: I am not sure whether we can quote figures but we can provide them by way of supplementary information.

Dr DAVIDSON: I am not able to provide figures but the mortality rates are available as supplementary information. It is true that we will see a significant reduction in mortality rates as a result of the earlier identification of women with cervical cancer. The same is true for breast cancer; our screening program has the clear intent of early identification which improves the management and the survival rates.

Mr NICHOLLS: Is there any intention to address prostate cancer - a disease which affects men - with a similar strategy or program?

Mr DAY: There is no intention to undertake a widespread screening program for prostate cancer. The current advice is that that would not be a productive exercise. There is debate about that issue and there is a variety of views about the subject within the medical fraternity. The general advice I have received recommends against a widespread screening program and that the issue be dealt with in other ways.

Mr NICHOLLS: Could the minister provide the committee with details about the mortality rate of people with prostate cancer and some of the arguments about what is being done and what could be done to try to detect the disease and reduce the mortality rate?

Mr DAY: We will provide supplementary information about the incidence and mortality rates of breast cancer and cervical cancer in women and prostate cancer in men.

Mr McGINTY: An article in this morning's *The West Australian* described the schizophrenia foundation's complaint about the gap in the services available to people suffering from mental illness. The WA Association for Mental Health (Inc) made a pre-budget submission identifying the step-down arrangements in the community as being the biggest single hole in the provision of services to mental health patients. Can the minister identify new services or facilities to be provided in the community in this budget particularly in the light of the reduction in crisis housing provided through Homeswest, although I know that is not in the minister's portfolio? How is the Government moving to fill what was described pre and post-budget as the biggest single hole in the provision of mental health services in the community?

Mr DAY: There has been a substantial expansion in the provision of community-based mental health services. Western Australia has one of the best ratios of any State or Territory in Australia of community-based services compared with in-patient services. It is near the top if not the highest on the scale of per capita rate of expenditure. We need to recognise the substantial increase and redirection of resources over the past few years. The details of how the allocation of funds to the Health portfolio for the next financial year will be divided have not been completed.

Professor LIPTON: The member for Fremantle's comments are recognised. It is hyperbole to say that it is the "biggest" hole, but it is an issue on which the WA Association for Mental Health (Inc) focused. More recently a federal study reported on by Professor Jablensky indicated that housing is an important issue for people with long-term psychiatric disabilities. There is a powerful continuing program in place to resolve this. With the help of Homeswest more than 300 homes have been developed in the community over the past three or four years and we anticipate a further 60 or so; that number is being negotiated for the coming year. The program will continue. There have been significant developments in the community as the member knows. An enormous amount of state funding has gone into developing community resources. Much of that money has gone to non-government organisations which provide accommodation and support within the community. Western Australia is now the second highest developer of non-government organisations. The Government provides them with about \$14m; there has been a large increase and now 9 per cent of our budget is allocated to non-government organisations. There will not be a reduction and we anticipate an increase in the accommodation provided. The department commissioned a recently produced report which makes mention of rationalising services. It is clear that there is a need, as the member indicated, for what might be called step-down accommodation in the accommodation spectrum. We have done well with long-term disability accommodation and we are doing well in the acute services area, but there is insufficient accommodation in between. We will be embarking on a major project over the next year or two which will include the need for relocating services such as Murchison ward into the development of further community resources in order to have a good spectrum of care and accommodation outside the hospital. I cannot give the committee figures because the budget is still being considered but it is a high priority for the division, as it has been since I have been there, and will continue to be.

Mr McGINTY: Have any proposals to upgrade the facilities at Whitby Falls Hostel been put forward following the controversy about whether the department intended to close the facility? What is the future of that hostel? There is an enormous argument in favour of upgrading that facility rather than closing it.

Mr DAY: The last information I had on Whitby Falls was that a review was being undertaken; I am not sure whether it has concluded. However, there is a general recognition - the member seems to agree - that the facilities provided to residents at present are not of the best possible standard. The question is how best to provide services to residents in the future and whether those services will be provided on the current site, another site or multiple sites. No decision has yet been made.

Professor LIPTON: The project is progressing slowly, methodically and quite well. There has been much discussion with the consumers, their families and the staff about the project. A project officer has been appointed and with the help of the Disability Services Commission, which was part of the project team, the Armadale group is assessing every person and trying to determine their needs and where they would like to go. This involves about 31 people including eight people with intellectual handicaps. A number of them have been placed and the department intends to find better placement for these people in a more community-like setting with better quality accommodation. I think that will be in multiple settings rather than a single setting. At this time the mental health division does not have any plans for that facility should it become unnecessary because everybody has been placed. That is a matter for the future and depends on the outcome of this project.

[12 noon]

Mr McGINTY: I gather that you are saying that the option of redeveloping facilities at Whitby is not currently in favour.

Professor LIPTON: No, it is not in keeping with modern practice. It institutionalises people to a large extent and it takes them out of the mainstream of potential community living and rehabilitating them. It would not be an option for which we

would plan. If we have an opportunity of providing a better life for people there, we would not think about upgrading it for any other purpose.

Mr McGINTY: I go back to my first point, and that is to identify in the budget what is being done for step-down or community facilities. Could you be more specific than your first answer and identify what will be there as a result of the budget that is not currently there or what will be a significant improvement in what is currently there?

Professor LIPTON: What is currently there and what is happening is very satisfactory as far as it goes. We have the independent living program. Obviously some aged people are more appropriate for nursing homes and so on, and the non-government organisations which manage much of the independent living program and community support have grown enormously and are continuing to develop. In some rural areas that do not have non-government organisations, we have put in project officers to develop the communities to establish a base for non-government organisation management. The area in which I think there will be some development in the current or subsequent year will be towards developing some kind of supervised hostel for people who need more supervision than the independent living program requires. That is the essential program which is proceeding quite satisfactorily.

Mr McGINTY: What issues raised by the WA Association for Mental Health (Inc) in its pre-budget submission will be addressed by the budget?

Professor LIPTON: It was a good submission.

Mr McGINTY: Yes.

Professor LIPTON: We cannot do it all at once. I think it was a \$5.7m submission. We have incorporated the ideas in our own plans, and that is now in the process of being worked through. We have our purchasing intentions document which adverts to it, but I am not sure yet of the extent to which that will be possible in one financial year. That will depend on further budget discussions.

Mr McGINTY: Is it possible to identify anything that was raised in that pre-budget submission that will be met? I am trying to be more specific.

Professor LIPTON: Most of it is being met. For example, it supports more of the independent living program - that is important - and the idea of supervised accommodation, which we have accepted and which has been in our thoughts the whole time. It wanted a further structure which we do not think it is necessary to supervise, because we feel that we and the NGOs can supervise it. One cannot be more specific than that. We have incorporated its thinking, which is along the lines of the Government's thinking, and we will pursue it to the extent that funds allow. I do not think that the entire \$5.7m will be available this year.

Mr McGINTY: Are you able to clarify the heroin issue that we raised earlier?

Professor LIPTON: We are getting that data now. The minister will make it available when it comes to hand.

Ms McHALE: My question relates to Armadale-Kelmscott Memorial Hospital and the capital works on pages 692 and 659 of the *Budget Statements*. We now know that \$48m has been allocated for the hospital; \$6m for this year. The hospital is due to be commissioned in 2001, according to the *Budget Statements*, yet capital works for 2000-01 are less than the capital works for this year. My question therefore is quite simple: Where is the \$42m for the Armadale-Kelmscott hospital to come from? Is it programmed in the 2000-01 capital works program? If so, what is the effect on the rest of the hospitals in this State of removing \$42m from an overall \$65m-odd capital works program?

Mr DAY: An amount of \$20m has been removed from the capital works budget and put into the recurrent budget -

Ms McHALE: I understand that.

Mr DAY: - which has no effect on capital works itself. As to funding for the Armadale-Kelmscott Memorial Hospital redevelopment, there is \$6m in 1999-2000 and the rest of the funding will be divided in the following two financial years. It will be funded and it will be built.

Ms McHALE: The *Budget Statements* state that the hospital will be commissioned in 2001, so has the \$42m that is required to complete the project been built into your forward planning for 2000-01 or is it yet to be found?

Mr DAY: No, it has been allocated and it will be made available.

Ms McHALE: So the \$42m therefore is included in the \$65m forward planning for 2001?

Mr DAY: No, it is not all in one year; it is over a couple of years.

Ms McHALE: Does the minister expect the hospital to be built when he commissions it in 2001?

Mr DAY: That is correct. We expect it to be operating and functioning - and any other way one wants to describe it - in 2000-01, but some of the bills for the construction of the hospital we would expect to be paid after 30 June 2001. We expect it to be operating in 2001.

Ms McHALE: How much of the \$42m is expected to have been spent in the next financial year - in 2000-01?

Mr DAY: We would expect about \$28m to be spent and actually to be found in that financial year and the remainder in the following financial year.

Ms McHALE: It is roughly \$14m in the next financial year.

Mr DAY: That is correct.

Ms McHALE: Is that in terms of buildings or -

Mr DAY: And fit-out.

Ms McHALE: How much of the hospital in 2001 will actually be constructed and completed when the minister commissions it?

Mr DAY: The whole hospital.

Ms McHALE: But \$40m will not have been spent on parts of it.

Mr DAY: As I have said, it is basically a cash flow issue. We do not expect some of the accounts for constructing the hospital to have to be paid until into the 2001-02 financial year, but that starts on 1 July 2001. We expect the hospital to be fully operational in 2001.

Ms McHALE: So the effect then of the \$28m for the hospital reduces the money that is left over for capital works in 2000-01 to about \$37m, which is half of what the minister committed for this year.

Mr DAY: Obviously, if one is spending \$28m on one item, that money will not be available to be spent on other things, but a substantial number of other projects will still be undertaken in the capital works budget of the Health portfolio -

Ms McHALE: With a significantly reduced capital works.

Mr DAY: - in particular new works which have been identified in this budget. That includes redevelopment of Kalgoorlie Regional Hospital, a multipurpose serviced development in Lancelin, stage two of the redevelopment of Moora District Hospital, the Peel drainage program for mosquito control which was referred to earlier, as well as a range of other more minor works.

Ms MacTIERNAN: Following the questions by the member for Thornlie, in 2000-01 is there \$28m or \$22m on the forward estimates?

Mr DAY: It is \$28m.

Ms MacTIERNAN: So it is \$6m, then \$28m, then \$14m, is that correct?

Mr DAY: Then \$13.6m, in fact, because \$400 000 will have been spent in this financial year.

[12.10 pm]

Ms MacTIERNAN: When in 2001 will the hospital be commissioned?

Mr DAY: It will certainly be before the end of 2001, and as soon as it physically can be done. I expect that will be two years from now.

Ms MacTIERNAN: It will not be early in 2001?

Mr DAY: Given that it is now May 1999, it would be physically impossible for a complex and sophisticated facility such as that to be constructed and operating within that time. I expect it will be around the middle of 2001.

Ms MacTIERNAN: When are the contracts for the construction of the hospital likely to be let?

Mr DAY: The detailed design and planning processes are under way at the moment. The process of letting the contracts will occur later this year.

Ms MacTIERNAN: It has been planned since 1991. I understood that most of the detailed planning and design work was done between 1991 and now. When will it be advertised?

Mr DAY: This is not the same hospital that was designed in 1991 when the Opposition was in government. Members opposite talked about building a hospital, but did not do anything. In any case, whatever may have been designed then is different from what has been planned now.

Ms MacTIERNAN: When will the contract be advertised?

Mr DAY: As soon as we can possibly arrange it.

Ms FORD: We are currently looking at, potentially, letting a number of different contracts. I see the possibility of an initial contract for forward works, because a number of modifications must be made to the ground and entry in order to create space for the construction work, and then a second contract to undertake the construction work. As the minister indicated, the detailed plans are now being drawn up. If we go ahead with a forward works contract, we anticipate that will be advertised sometime in the next three months. If we decide, on advice from the builders, quantity surveyors and those sorts of people, that we do not need a separate contract for forward works and we can roll it into one big contract, we anticipate on our current timetable that will require the detailed drawings to be finalised within the next four to five months.

Ms MacTIERNAN: If the department goes down the path of separate contracts for forward works and a building contract, when is it likely the building contract will be let?



Ms FORD: We expect the building contract will be let sometime in the second half of this calendar year.

Ms MacTIERNAN: Will that be in three months or six months?

Ms FORD: It will be between three and six months; it will not be within three months.

Ms MacTIERNAN: What is happening with the private wing that has been proposed? Will that be rolled into the construction contract or will that be built separately by the private developer?

Mr DAY: It would be funded separately. It would make some sense, if it were to occur, for construction of both facilities to occur at the same time.

Ms FORD: The minister has summarised the answer. The first decision that should be made is whether there will be private beds on the same site. If there were to be private beds, as the minister said, they would need to be privately financed. It would be in everybody's interests if they were constructed at the same time and by the same builder, because that would save confusion and additional disruption on the site. Whether that could be achieved will depend on when and if any decision is made to provide private beds on the site.

Ms MacTIERNAN: When will the minister make such a decision? Presumably, the minister will allow the various private providers to compete for the opportunity to provide the private services, and that will require a tendering process. Will the minister then look at incorporating that private wing into the design of the hospital before the tender is let? That will certainly not be done by the end of the year. It seems to be a moving feast. Will the minister give us some idea of the timetable of the decision on the private hospital?

Mr DAY: It is not a moving feast. We have made a decision to build a new public hospital, and it has been funded, and it is happening. The only question is whether there will be a separate wing of private beds and how that will be achieved. The options are currently being considered. I cannot predict the outcome of that process.

Ms MacTIERNAN: Does the minister take the point that he is telling us that it would make more sense - as it would - for the complex to be constructed as a single entity, yet he has not decided whether there will be a private provider, let alone a tender process for the provision of the services for the private provider? How can the minister say he is considering tendering for the construction process in three or four months' time?

Mr DAY: Whether we have a private wing, the majority of the hospital will be publicly owned and operated, and is being designed at the moment. Adding an extra wing is not a major exercise in planning or building terms. We are looking at the various options at the moment.

Mr BANSEMER: One of the constraints is to let a tender for the construction by the end of the year. That constraint must be taken into account in assessing whether there will be a single building contract or separate building contracts. The Government must go through an assessment process around the provision of private beds. All of those things are being dealt with. One of the constraints is that we must let tenders by the end of the year, so that a building will be completed in mid to late 2001.

Ms MacTIERNAN: What is the delay in making the decision about the provision of private beds? Apparently the Government announced on Australia Day that there would be private beds. That was contained in the fine print.

Mr DAY: It was never ruled out as an option. However, it was not included because no decision had been made.

Ms MacTIERNAN: It is now five months down the track. Can the minister explain the process and also confirm, if he decides he wants private beds, how he will select the private provider of those beds?

Mr DAY: The assessment of whether to provide private beds - if that is going to happen - will be based on what is in the greatest public interest. That will ultimately go to Cabinet for consideration. Cabinet will take into account the appropriate advice from Treasury, the Health Department and other relevant bodies. At the moment the options are being considered. I have not been involved in that in any detail in recent times.

Mr BANSEMER: A complex set of arrangements must be brought into a proper and defensible process in terms of the State Supply Commission's tendering arrangements. We are in consultation with a number of people on how to bring these things together in a proper process which will enable us to let tenders by the end of the year. That will go to Cabinet in the near future. Cabinet will then make decisions, which will be announced.

Ms MacTIERNAN: Can the minister provide supplementary information on a proposed time line, so that we can understand the process? If a decision is made to have the private beds, can one assume that it would be subject to a tender?

[12.20 pm]

Mr DAY: That is a possibility. When we are looking at how private beds can be provided in the future, we will certainly consider what is in the greatest public interest. We have not made any decision on that.

Ms MacTIERNAN: I think some people should get a job as scriptwriters for *Yes Minister*.

The CHAIRMAN: Will the minister supply that time line?

Mr DAY: We currently achieve things as quickly as possible. I have given an indication of when the hospital will be operating. We are building it over the next two years; the planning and design process is going on at the moment. We are building a new hospital for the people in the south west corridor, to be located in the Armadale region.

Ms MacTIERNAN: We do not doubt that; we are just trying to get a handle on it.

Mr DAY: That area has dipped out for a long time, so I want to see some movement on this initiative.

Ms MacTIERNAN: The minister has doubted it. He said that he would put it out to private sector management.

The CHAIRMAN: I interrupt to ask whether the minister will provide that as supplementary information.

Mr DAY: No.

Ms MacTIERNAN: What is happening with the privatisation of the pathology and radiology services at Armadale-Kelmscott Memorial Hospital? We understand the intention was to put those out for competitive tender.

Mr DAY: I am not aware of any decision made in that respect for either pathology or radiology. Radiology is already provided privately there.

Ms MacTIERNAN: Does that apply to all of the radiology department; and, if so, who provides that?

Mr DAY: That will be provided as supplementary information.

Ms MacTIERNAN: Is the minister saying that there is no intention to put the operation of the pathology services out to private tender?

Mr DAY: I am not aware of any intention to do so. I will not give any absolute commitment that it will never occur in the future, as I will not give any commitment for any hospital. We can never rule out that sort of thing if it is in the public interest to do so. I am saying that I am not aware of any plans to do so.

Ms MacTIERNAN: Can that be confirmed through supplementary information?

Mr DAY: I have given the answer.

The CHAIRMAN: Will that information be provided by way of a supplementary answer?

Mr DAY: No. I have given the answer. There is no supplementary information to be provided.

Dr TURNBULL: What steps has the Government taken to assist in the provision of medical services in both the rural and remote areas of Western Australia?

Mr DAY: The provision of comprehensive medical services in rural and remote areas has been a problem for a number of years. In recent times a very significant change has been made; that is, the agreement between me and the federal minister to allow overseas-trained doctors to practise on a long-term basis in areas of unmet need in Western Australia. These doctors are given approval, other than through the Australian Medical Council process. As long as overseas-trained doctors have a reciprocal qualification that is accepted by the Royal Australian College of General Practitioners or they undertake the examination for the fellowship the RACGP within a specified time, they will be able to practise in these areas of Western Australia. If they do that for five years, they will be given a provider number by the Federal Government and, therefore, will be able to practise on an unrestricted basis anywhere in Australia. That is a very good outcome for rural and remote areas of Western Australia.

Dr TURNBULL: In medical terms that is a good result. It follows our stated policy of providing services for people closer to their homes. It also follows the significant trends shown on page 661 which refer to the planning and availability of primary and secondary health care, and to ambulatory and community services in country areas. That will reduce the need for local residents to be transported to Perth for their health care.

I now turn to the budgetary measures set out in the table of outputs on page 672, which obviously has been done on a statewide basis. Does the Health Department separate these output measures into either regions or boards so that the cost factors can be seen easily? In particular, I am looking at the cost items. The first item covers the average cost for hospital-scaled central episodes. I presume that means per bed day, because later the table refers to the average cost per mental health bed day. The figure for the hospital-scaled central episodes per bed day is \$2 153. Is that figure per bed day?

Mr DAY: No. It is per episode of illness, per admission in general terms.

Dr TURNBULL: Are the figures in this output measures table separated into individual regions or health boards? If there is a separate figure for the health boards, can that, in turn, be broken down for each of the five metropolitan tertiary hospitals and the peripheral hospitals?

Mr DAY: There would be some breakdown covering the variation of the cost of services at different hospitals. In the tertiary hospitals where, generally speaking, the treatment is much more complex than it is in a smaller rural hospital, we would expect the costs to be higher. I will ask Mr Kirwan to provide more detail.

Mr KIRWAN: The information in the *Budget Statements* is an aggregate across the system. Earlier I alluded to the purchasing intentions document, referred to at the beginning of the *Budget Statements*, which is available on the Internet, not just the intranet, of the Health Department. Hard copies will be available soon.

Dr TURNBULL: I have those.

Mr KIRWAN: That breaks up the figures by zone, by scaled central episodes and scaled diagnostic groups. They do not relate just to the per diem or bed-day model. At this stage some areas, such as mental health, are shown as per diem bed

days. The figures can be broken down into health zones which are identified in each of the purchasing intentions for what are broadly described as the health regions, metropolitan and country. There is a separation of the costs for the teaching hospitals, the non-teaching metropolitan hospitals and the country area hospitals. We are still refining the figure for the country areas, and have been asked to do more work on it. The model is still very much inpatient and teaching hospital focused. As we work through that - it is refined now - the other areas will come up to speed. It can be broken down by scaled central episodes. The department's purchasing memorandums of understanding cover purchases for each of the health services in the country areas by scaled central episodes for the inpatient work.

Dr TURNBULL: At the moment, can the department produce a format such as this - I think it is a very good one - covering the five tertiary hospitals versus the rest, or the five tertiary hospitals compared with the peripheral metropolitan hospitals, compared with the rural hospitals?

Mr KIRWAN: No. A large number of those indicators could be broken up. This is an aggregation of that information up, as opposed to going in the reverse direction. It will take some work in respect of the databases from which we are extracting the figures. Some are extracted from the memorandum of understandings, and some are extracted from the various accounting systems and the morbidity system.

[12.30 pm]

Dr TURNBULL: In order to produce this table in the first place, you needed to have the material in some system. You could perhaps extrapolate it without too much difficulty.

Mr KIRWAN: It depends on which system we are drawing it from. Some are reasonably easily accessible and some are calculated. It depends on the indicator. Certainly, with regard to scaled central episodes, we have a very good understanding of what is happening and what is being purchased throughout the health system.

Dr TURNBULL: I ask the minister whether that can be done. It is very important because obviously, although the 1998-99 estimates were more or less the first year when this type of format was used, if we start comparing figures now we can see how effective is the policy set out on page 661, of transferring services back to country and rural areas and out to the peripheral hospitals. If the budget papers are closely examining output measures, the Government must be able to measure those services, particularly the quantity of them, where there are hospital scaled central episodes, non-admitted occasions of service, emergency departments and so on. It must measure how many of these services are being moved from central services back to the rural areas. I know that from year to year the hard figures will not reveal anything; but the percentage shift will be important and it will indicate the success of the policy of moving all the services closer to where people live.

Mr DAY: Is the member seeking supplementary information?

Dr TURNBULL: Yes, I would like an analysis of the output measures tabled in relation to the five metropolitan hospitals and the peripheral hospitals. It might be too much to ask that the figures be broken down between the regional hospitals and the rural hospitals, but I would be interested in that as well. I do not think we will necessarily get useful information for comparison this year, but if this type of format is to be used in future it could be a useful measure.

Mr DAY: I am happy to provide that which the member for Collie is seeking by way of supplementary information, insofar as it is reasonably possible to provide it. She is seeking comparisons between some of the larger hospitals and smaller hospitals. I am not sure that a breakdown for the whole State can be provided. Insofar as it is reasonably possible to provide information about the different costs for hospital scaled central episodes -

Dr TURNBULL: No, I am talking about the whole output measure. In order to create this table, the department must have the material in the computer system. I am particularly interested in the quantity figure and the cost figure.

Mr DAY: We will provide that information as far as is reasonably possible.

Mr KIRWAN: We can break that down. I understand the member to be asking for a longitudinal comparison so that she can see the movement from teaching to non-teaching hospitals, from metropolitan to country and so on. That is how we broadly describe it under our reconfiguration policy, and we are interested in doing that work. I caution against focusing just on this table. Part of that reconfiguration is also movement from inappropriate work done in secondary and tertiary hospitals into the primary sector, which is not necessarily our sector if it is the general practitioner part of the industry. That is the area funded by either the Federal Government or private insurance companies. I understand the member wants to get the full picture, which is the care provided closer to home. Although just focusing on this table will give an indication, it will also give some false indications. There are also issues of unmet need and areas of growth. The south west campus is probably a good example of where new services have been provided closer to home, but there is no doubt that demand on hospitals in the metropolitan area has backfilled to some extent. The use of the terms and just this table itself, without those qualifications, must be considered with some caution. We are all very keen to see the care closer to home reconfiguration occur.

Dr TURNBULL: Budgets have been presented in these new formats over the past few years, and output measures are a very important factor in the budget process. A table such as this is an important part of the overall picture, as has been described. As I said earlier, I would not attempt to analyse the data on the basis of the raw figures because of the factors referred to. Its effectiveness must be considered on a percentage scale.

Mr KIRWAN: Some of the percentage applies to population growth. Services can be moved to country areas, but they are not country areas in growth. The growth in the metropolitan area will always distort the figures. It must have those qualifications.

Dr TURNBULL: Yes, I understand that.

Mr MARSHALL: I have scanned the budget papers and I cannot see any item relating to the Government's promise to pick up the backlog of elective surgery in Western Australia. Where is it in the budget, and what is the Government doing about it?

Mr DAY: The allocation of funds for elective surgery is part of the total Health budget. In 1999-2000 the allocation for that purpose is \$21m, which is a direct result of the increased allocation by the Commonwealth to Western Australia. It may not be identified separately in the budget papers, but \$21m will flow directly from that agreement between the Commonwealth and the State.

Mr MARSHALL: I believe it has started. How is it progressing?

Mr DAY: Yes, the program has been quite extensive and has been progressing very well. It is now well known that the focus has been on undertaking joint replacement surgery and cataract removal. The cataract removal program has been proceeding very well; in August last year 2 100 people were waiting for that surgery when the Treasurer made the commitment that they would all receive their treatment within 12 months. The department is now three-quarters of the way through that program, if not more. I do not have the precise figures with me.

The joint replacement program is also progressing well. Initially there was some delay in reaching final agreement with the orthopaedic surgeons, but that discussion was concluded some time ago and good progress has been made in increasing the number of people who have access to that surgery and, therefore, reducing the time that people must wait for joint replacement surgery.

I am advised with regard to cataract removal operations that on 7 August 1998, 3 270 patients were awaiting that surgery - I have a feeling that the figure should be 2 200. I am advised that 1 311 patients have had their surgery. I am not sure I have been given accurate information, but in general terms the program is operating very well.

[12.40 pm]

Mr MARSHALL: The backlog for orthopaedic surgery at the Mandurah hospital involving elderly patients is being reduced very quickly. Is the same thing happening in other parts of rural Western Australia?

Mr DAY: The only other part of Western Australia outside of the metropolitan area in which joint replacement surgery can be undertaken is the South West Health Campus in Bunbury. If the program has not already started, it will soon. It is available and is undertaken to a large extent at Joondalup.

Professor STOKES: As far as I am aware, it has not yet started in Bunbury. It is important to realise that until the past two months, for every one patient who was taken off the waiting list, another 1.04 persons would be added. As one now comes off the waiting list, approximately 0.98 person is being added. I am happy to report that because it is a very significant change.

Mr MARSHALL: In summary, the backlog is being picked up, but a new backlog is being developed.

Mr DAY: More patients will always come on to the waiting list. With the additional funding to be made available, our aim is to reduce the amount of time that people must wait for surgery. Some waiting time will always be experienced, even if one is a private patient because a surgeon may not be available or the surgeon may have to clear other patients on their private list. The aim is to ensure that the waiting time is not unreasonable. With the additional funding that is now in the system, waiting times have reduced. That is the important factor; the amount of time people must wait as compared to the number of people on the waiting list.

Ms McHALE: In 1998-99, how much money was allocated to Aboriginal health and how much was spent?

Mr HOUSTON: In 1998-99, approximately \$13.8m was allocated from state resources to a variety of programs. The current estimate of expenditure for the current financial year is about \$12.5m.

Ms McHALE: Last year's budget papers indicated that you were to develop an Aboriginal mental health plan. Has that been finalised and, if so, what are the outcomes from that Aboriginal mental health plan?

Mr HOUSTON: A number of steps were taken for the development of an Aboriginal mental health plan in Western Australia. The first of these was a statewide workshop that was held in the current financial year on modelling culturally secure mental health services for Aboriginal people in Western Australia. That workshop was attended by a variety of people from the industry and the community sector, academic circles and other professionals. In addition, a forum has been established involving Western Australian Aboriginal community-controlled health organisations nominees, people from the department and other interested parties including people from our mental health division and the office of Aboriginal health. A review has also been undertaken of existing mental health services and the strategies to meet the needs of Aboriginal people. In addition, an executive advisory group has been established comprising senior Aboriginal staff from key agencies - Family and Children's Services, the Aboriginal Affairs Department, the Commonwealth's Aboriginal and Torres Strait Islander Commission and the Commonwealth Department of Health and Aged Care. That group meets regularly and is charged with the responsibility of ensuring collaboration between the various agencies and the development of programs and policy in this field. The consultations and developments that I have outlined have clearly raised a number of reforms to service practices that must be incorporated. These include an improved understanding of Aboriginal cultures within the mental health arena, both at a practice level and beyond, the need to focus a greater level of emphasis on community-based efforts, an improvement in the diagnostics skills and tools that are culturally sensitive, expansion and employment of

Aboriginal staff whenever possible across the industry, increased involvement of Aboriginal consumers and carers and community members in the development -

Ms McHALE: Can I stop you there? I asked specifically about the mental health plan; not about everything that occurred.

Mr HOUSTON: These are part of the Aboriginal mental health plan. I am trying to give an indication of the work that has been completed to date.

Ms McHALE: I do not think it is necessary for me to hear everything in the Estimates Committee; I thank you for that detailed answer. How much is allocated in the 1999-2000 budget for Aboriginal health?

Mr HOUSTON: The department is still working through the position of budgets for Aboriginal health.

Mr DAY: That fits in with the same answer I gave earlier about the detailed Health budget yet to be completely finalised.

Ms McHALE: When can we expect that to be finalised?

Mr DAY: Before 1 July.

Ms McHALE: I am surprised that you do not currently know what will be allocated to Aboriginal health.

Mr DAY: Not in terms of the final decisions. Obviously some planning must have been done within the department to a reasonably advanced stage. However, as the responsible minister, I have yet to be involved in that process in any detail and the final decisions have not yet been made.

Mr BANSEMER: The department has a sub-treasury role for the health system so we are currently working through a process which started before the budget was brought down, but it has not been possible to involve health services in that process until this time. As was explained in last year's Estimates Committee, we are not in a position to answer the detailed questions that you are asking until the second round of estimates because this year we will have our purchasing plans in place and agreed with the health services by 30 June. The health services will have worked through their budgets by that time. We cannot presently answer many of the questions that have been asked.

Ms McHALE: The Office of Aboriginal Health has identified four key strategic domains of action for 1999-2000. They do not state the words "land rights" or "native title", but certainly go so far as to talk about "self-determination". A solid body of research material makes the link very clearly between native title land rights and dealings with Aboriginal health issues. Is that research finding underpinning the strategic direction that the Office of Aboriginal Health is taking?

[12.50 pm]

Mr BANSEMER: There is nothing in the budget with respect to native title and Aboriginal health?

Ms McHALE: Do you accept the research that refers to the clear link between resolving native title issues and dealing with Aboriginal health issues, which goes beyond the mere physical?

Mr DAY: Certainly the issues involved in determining Aboriginal health are many and varied. No doubt relationship with the land is one of those determinants. However, it would be unrealistic to expect any allocation in the health budget to deal with native title. A large degree of effort and resources are spent on improving health in Aboriginal communities, as was explained to some extent, and it will continue. Many dedicated people are working in remote and isolated circumstances who are committed to doing whatever they can to improve Aboriginal health.

Ms McHALE: I refer to page 696 and what appear to be reductions in commonwealth funding to a number of Aboriginal health programs. On paper the funding under Aboriginal and Torres Strait Islander health and coordinated care trials shows a reduction from this financial year's budget and next year's budget. Why is that and what, if any, will be the impact of the reduction in those areas?

Mr DAY: They are both trials and, as the term implies, they will not continue forever.

Mr HOUSTON: As the minister indicated, the Aboriginal coordinated care trial is due to run until September this year. The Commonwealth Government announced a proposed expansion of coordinated care trials. However, no decision has been made yet regarding Western Australia. The ATSIC funds were brought to Western Australia to establish programs to improve the level of doctor-based services provided in Western Australia. Other changes negotiated with the Commonwealth with respect to the medical benefit scheme have provided a basis from which revenue will be generated to meet the costs of the continuation of these programs.

Ms McHALE: I refer to mental health at page 668. How much has been allocated to the regional youth counsellor program to be established throughout the State? How many staff will be employed? Where will they be located?

Professor LIPTON: An election promise was made to establish rural youth counsellors with the allocation of \$1.4m. The department has examined the establishment of youth counsellors which fit into a health promotion and treatment case-finding program. It was determined that about half of those funds would be made available for Aboriginal youth counsellors. The other half will be for general non-Aboriginal people, but obviously also Aboriginal people. Demographic studies show where suicide is most prevalent in Aboriginal and non-Aboriginal communities. The decision regarding the Aboriginal youth counsellors will be made jointly with the Western Australian Community Control Health Organisation. The others could be located in mental health services, community health services or public health services whichever is the most appropriate. It should be an important addition to the rural services to form relationships with youth, identify problems and bring them to attention as needed and, we hope, avert some of the more serious problems.

Ms McHALE: Did I hear you say \$1.4m has been allocated of which \$700 000 is for Aboriginal youth? Is that new funding or is it repackaging existing programs?

Professor LIPTON: It was new funding; it is recurrent for some three years and will be incorporated into the services.

Ms McHALE: In which regional areas will the program be located?

Professor LIPTON: I cannot say right now. The studies have been done in such a way as to define a priority list. I will be having more discussions locally about which has the highest priority. That will be known within a few weeks.

The CHAIRMAN: The methadone program is to be extended to the outer metropolitan and rural areas. What regional country areas do you service at present? Who is looking at it? What do you propose to do in the future?

Mr LARKINS: The community based methadone program is delivered through a training program with general practitioners. One hundred and five to 110 general practitioners have expressed an interest in being trained. Just on 58 general practitioners provide methadone services in their local community. Some of those are in regional areas. Practitioners are in Albany, until recently Kalgoorlie, Geraldton, and, if my recollection is correct, Port Hedland. That varies somewhat and is dependent on the ability of the central system to provide consultancy services. There is a strong push to provide clinical support to local medical practitioners in the delivery of this system.

Mr McGINTY: Attention was focused perhaps two months ago on the refusal of King Edward Memorial Hospital to allow a medical procedure for women suffering from incontinence to be performed at that hospital. It is sponsored by Dr Peter Petros and the commentary made about it at the time was along the lines that it could involve savings on the conventional treatment of incontinence by \$100m a year. Surely that choice, which has been approved by the ethics committee, should be available to women. Is the minister in a position to say why women attending the hospital have not been given this choice?

Mr DAY: The issue has not been raised with me previously. It sounds as though it is primarily a medical issue.

[1.00 pm]

Professor STOKES: The technique was developed in Sweden in association with Professor Ulmsten and brought back to Australia by Dr Petros. There were some concerns about the procedure's efficacy and to some extent its safety. Approximately 18 months ago we met with Dr Petros, and at that time Professor Ulmsten was in Perth. We agreed that with the Royal Perth Hospital we would set up a trial for this procedure. As the member said, the Royal Perth Hospital ethics committee approved this. We arranged for Professor Ulmsten to come back to Perth after 18 months to review the results of the work. To this date, I am uncertain whether that trial has started because I have no further information about it. At the King Edward Memorial Hospital, clinicians were concerned because they felt the procedure was not one which they were prepared to sanction. It becomes a matter really of one medical opinion versus the other. It is extremely difficult under those circumstances to run any clinical trial if there is concern about the efficacy of a treatment, and in particular whether an ethics committee is prepared to give approval to it. However, the treatment is available at Royal Perth Hospital. I am not sure how far the trial has progressed at this stage.

Mr McGINTY: Will the minister or the King Edward Memorial Hospital specifically review whether a trial should be conducted at the King Edward Memorial Hospital? I appreciate the points that have been raised. If the major teaching hospital in the State is making the procedure available to women but the women's hospital does not have it available because of the controversy about which Dr Stokes spoke, it is the sort of issue that should be resolved, and the quicker the better. Some of my constituents have benefited from Dr Petros' surgery and they swear by it. However, I guess that is not unusual.

Mr DAY: It is an issue that is reliant upon the judgment of clinical practitioners, obviously, and not one about which I can make any judgment.

Mr McGINTY: The minister can certainly get the King Edward Memorial Hospital to investigate whether it should be pursued further.

Mr DAY: Dr Stokes has indicated that there are divided views among the clinicians at that hospital on whether it should be undertaken.

Mr McGINTY: The comment was made earlier about vested interests. Perhaps this is a case in which someone is needed to come in over the top.

*Sitting suspended from 1.02 pm to 2.00 pm*

Mr McGINTY: A question was asked this morning by the member for Churchlands about whether the Health Department was considering a report that recommended significant changes to Osborne Park Hospital. Having had time to reflect on the matter, is the minister sure that no report is in existence that recommends a change in the composition of the Osborne Park Hospital to become one which focuses on obstetrics and aged care, which is essentially the answer the minister gave this morning and which I do not think is correct?

Mr DAY: I am now no more aware of the existence of any report than I was previously. However, I ask Mr Blake to comment.

Mr BLAKE: I do not know whether this is the report to which the member is referring. However, we have developed a reconfiguration options proposal -

Mr McGINTY: I am sorry, I cannot hear or understand.

Mr BLAKE: In an endeavour to satisfy the Government's policy on reconfiguration of services, the board has developed what is called a reconfiguration options and proposed implementation plan. Under the heading of closure, that plan puts forward an option that Osborne Park Hospital could become a specialist hospital for rehabilitative and restorative services and obstetrics, with its other acute work being transferred to other hospitals. Immediately below that line it says that this strategy is outside the brief of this paper.

Mr McGINTY: I am sorry, I did not hear that.

Mr BLAKE: It says that this strategy is outside the brief set for this paper.

Mr DAY: That comment is made in the paper.

Mr BLAKE: Therefore, the paper clearly puts it up as an option and then rejects it.

Mr McGINTY: Is this report to which you are referring of recent origin?

Mr BLAKE: This paper was put together in the last month.

Mr McGINTY: Has that option now been rejected?

Mr BLAKE: With respect to Osborne Park Hospital, the option has been rejected, yes.

Mr MARSHALL: What is the Health Department doing about attention deficit disorder? Does it need to be researched and acknowledged? If research is being carried out, what stage has it reached?

Mr DAY: That is an area of particular interest to Professor Lipton. He will provide some information.

Professor LIPTON: It is a bit like the person who fell off the pier and wondered who had pushed him. Attention deficit and hyperactivity disorder has been known under various names for multitudes of years; it is not new. What appears to be new is that a huge public interest in the condition has developed. Stimulant drugs such as dexedrine or methylphenidate help considerably with some hyperactive children. In Western Australia, for some reason we seem to prescribe four to seven times more of these drugs per unit of population than the other States. There is a great deal of controversy about the condition. It is essentially diagnosed by adding up a bunch of behaviours - active behaviours, distractibility and those kinds of things. In the old days this might have been called naughty or inattentive behaviour. There are many arguments about how many cases there really are. Some people say that 2 to 3 per cent of the child population have the condition; with stringent diagnosis, others say 5 to 6 per cent. There are those here in Western Australia who adhere to the higher level and prescribe a great deal. Again, many people feel that medication is not necessarily useful for the condition and that there are many psycho-social ways of dealing with it. The mental health division has supported a positive parenting program, which seems to reduce the incidence by about a half, and that reduction continues. We are pushing that program as a health promotion matter.

We also note that the geographical prescriptions are localised in certain areas in which certain practitioners work. Therefore, some people prescribe a great deal; others do not. Educationists are interested in this issue because many children do not pay attention at school or are difficult to manage, parents naturally are concerned because sometimes children have conduct disorders which are attributed to the condition. There has been perhaps more interest in the availability of medication to treat these children than other ways of dealing with the condition. The Government became concerned because methylphenidate is an expensive medication at \$80 a month, and it is not on the commonwealth pharmaceutical benefits list, whereas dexedrine is. It is believed that people want both drugs available. Should that happen, it would run the State Government into millions of dollars.

Therefore, in 1997 the Cabinet set up a technical subcommittee to examine the issue. A report was produced, but it was not released because it was not considered to be the basis of a policy. Since then, the National Health and Medical Research Council carried out a study, which has been published. Because of the economic burdens, particularly on Princess Margaret Hospital for Children, about one and a half or two years ago the department announced that it would not provide funding for Ritalin - that is, methylphenidate - for new patients because it was costing \$300 000 or \$400 000 a year. The department continues to fund patients who have already been on the drug, and it is possible in some cases to apply to the chief medical officer for permission to provide the drug. That is an unusual thing. There is a great deal of unrest that that drug is not available and that the Commonwealth has not made it available.

The matter was put in my hands about a year ago. It was quite clear from various reports that the psychiatric element was not as strong as it might be; it was mainly paediatric. Therefore, with some funds that were made available, I undertook to call together a forum of international psychiatric experts, who were international leading people. They came to Western Australia in August last year, conducted a seminar, undertook a study and were required to provide a report, which was somewhat delayed. However, we received it in March. I have a meeting with the steering committee next Friday to examine and acquit the report, following which it will be circulated. The report fundamentally says two things: First, we need to ascertain why we are prescribing so much. Perth might be a good place to conduct such a study. It is not unique in the world. There are other places similar to Perth. It seems to have something to do with habits of prescribing. Secondly, the report broadly gives algorithms for the diagnosis and treatment of the condition. They will be useful. Once it is acquitted, we will circularise the report for further comment. It will then be the department's task - mental health, public health and general health are involved - to try to formulate some policy that will be sensible, bring it all together and make it possible to progress the whole issue. Some people feel that we are going slowly and that we should be prescribing rapidly; others

are concerned that prescription will be freed up and too many kids will be on the drug. Therefore, it is a difficult situation. However, there will certainly be more movement during the next few months as we consult people and try to establish a policy to present to the minister and Cabinet.

Mr MARSHALL: Is it true that in Western Australia more drugs are prescribed for ADD than in any other State in Australia?

Professor LIPTON: Yes, four to seven times more, depending on the State with which the comparison is made. New South Wales was previously the leader; Western Australia is now four times ahead of New South Wales. It is quite a worry because it suggests that when a child has difficulties, it may be that the nature of those difficulties is not being fully assessed and people are turning to the medication perhaps a little earlier than one might wish. However, we are not quite sure about that. What you have said is right.

[2.10 pm]

Mr MARSHALL: We now acknowledge attention deficit disorder in children. What happened to the adults with ADD who missed the early training? I understand that a high percentage of adults with ADD are in jail. What are we doing about this?

Professor LIPTON: You have touched on an even more controversial point because, undoubtedly, some children would grow into adults and still have some distractibility and so on. Whether that is a treatable condition is uncertain, even though the adults sometimes seek stimulants. It has been claimed locally, without much evidence, that 70 per cent of criminals have attention deficit hyperactive disorder. The consequence of that is that if the drugs are made available, the criminals would not offend. That is not credible. The evidence is not strong - some people would dispute that - but some adults have this condition or vestiges of it. Some of them might be assisted by using that sort of medication. At the same time, many adults who have vestiges of it can manage life without that medication. It seems to be a paradox that we are trying to get speed off the streets, yet at the same time we are prescribing it. I cannot answer that question other than to say that it is quite controversial.

Mr GRAHAM: Page 661 of the *Budget Statements* refers to the north west health plan. What is the allocation for telehealth initiatives in that plan?

Mr DAY: As I indicated earlier, the north west health plan is yet to be formally considered by the Government. Discussions are being held between the Health Department and the Treasury Department to come up with a plan to fund the various initiatives; however, a lot of work has been done in the telehealth area.

Mr KIRKWOOD: In the budget allocation this year, \$3.8m was set aside for telehealth.

Mr GRAHAM: To do what?

Mr BANSEMER: To establish a telehealth network in rural Western Australia.

Mr GRAHAM: About \$8m came to the State Government through federal regional telecommunications infrastructure fund programs. Is that included in the budget papers?

Mr BANSEMER: It is commonwealth money which is not taken into account in our budget at this time.

Mr GRAHAM: The \$8m that came in through RTIF funding does not appear in these papers. Page 696 contains the incomes for the commonwealth specific purpose programs. I cannot find the RTIF funding in that section.

Mr BANSEMER: It is not there. It is a commonwealth initiative. The funds will come to the State Treasury and they will be allocated either to Health or Commerce and Trade at the appropriate time.

Mr GRAHAM: When is the appropriate time?

Mr BANSEMER: When it is due to be spent.

Mr GRAHAM: Is the \$8m there? Has it been allocated?

Mr BANSEMER: The \$8m has been allocated for a telehealth initiative in Western Australia.

Mr GRAHAM: As I understand it, that was to be matched by \$8m from the State Government. There is an allocation of only \$3.8m in the Health budget.

Mr DAY: That is in the province of the Minister for Commerce and Trade. If there is any reference to it in the budget, it would be under his portfolio.

Mr GRAHAM: I am confused. Is the introduction of telehealth now handled by the Minister for Commerce and Trade?

Mr DAY: The overall infrastructure is within his province and the allocation of funds by the State on a dollar-for-dollar basis is done through his budget.

Ms FORD: We have become confused. Telehealth requires a very significant infrastructure. The first component is to get that infrastructure around the State. The infrastructure will be used not only by Health, but by a number of agencies. The Department of Contract and Management Services, together with a number of other agencies, has been working on establishing proposals for the infrastructure; that is, the bandwidth that is needed. That is why CAMS has taken a significant running in coordinating the agencies. The Health Department, the Police Department and a number of other agencies want to use that infrastructure. The Health budget, which we have been looking at and working on, will fund the health-specific



part of that infrastructure; that is, digital technology in the areas in which we will gradually introduce telehealth once that bandwidth is available to us. There are two components: The infrastructure, which is the involvement of CAMS and which involves heavy expenditure; and once we have that, we will roll out telehealth from the Health portfolio.

Mr GRAHAM: I am even more confused. The \$8m submission that went to the Federal Government was for infrastructure development out of the RTIF fund for the development of infrastructure purely related to health. I know that because I wrote a letter of support for it to the Federal Government. How has that now been moved from Health to another department?

Ms FORD: It would not make sense for the State to duplicate the types of infrastructure we need. That infrastructure can and will be used by a range of other people. The \$16m budget, which is \$8m from the RTIF and the State's matching money, will be put towards the infrastructure. The State's \$8m for that infrastructure and for the development of this program is coming partly from the State's Health budget, partly from Treasury and partly from the Office of Information and Communication. All three parties are working on that state health infrastructure.

Mr GRAHAM: How much of that \$8m will come out of the Health budget?

Ms FORD: It will be \$3.5m.

Mr GRAHAM: Is that the same as the \$3.8m even though there is a difference of \$300 000? Is that contained in the \$3.8m?

Ms FORD: The \$3.5m is for the 1999-2000 financial year. We did not spend all of the \$3.8m for this financial year because of the complexity of getting out the tender documents for the infrastructure. The \$3.5m is part of the \$3.8m, and we have spent some of it.

Mr GRAHAM: Is that contained in the \$8m dollar-for-dollar contribution matching the federal government grant? In total, the state budget for telehealth is \$8m.

Ms FORD: That is correct.

Mr GRAHAM: That is tied to the \$8m provided by the Federal Government.

Ms FORD: That is correct.

Mr GRAHAM: Apart from that, are there any other funded telehealth initiatives in the State?

Mr DAY: There have been in the mental health area.

Mr GRAHAM: I understand that. Have we branched out into the field of X-rays or anything of that nature?

Mr DAY: X-rays will be covered in the program to which we have just referred.

[2.20 pm]

Professor STOKES: An ultrasound program has been running in the north west for some years, but that is currently on a standard line.

Dr TURNBULL: Can the minister tell us about the establishment of new multipurpose service centres in rural Western Australia?

Mr DAY: The introduction of the MPS program has been particularly beneficial for rural areas over the past two to three years. In essence, it involves the pooling of funds from our Health budget and from the Aged Care budget, primarily from the Federal Government, to ensure that facilities can be located in some of the smaller country towns that could otherwise not be developed or provided. In the order of 20 multipurpose site facilities have been developed in country areas. The one in the member for Collie's electorate is at Boyup Brook. Other sites are Dalwallinu, Northampton, Kalbarri, Laverton, Leonora, the eastern wheatbelt region, including Kununoppin, the central great southern region, the Murchison region, York, Denmark, Kondinin and Kulin, and also in Lake Grace, Ravensthorpe and Norseman. Not all of those are developed as yet, but they are well on the way. At a number of other sites, expansion of the MPS program has been approved, including Augusta, Cunderdin, the Three Springs-Carnamah-Coorow region, the Morawa-Perenjori region, the Dongara-Mingenew-Eneabba region, and Wongan Hills, Beverley, Onslow, Pemberton and Nannup. We expect that over coming years there will be a further expansion into other areas. From my observations, it is a very successful program, whereby new health and aged care services are being provided to a lot of smaller country communities which could otherwise not receive those services.

Dr TURNBULL: I am pleased the minister mentioned Boyup Brook, and I am also pleased he mentioned Coorow, which is the town from where I come. We certainly never had a health facility. My dad was the chairman of the Three Springs board when it was in the process of completing the building of the Three Springs Hospital, which is about 70 miles from Coorow. I am pleased that Coorow is on the list, and I thank the minister for that.

Mr DAY: It is probably a good place to which to retire in many years!

Dr TURNBULL: What is the Commonwealth's contribution to this program and what is the State's contribution? Page 696 does not separate the Commonwealth and State Governments' contributions to the multipurpose service centres.

Mr DAY: It would be a matter of looking at the allocations on a case-by-case basis.

Mr SNOWBALL: With regard to the 15 sites that have been approved, there is \$28.7m of state funding, which includes existing hospital funding, \$4.5m of commonwealth funding, and \$1.7m from home and community care.

Dr TURNBULL: Page 696 indicates that the Federal Government's funding for the home and community care program has been increased from just under \$49m to \$52m. What will be the State Government's contribution for 1998-99 and 1999-2000?

Mr DAY: The State's contribution is tied to the Commonwealth's contribution, so if there were an increase at the commonwealth level, we would expect an increase at the state level. The ratio is that 60.69 per cent is contributed by the Federal Government and the remainder is contributed by the State Government.

Dr TURNBULL: The percentage increase in federal funding is only about 2 per cent, which indicates that there has been no growth in the amount of funding. I thought there would be an increase in federal funding in order to expand the HACC service.

Mr KIRWAN: The HACC program is split into no growth areas and growth areas. Therefore, it is misleading to look at the whole program in total. HACC funding for next year has been through a tender process and is now with the state and federal ministers to make the final allocation. It is intended to have some growth funding in those areas. However, as I said in answer to an earlier question, the whole HACC program with its multitude of providers probably needs to be looked at, because there is some overlap in the areas that people are providing, and we are looking at some innovative programs for sharing services, such as transport in the northern suburbs, so that we can drive the dollar further. There is some new growth funding, and those submissions have been sent to the federal minister through the federal department.

Dr TURNBULL: Which services or areas are proposed for growth? Some country towns do not have the level of HACC service that other areas enjoy. In a number of areas in my electorate, the HACC service per head of population over a certain age is well below that which is provided in other areas.

Mr KIRWAN: The HACC program is broken up into five geographical areas. I can get back to you, through the minister, about which of the specific allocations are growth and non-growth.

Dr TURNBULL: I assure you it is very difficult when a program is in a non-growth phase, but when the number of people who need the service is increasing, and when our health service is effectively being managed in such a way that it does not provide the inpatient hospital care that was provided previously. We certainly need to pay attention to how we can provide this service.

Mr DAY: I am not sure that we can provide that as supplementary information, because that must be provided within a week or two, and the final outcome may not be determined within a week. We are waiting on a response from the Commonwealth Government, and when it is available, I will be happy to provide that information to the member.

Mr McGINTY: What is the total expenditure on Joondalup hospital this year and what is the projected expenditure for next year?

[2.30 pm]

Mr DAY: The expenditure for next year is still being negotiated with the management of the hospital. I expect there will be an increase over the allocation for this year.

Mr SMITH: The 1998-99 estimated actual - as we are not quite through the year - is \$38.6m, with an anticipated growth on that figure in 1999-2000 to which the minister alluded. It is not yet fully refined as negotiations have not concluded with the management at Joondalup Health Campus.

Mr McGINTY: At the end of March or beginning of April, Joondalup hospital announced that it was closing a number of medical beds and significantly restricting non-urgent elective surgery. Are those bans and limitations still in place? If so, what is the extent of them?

Mr DAY: I will ask Mr Bansemer to comment on that because he has had direct discussions with Joondalup hospital; however, the point must be made that it has had a growth in funding this financial year compared with last financial year. There are also funds available from the elective surgery fund for the hospital to participate in that program, which has had a positive impact at Joondalup.

Mr BANSEMER: The hospital has no restrictions in place of the kind talked about earlier. In some areas there are restrictions in service from time to time related to availability of staff and other matters.

Mr McGINTY: The announcement from Joondalup when it shut 15 of its approximately 60 medical beds was that they would be shut for the month of April and most probably until the end of the financial year. Similarly, when it announced that it would not be performing routine or semi-urgent elective surgery at the hospital, other than perhaps surgery funded separately through the central wait list bureau, we were told that the restriction might remain in place until the end of the current financial year. Has that occurred? If not, when did it stop?

Mr BANSEMER: I understand that it is no longer occurring. I cannot say when it stopped.

Mr SMITH: The hospital's ban on elective surgery is still in place. The hospital is doing category 1 paediatrics and obstetrics elective surgery.

Mr McGINTY: The ban is still in place then?

Mr DAY: There is no ban at all on elective surgery.

Mr McGINTY: It does not have enough money to do it?

Mr DAY: The hospital has been given a significant allocation of funds to manage over the whole year. It must work out how to eke out that allocation so that it covers the whole year rather than the first six months. There is certainly no ban on elective surgery. There may have been a reduction in the amount of non-urgent elective surgery performed at that hospital; however, that is no different from managing the process at all of our wholly publicly operated hospitals.

Mr McGINTY: It is radically different, minister.

Mr DAY: The hospital has an allocation of funds and has a responsibility to manage with that for the whole financial year.

Mr McGINTY: Is there any other hospital that has shut one quarter of its medical beds and is not performing surgery other than those specific classifications of category 1, paediatrics and obstetric surgery?

Mr DAY: I am pleased to say that I am not aware of any other hospital at all. It is a matter for the management of the hospital to decide how it uses the substantial amount of taxpayers' funds that is allocated to it.

Mr McGINTY: Have you provided Joondalup hospital with any extra money to enable it to recommence performing that surgery and open those medical beds which are not currently being utilised? I will not get into semantics by calling it a ban but can we expect this state of affairs to continue until the end of the financial year?

Mr DAY: Elective surgery is continuing at that hospital. Patients may need to wait longer than they previously had to if the hospital management is using up funds at a greater rate than its allocation for the whole financial year.

Mr McGINTY: I interrupt to say that we have just heard that the fact is that the hospital is doing only category 1, paediatrics and certain other classes of surgery, and no other. My question is straightforward: Will that limit on surgery remain in place until the end of the financial year or will the minister - this is the only available option - provide the hospital with money to enable it to do other work?

Mr DAY: We will not be getting into any bailing-out situation simply because the management of the hospital uses up its funds at a greater rate than that which is allocated. All of the teaching hospitals represented in this place know that that is the case, and that applies to Joondalup hospital also.

Mr McGINTY: That is fine, but in the light of what has been described as the limits on the work taking place at Joondalup, does the minister have any intelligence or advice to suggest that that will change between now and the end of the financial year?

Mr DAY: Given that the end of the financial year is about a month away, it is not a significant period of time.

Mr BANSEMER: That depends, in part, on the outcome of the negotiations that we are in the middle of now.

Mr McGINTY: For this year or next year?

Mr BANSEMER: For this year. Negotiations are taking place about this year and next year, but primarily next year. The commercial decisions the operator might make for this year depend on the negotiations for next year.

Mr McGINTY: Are the medical beds still shut or are they operating at full capacity currently? Looking back on the privatisation of that hospital and the way in which the funds available to Joondalup have been mismanaged this year so that it has had to shut down a significant part of its operations, does the minister regret having privatised the hospital?

Mr DAY: No. Everybody learns from experience, of course, including no doubt the management of Joondalup hospital. I would not expect the situation that has arisen in this financial year to be repeated in future financial years; however, that does not mean that the contracting out of the services at Joondalup hospital has not been successful. There is now far more, in both quantity and range of services, provided at Joondalup than was the case in the past. In almost all cases it provides a very high standard of treatment. The physical fabric of the hospital is of a very high standard and the people in the northern suburbs are receiving a service which they have not previously had, which has been a good outcome for them.

Mr McGINTY: What about the medical beds?

Mr BANSEMER: We will have to take the question on notice. We have a difference of view among ourselves and we need to confirm the situation in respect of those medical beds.

Mr DAY: We will provide that by way of supplementary information.

Mr NICHOLLS: The transportation of patients or clients from the greater Mandurah area to the metropolitan area to access medical services or appointments is one of the issues that has been a topic of great debate in Mandurah. The Health Department currently funds the Australian Red Cross (WA) to provide transportation services. Is the minister able to indicate the level of funding to the Red Cross in the coming year to provide that patient transport service?

Mr DAY: It is important to recognise that the transport arrangements were implemented prior to the construction and commissioning of the Peel Health Campus. There are now many more services available locally in Mandurah than has been the case in the past, therefore we expect there to be less of a requirement for patients to be transported to the metropolitan area. One of the problems is that public transport to the new hospital in Mandurah has been deficient; that must be addressed and people are aiming to address it. I am not sure where the aspect of Mandurah representatives making representations to the Department of Transport is at but I hope it has progressed since I was last informed about it.

[2.40 pm]

Mr KIRWAN: The philosophy here needs to be emphasised, given the comment by the member for Collie. In 1995 the eligibility to travel under the patient assisted travel scheme program changed. The underlying philosophy of that, which we now know as reconfiguration, is based on care closer to home. That is, if at all possible we should move the appropriate clinical services to the local community. Although it was some time before it was up to speed in respect of specialist services, the new Peel Health Campus is now up and running. We have a problem in Mandurah in that the custom and practice is for patients to travel to the city and general practitioners still refer them to city-based specialists in spite of the new purpose-built privately operated public hospital on site. It is inappropriate for the department to continue to pay for patients to travel to Perth, given that they can be treated in the local community. That defeats the purpose of investing in these local facilities.

Last year the department increased funding to the Red Cross transport service and further funding negotiations are currently under way. However, as of the end of last week, the service had not provided information that had been requested repeatedly. It appears that it would prefer to continue the service on a historical basis without a needs assessment or referral checking. That issue will not go away. The department has a very strong view that it would prefer to spend that money on services in the local community and not transfer it to Perth. Of course, patients are required to travel to Perth for some services, and that travel will be funded. The department is committed to funding transport for priority services.

The commissioner has also written to the director general of the Department of Transport because there is clearly a problem in that health service development in the area - for which the local member can take much credit - has surged ahead of transport planning. As a result, the local transport infrastructure is causing problems in respect of transporting patients both to Perth and within the community.

Another problem is general practitioner referrals; that is, the GPs are not referring patients to specialists in the area. They appear to prefer to transport patients out of the community and as a matter of principle that is totally inconsistent with reconfiguration and provision of care closer to home.

Mr NICHOLLS: While everyone would accept that there is a need to utilise local services, the reality is that those specialist services are not available. In addition, visiting specialists see patients in Mandurah and then require them to travel to Perth for tests or follow-up observation or treatment. Is it suggested that because those patients have seen a specialist who may visit Mandurah once a fortnight or once a month they should be required to fund their own transport to Perth? Many of them do not have alternative transport to access that health care.

Mr KIRWAN: The department has asked for evidence of that from the Mandurah Red Cross transport service to justify the provision of that funding, but as at the end of last week that information had not been provided. As a matter of principle, if patients are required to travel to Perth, the department will provide the necessary funds. Although funding for this purpose was increased by \$20 000 last year, there is a limit, given the investment in local health services. It is more appropriate to do as we did with PATS; that is, to reallocate the funds and expand the local services so that the care is provided within the local community.

Mr NICHOLLS: Has the Health Department made a commitment to provide funding so that those patients who cannot access health services in the Mandurah area can get to the metropolitan area where those services are provided? Does the answer to the previous question suggest that funds will not be provided to the Red Cross next financial year and that those services will be delivered locally at the beginning of the financial year when they are currently not available?

Mr DAY: A commitment has been made to discuss the issue with the Mandurah Red Cross to determine the real needs in the local community. We are keen to get the information about those needs. As soon as that is received we can discuss the issue and make some decisions about the funding required to service them.

Mr NICHOLLS: Is the funding available to service that need, given that the information has not been provided to date? I hope it will be provided in the near future. Will the Health budget provide for that transportation to continue in the coming financial year?

Mr DAY: My expectation is that some funding will be made available depending on the need. Whether it is the same amount as provided this financial year is another matter. An enormous amount has been allocated to provide for local health services that was not made available in the early part of this financial year or last financial year.

Mr NICHOLLS: Is the Health Department able to give a commitment that those patients who need treatment and who cannot access it locally - for example, those requiring radiotherapy - will be funded to travel to Perth? If the department does not provide funding, those patients will be required to pay somewhere between \$40 and \$80 per trip to access that service. Those patients cannot afford that expenditure. Although there is disagreement about whether those patients can access services locally, my concern is that those who cannot will suffer.

Mr DAY: We are keen to discuss the matter further with the local Red Cross. Obviously we will get advice from the local health service and will then make a decision. I expect that some assistance will be provided for transport to services that are not available locally. We must consider those issues, but I cannot say how much will be provided.

Mr NICHOLLS: I will try to facilitate the provision of that information not only from the Mandurah Red Cross but also from St John Ambulance and the home and community care agency, because they are the organisations involved. As far as I know, St John Ambulance does not receive any funding from the Health Department; it simply provides a safety net because so many patients cannot access transport services. The minister alluded to the fact that patients could not get from their homes to the health campus because of the lack of public transport. The local St John Ambulance service has provided

volunteer drivers to transport those in need. It has also taken on responsibility for transporting some patients who have been unable to access Red Cross or HACC transport services and who have not been able to afford other transport to Perth. It is a problem and I recognise that the Government is doing all it can to attract specialists to Mandurah.

The CHAIRMAN: We have 12 minutes to go. At the beginning of the day I asked that members ask very short questions with very short preambles and that the minister provide very short answers. Let us see whether we can do that.

Mr DAY: After the member has asked the next question I wish to put on the record information that will clarify some previous answers.

Mr NICHOLLS: I refer members to page 674 of the *Budget Statements* and the organ donation strategy. Announcements have been made about the effort to increase the organ donor rate in Western Australia. Do we have the lowest donor rate in Australia? What is the current waiting time for a kidney transplant and what targets have been put in place based on the new strategy?

[2.50 pm]

Professor STOKES: The member is correct; we have the lowest donor rate in the country. We are considering putting aside a sum of money to establish an organ agency based very much on the Spanish model that has been run very successfully in South Australia. The South Australian group has had discussions with both the clinicians and consumers. We have established a state-wide donor registry in which data from drivers licences is put into the health care system, so that when a patient is admitted to hospital the information will appear on his data sheet. To get it up to scratch at the moment is requiring a little extra funding. I cannot tell you at the moment the waiting time for renal transplantation. It involves a whole series of issues as to whether transplantation is required for a particular patient. I can find out that information for the member.

Mr NICHOLLS: Has there been a resolution of the problem, which I understand exists, where although people may indicate on their drivers licences that they wish to donate organs, when they die in an accident rather than at a predetermined time, the next of kin are in a position to waive or annul the indication that the driver wished to donate his organs? I understand it is one of the major problems Western Australia faces.

Professor STOKES: Yes, that is true. That is well looked at in the Spanish model. We would probably have to change our legislation to accomplish that. The process is educational. Unfortunately people who die on the roadside do not lend themselves well to donation, as you can appreciate. The problem arises when people come into hospital unconscious and are unable to make the decision for themselves.

Mr DAY: If I may put briefly on record the cost of naltrexone made available through Next Step, currently the charge is approximately \$6 a tablet. However, I have requested that the policy of charging for naltrexone be reviewed to ensure that no patient is refused the supply because of his inability to pay. That review will occur immediately. In other words, when it is justified, naltrexone will be available at no cost or a low cost.

For provision of renal dialysis at Broome, I indicated earlier that the number of machines available for haemodialysis would be two machines plus two spares. In fact, six machines will be in regular use with two spares, so it will have the same number as Port Hedland. Both those units are expected to be operational from January of next year.

Mr McGINTY: Will the same apply to methadone as applies to naltrexone?

Mr DAY: Methadone is currently available at no cost through the William Street clinic. My advice on naltrexone applies to those who are being supplied with methadone through Next Step, which was previously the Alcohol and Drug Authority. I am not talking about those people who are supplied with it on prescription from general practitioners and through pharmacies. Obviously it would be outside our ability to fund all of that. I have asked that we ensure that no patient receiving naltrexone through Next Step is refused it because of his inability to pay.

Mr McGINTY: Can any heroin addict access that free service through Next Step?

Mr DAY: I understand with Next Step that no cost is associated with general treatment, consultation, advice and ultimately treatment.

Mr McGINTY: Two bodies were established under legislation, the first being the Office of Health Review. When it was established three or four years ago, its budget estimate was \$900 000 for the 1996-97 financial year. The budget of \$900 000 has not been reached. One can conclude from that that there is an argument for saying that it has been under-resourced. From my observations and from those of the people who have come to see me, the Office of Health Review is a dud and does not deliver. Have you undertaken any review of its effectiveness in dealing with health complaints? What do you say about the under-resourcing argument?

Mr DAY: There is an increase in its allocation. In 1998-99 its allocation is \$845 000 and in 1999-2000 it will be \$872 000. The forward estimates on page 689 show a continuing increase. Although any organisation would always like more, an increase has been factored in. A review of the effectiveness of the Office of Health Review has not been undertaken but one is intended. As far as it can, it provides a good service. Obviously there are constraints in the legislative framework under which it works. I certainly will give consideration to undertaking a review of its operations and effectiveness.

Mr McGINTY: My observation is that it has not got the runs on the board yet. It needs them for people to be aware of it and for it to be effective.

I understand that the new CEO of the Metropolitan Health Service Board is working in Perth. I am unaware of an announcement of the successful applicant. Last year you identified two actions of the Metropolitan Health Service Board. One was the centralisation of the stores function. You also foreshadowed a rationalisation of the cardiac surgery facilities at three government hospitals, basically by reducing them to two. Have you gone cold on rationalising cardiac surgery units? Can you point to any other specific achievement for the Metropolitan Health Service Board; if you can, why have you dropped the Metropolitan Health Service Board legislation to the bottom of the Notice Paper in the upper House?

Mr DAY: First, the appointment of the CEO has occurred and he commenced work less than two weeks ago. His name is Andrew Weeks. The Chairman of the Metropolitan Health Service Board put out a statement at the time, which was not widely reported, but the knowledge was certainly in the public domain. The CEO is not here today because he had a prior commitment back in New Zealand. I understand that he is travelling back today and will be back in the office tomorrow. The achievements of the Metropolitan Health Service Board - I prefer to call it the metropolitan health service - have been quite significant over the past two years. There is certainly further progress to be made in getting further coordination of the provision of services, wherever possible removing duplication and maximising the allocation of the resources that go into the metropolitan health service for provision of patient treatment. Some duplication exists. The CEO, the board and the chief executives and general managers of the metropolitan health service will address such duplication. A lot of progress has been made in the past two years or so. The provision of cardiac surgery services occurs on three sites at the moment. That question needs to be further considered and addressed. Certainly there is a good argument that a city the size of Perth does not need three such services.

Mr McGINTY: You have gone cold on the matter.

[3.00 pm]

Mr DAY: We have not gone cold on the matter. It should be further addressed.

Professor STOKES: It is being considered and addressed. That is what I said last year, but it is progressing.

Mr McGINTY: Will we get the same answer next time?

Dr TURNBULL: I note that it is proposed to provide new services through the new health campus at Bunbury. The south west health plan also suggests that some services will be moved from Bunbury to subregional areas, such as Busselton, Manjimup and Collie. Funding is allocated for new services in Bunbury. Will an allocation of funds be made associated with the move of some services, particularly the specialist services, out to Busselton, Manjimup or Collie, which have not had these services before?

Mr DAY: The aim, wherever possible, is to move services from the metropolitan area to Bunbury, and then to devolve from the Bunbury region as well. It is implicit in that proposal that funding will be provided, but the detail is still being discussed.

Dr TURNBULL: Will the minister be discussing that matter tomorrow in Bunbury?

Mr DAY: Generally speaking, no; however, I might if someone raises it.

**Division 58: Justice, \$364 619 000; division 61: Director of Public Prosecutions, \$10 609 000; division 59: Commissioner for Equal Opportunity, \$1 693 000; division 62: Office of the Information Commissioner, \$1 164 000; division 60: Law Reform Commission, \$762 000 -**

[Mr Baker, Chairman.]

[Mr Prince, Minister for Police.]

[Mr A. Piper, Director General, Ministry of Justice.]

[Mr J. Crookes, Contract Manager, Police/Justice Core Functions Project.]

[Mr R.J. Foster, Executive Director, Court Services.]

[Dr R.E. Fitzgerald, Executive Director, Policy and Legislation.]

[Mr C.P. Murphy, Acting Director, Financial Management.]

[Ms P. Phillips, Director, Victim Support Services.]

[Mr K. Bradley, Public Trustee.]

[Mr R. Lindsay, Acting Director, Legal Aid.]

[Mr B. Warner, General Manager Operations, Legal Aid.]

[Mr R.E. Cock, Acting Director of Public Prosecutions.]

[Mr J. Plunkett, Executive Officer, Office of Director of Public Prosecutions.]

[Ms J.M. Williams, Commissioner for Equal Opportunity.]

[Mr E. West, Acting Manager, Finance and Corporate Services.]

[Ms B. Keighley-Gerardy, Information Commissioner.]

[Mr A. Andersson, Manager Financial Development.]

[Mr P.R. Manning, Acting Registrar of Births, Deaths and Marriages.]

[Ms M. Brewer, Administrative Officer, Law Reform Commission.]

The CHAIRMAN (Mr Baker): I advise members that outputs 7 to 10 will not be considered in questions relating to division 58.

Mr McGINTY: My question relates to the Criminal Injuries Compensation Act and the dramatic decrease in the budget provision for this year compared with the year just finishing; there has been a reduction from \$14.6m to \$11.3m. Also, why is there a proposed further reduction in the forward estimates?

Mr PRINCE: The decrease stemmed from the department's ability to employ more assessors and catch up with the backlog. Mr Foster can provide a detailed answer.

Mr FOSTER: The backlog which was evident during 1997 has largely been cleared up with the employment of additional assessors; we have 2.5 assessors working in that office at the moment. The current delay is in the order of nine to 10 months from an application being properly presented, and that is considered acceptable.

[3.10 pm]

Mr PRINCE: Members might recall the Parliament passing the amending legislation. Without it we could have only one assessor. The member for Fremantle and I debated the amendments which permitted the appointment of other assessors and enabled the backlog to be dealt with. The backlog accounted for the peak in the amount allocated in the budget for compensation payments. The amount allocated for those payments has now fallen and should remain relatively stable.

Mr McGINTY: Is the budget reduction of \$3.3m this year accounted for by a significant reduction in the volume of compensation paid?

Mr PRINCE: No. We previously had a significant backlog of applicants which were not able to be dealt with. By employing 2.5 people as assessors instead of one person we were able to deal with the backlog in 1998-99, hence \$14.6m was spent. We have dealt with the backlog; it is now at a reasonably acceptable rate. When the Parliament amended the legislation and the extra assessors were appointed, the delay of three years meant that a huge backlog needed to be dealt with in one year. That accounts for the amount of money spent in that year. We have now returned to a more normal time frame and the budget allocation is \$11.3m; that is projected to pass through that system in the budget year. It is not a matter of less amounts being ordered; last year was simply a statistical blip caused by our dealing with the backlog.

Mr McGINTY: Is that allocation made up of a two components - the cost of running the office with more assessors in the last financial year and the total of the payments?

Mr FOSTER: That is out of special Acts; it is actually the amount of compensation ordered, not the cost of running the office. It is the amount of money ordered by the criminal injuries assessors by way of compensation.

Mr McGINTY: Is that the \$11.3m projected for this year?

Mr FOSTER: Yes.

Mr PRINCE: In 1998-99, \$14.6m was awarded compared with \$11.145 in 1997-98 and a projected \$11.3m in 1999-2000.

Mr McGINTY: How many assessors are there?

Mr PRINCE: There are 2.5.

Mr McGINTY: Will they remain at that level?

Mr PRINCE: Yes, for the present time. We have reduced the waiting time to an acceptable nine months. With the amendments the Parliament made to the legislation we have the capacity to appoint more assessors if that is necessary.

Mr McGINTY: The maximum payment under the Act of \$50 000 was last fixed in the early 1990s. It is in drastic need of review and a number of cases have highlighted the deficiency of that quantum. Does the Government have any intention of reviewing that amount and perhaps bringing it up to date and in line with inflation or any other factor?

Mr PRINCE: I understand that it is intended to look at the whole subject of criminal injuries compensation. I am aware of some changes which have been made in other States to better deal with providing support and service to victims, not necessarily with cash alone but across the gamut of things people need and more at the time of the injury than some considerable time after the trial, for example. I will ask Dr Fitzgerald to amplify on that, but there has been a review and further work is being done.

Dr FITZGERALD: A review has been completed and a report was submitted to the Attorney General. However, he has requested that the ministry further investigate and look at some of the changes which have been introduced in other States. As members may be aware, changes have been introduced to the criminal injuries compensation schemes in New South Wales and Victoria. We will be looking at those schemes and we will give some consideration to the maximum award which may be granted.

Mr McGINTY: Did the report to the minister deal with the question of the maximum amount to be awarded?

Dr FITZGERALD: The report did comment on that matter.

Mr GRILL: What percentage of assessments went to appeal and how many were successful?

Mr PRINCE: As I understand it, the appeal mechanism is to the District Court. Criminal injuries compensation was originally assessed by the trial judge or magistrate. These days it is assessed by a criminal injuries compensation assessor and any appeal is made to the District Court. Mr Piper informs me that he cannot provide the numbers the member is seeking but they should be available as supplementary information.

The CHAIRMAN: That is noted.

Mr PRINCE: The appeal mechanism is to the District Court.

Mrs HODSON-THOMAS: I refer to the significant issues and trends on page 722 of the *Budget Statements* and the major achievements listed on page 739. My question relates to the trend for illicit drug usage in prisons which mirrors that in the broader community and continues to increase. Page 739 of the *Budget Statements* states that the ministry has commenced a drug management strategy in prisons to tackle supply into prisons and demand from prisoners. Will the minister expand on that and explain how the ministry proposes to detect this?

*Point of Order*

Mr RIEBELING: The question relates to prison matters and I understand that the debate on allocations for the management of our prison system will be held on Friday. Why is this question being asked now?

The CHAIRMAN: I uphold the question. It relates to the fourth dot point on page 722 and is in order. The member for Burrup will accept that there is much overlapping with prisons and the Attorney General's responsibilities. I allow the question.

*Committee Resumed*

[3.20 pm]

Mr PRINCE: As I understand it, the member is interested in drugs.

Mrs HODSON-THOMAS: I am interested in what strategy is in place.

Mr PRINCE: One which places equal emphasis on reducing the supply of any substance that gets into a jail as well as reducing the demand for it and addressing users' problems. It also includes provision for programs aimed at addressing offender behaviour that is linked to the substances - that is, when people come out of jail. That is the general statement I can give with regard to the strategy. Mr Piper might like to amplify the matter in greater detail.

Mr PIPER: In general terms, that is correct. The addition of warning signs about penalties allows us to make it clear what the penalties are for bringing drugs into prisons. There is expanded use of passive alert dogs within the prison system. It is a very effective detection capability. We have included drug usage as part of our at-risk management system in the prisons, which was introduced primarily to address the issue of suicides, but drug users are also generally at risk. There is also a review of prisoner classification to take greater account of the issues of drug use and, therefore, the way in which prisons are managed. There are several other issues to do with health protocols and detoxification procedures, but that is an adequate summary.

Mr RIEBELING: refer to page 724 of the *Budget Statements* and to page 596 of last year's budget documents. My question is on the trend of expenditure on judicial support, case management, enforcement and victim support. Judicial support for 1999-2000 is approximately \$31m. Last year it was \$33m and the year before that it was \$35m, so there has been a progressive downward trend of about \$4m over the past two years. This budget allocates \$42m, whereas last year \$49m was allocated. The enforcement budget is going in the reverse direction. The estimate is \$7.9m, whereas the figure was \$3.7m last year and \$3.8m the year before. Unfortunately, the support system for victims of crime is going in the opposite direction as well - \$1.5m this year, \$1.6m the year before and \$1.9m the year before that. Why are we heading backwards in judicial support and in the amount allocated to support victims of crime? The only area that seems to be going forward is the enforcement of orders, when we appear to have fewer orders than in previous years.

Mr PRINCE: If the member is referring to judiciary and judicial support under recurrent outputs, according to the papers I have in front of me, in 1997-98 the actual was \$48.489m; in 1998-99 \$37.236m -

Mr RIEBELING: That \$48.4m included superannuation. The more accurate figures are the \$37.2m and the \$31m. I have referred to last year's estimates for the same category.

Mr PRINCE: My information is that with regard to those amounts there has been a fairly significant reduction in superannuation - in 1997-98 \$21.748m; in 1998-99 \$12.372m; and in 1999-2000 -

Mr RIEBELING: That is why I did not include the inflated figures. That is why I referred to the \$31m.

Mr PRINCE: I understand that the reduction is the result of actuarial advice. That is the only information I can give.

Mr FOSTER: The minister has quoted the reduction in the superannuation amounts which are included in judiciary and judicial support and which have reduced over the three years from \$21.7m to \$12.3m and down to \$5m. That is on the basis of actuarial advice. That is what has driven that first output group to a lower apparent expenditure. In effect that trend is based solely on that adjustment, which as we see from the numbers that I quoted is very significant. In fact, it is not a reduction in service in that or in any other item. Perhaps my colleague could comment, with the minister's agreement, on the small reduction in the cost of case processing, from \$50.777m to \$49.517m.



Mr RIEBELING: There are also the victims of crime.

Mr PRINCE: There is also the enforcement of criminal and civil court orders and the administration of victim support and counselling services.

Mr FOSTER: In relation to case processing, the only explanation is that we have introduced a number of efficiencies across the court system, including a new computing system which will go into the Fremantle court this week and which is expected to produce efficiencies. That is one of a number of initiatives that the courts have introduced to improve efficiency in case processing, and that is probably the most significant in terms of return. That is the reason for that minor adjustment downwards in case processing. In relation to the enforcement of criminal and civil court orders there is a new system of enforcing criminal orders through an outsourcing process through the Sheriff's Office. Work on that contract commenced today. Similarly, we expect efficiencies in that regard, therefore costs should be down, so that is an estimate to try to take those costs into account.

Mr RIEBELING: The estimate last year for enforcement of civil and criminal court orders was \$3.69m. This year, in the new efficient method, you estimate \$7.9m.

Mr PRINCE: Yes, but the estimated actual for 1998-99, which has about six weeks to run, is \$7.693m and the estimate for 1999-2000 is \$7.938m. There is an increase of approximately \$300 000 from one budget year to the next, but an actual increase in work related to enforcement from 1997-98 to 1998-99 of \$2.5m. That is quite significant and it undoubtedly relates to the volume of work going through the courts, because it is volume-related.

Mr RIEBELING: The estimate for last year -

Mr PRINCE: As opposed to the actual?

Mr RIEBELING: Do not consider the figure that is produced for this year. The estimate for last year was \$3.6m, not \$5m. Perhaps Mr Foster can tell us why the estimation was out by almost 50 per cent? It increased from \$3.6m to \$7.9m.

[3.30 pm]

Mr PIPER: I will give a preliminary answer, and if the minister agrees, I will be happy to give a more detailed answer as supplementary information. Two issues have arisen in these estimates: One is that the output groupings are slightly different, and the estimates in the printed budget for this year have recalculated the outputs backwards, so that the best comparison is the estimates in this year's printed budget. The second issue, which would need to be checked, is that the ministry went into net appropriation in the period. That has also affected the outputs. We would be happy to provide that analysis as supplementary information. I understand that the output group is not comparable, which is why it has been calculated backwards in the papers. As the minister indicated, there has been an increase in expenditure in this area.

Mr RIEBELING: It makes it difficult for members when last year we were told that we should rely on this document, and we are now told that we cannot. We could go through every one of these figures for last year; they are all massively wrong.

Mr PRINCE: They are not. The member for Burrup has picked on the issue of enforcement of criminal and civil court orders. The estimate in last year's budget papers presented in April last year was \$3.6m, whereas the number of orders that needed to be enforced has cost \$7.693m.

Mr RIEBELING: Why is that?

Mr PRINCE: That is because there have been more court orders. The increase is related to volume.

Mr RIEBELING: Has the minister looked at the figures in relation to volume in the budget papers?

Mr PRINCE: If the member for Burrup wants to go into more detail, the explanation of that is on page 730.

Mr TRENORDEN: The output relating to legal services on page 734 refers to special commercial litigation, and also to a \$3m increase due to major litigation and native title arrangements. How much of that is expected to relate to court cases, and what percentage will relate to structural support within the system?

Mr PRINCE: The increase from 1998-99 to 1999-2000 is \$1.6m.

Mr TRENORDEN: A similar increase is expected in the estimates as well.

Mr PRINCE: Yes. The only major civil litigation that comes to mind is the Anderson case. I think that is the last outstanding WA Inc matter. The State is the defendant in that trial, so the carriage of the litigation is in Anderson's court more than in the State's. It may come to trial some time in the next two years; I cannot be more precise than that. It has been a huge exercise. That is the only major litigation I can recall. The native title matters go on and on. On its own, the Miriwung-Gajerrong case is now on appeal in the Full Court of the Federal Court and no doubt will go on to the High Court. It should, because the decision of Justice Lee is in many respects different from some of the others that have gone before, both Mabo 2 and the other cases. Mr Cock says it is considerably inconsistent with the decision of Justice Olney. One would expect that in the next two years at least that case will go through the Full Court of the Federal Court and then, undoubtedly, in whole or in part, to the High Court. Other High Court matters may come up, which is largely where native title matters are dealt with.

Mr RIEBELING: A table on page 726 of output measures relates to volume of work and is almost the same as the document that was contained in last year's budget papers. The minister referred to the figure on enforcements in his last answer. My

reading of page 727 is that the Supreme Court is expected to deal with 2 250 cases this year. The minister will be aware that the figure last year was 5 300, so there has been a drop of 3 050.

Mr PRINCE: The budget figures before me indicate that the estimate in 1998-90 was 2 200.

Mr RIEBELING: Perhaps the minister should look at the information provided to members last year when the target for the Supreme Court was 5 300. Presumably the increased volume has been a result of a jurisdictional change, and no doubt the minister will answer that.

Mr PRINCE: I should not think so.

Mr RIEBELING: The minister should be able to answer that. The same table in relation to the Magistrate's Court indicates an estimate of 80 200 cases, whereas last year there were 148 000 cases. That is a reduction of 68 000 in that area. This year the figure for the Children's Court is 5 640, which is a reduction of 3 400. One would expect that those reductions would also result in a reduction in the time that these cases take to proceed through the courts. Why have we seen reductions in those cases? Presumably the District Court increase of 2 000 explains a drop of 3 000 in the Supreme Court, though not fully.

Mr PRINCE: They are excellent questions and I ask Mr Foster to answer them.

Mr FOSTER: The reason is a change in the accounting rules to comply with the national commonwealth-state service provision benchmarking report. Accounting rules in the criminal jurisdiction of the courts have been changed to count the total number of matters - that is, persons who appear before the court, and not the total number of charges. It looks as though there has been a reduction in the number of matters before the courts. However, it is simply a change in the way the accounting rules apply to make them consistent with the commonwealth-state service provision benchmarking report.

Mr RIEBELING: These days cases do not mean the number of complaints, but the number of individuals.

Mr FOSTER: That change is to bring Western Australia in line with the national benchmarking exercise.

Mr RIEBELING: Is that explained in this document?

Mr PRINCE: I cannot answer that. From the point of view of practice the member would agree with me that, particularly in the case of multiple charges relating to one person, it makes more sense to count the number of people rather than the number of charges or to count them both.

[3.40 pm]

Mr RIEBELING: The percentage of cases that go to trial is a great determinant of the bottleneck in the courts. In the Supreme Court this year it appears that 63 per cent of criminal matters will go to trial, but last year only 50 per cent went to trial. That represents an increase of 13 per cent in that jurisdiction. It seems that the percentage of civil cases that went to trial in the Supreme Court is a misprint, because there is a staggering change between the 51 per cent estimated for this year and 3 per cent in last year's budget documents. It is a difference of 48 per cent. In the District Court the reduction in the percentage of civil cases going to trial is only 0.5 per cent. Presumably, the first figure is a misprint.

Mr PRINCE: It is interesting. With regard to the figures for criminal cases in the Supreme Court, these days they are cases involving wilful murder and robbery in company while armed. All sexual assault cases are dealt with in the District Court. The original jurisdiction of the Supreme Court in crime is limited, and it is fair to project 63 per cent for 1999-2000, which is the same as for 1998-99. There are few criminal trials. Most are wilful murder charges, and it is reasonable to expect that more than half of all wilful murder charges will be defended.

In civil cases I understand that it is counted as a trial if the charge is defended, notwithstanding mediation or settlement on the day of the trial or at some stage prior to the trial date. If a charge is defended, it is counted as a trial.

Mr FOSTER: It again relates to a change in accounting rules to bring it into line with the commonwealth-state service provision report. The definition has been agreed at the national level for accounting rules.

Mrs HODSON-THOMAS: My question relates to enforcement of criminal and civil court orders, as set out on pages 730 and 731. I note from the bottom of page 731 that the impact on the community of this output is evidenced from the results of a customer survey. Can the minister expand on the results of the court services customer survey and whether any funding has been allocated to address concerns identified by customers as a result of the survey?

Mr FOSTER: An extensive customer survey was performed in October last year. It was the first such survey ever performed for court services in this country. A number of key stakeholders were identified and surveyed. They included the judiciary because court services provide services to the judges. The judges were asked whether they were satisfied with the services they received from the administration. About 200 legal practitioners were surveyed about a range of services provided by the courts, and nearly 40 Fines Enforcement Registry clients were surveyed. These were organisations that go to the Fines Enforcement Registry to have orders enforced, such as shires and the like. Almost 2 500 litigants were sent questionnaires and surveyed about services, and more than 100 jurors. It was a comprehensive customer survey, and people were asked a range of questions about the effectiveness and efficiency of the court system. It is pleasing to note that largely people were satisfied with the services provided. There was a high satisfaction rate from the judges, in the order of 80 per cent; legal practitioners had a satisfaction rate in the order of 60 per cent; and litigants had a satisfaction rate in the order of 70 per cent, which is quite extraordinary. A number of shortcomings were identified by people who attend the courts, such as waiting facilities. Some of the facilities provided were considered inadequate, such as signage and facilities for the public. Also

a number of system changes to court listings were identified. These matters have been picked up and are now being addressed, other than building problems, largely within the recurrent budget.

Mr GRILL: My question relates to the fourth dot point on page 722 of the *Budget Statements* which states that the trend for illicit drug usage in prisons, mirroring the broader community, continues to increase. A question has already been asked on this subject by the member for Carine, but I specifically refer to the availability of needles within prisons. I know this is a vexed question, and that the Health Department makes available needles to intravenous drug users in the broader community. It has been suggested by some of my colleagues that the Ministry of Justice should consider making needles available in prisons. I do not know whether it is practical, but the argument put forward is that the prison population has a particular susceptibility to AIDS and, given that susceptibility and that at some stage they will be released into the broader community, access to clean needles might be in the wider public interest. I appreciate arguments that it would not be in the interests of the warders. Has any thought been given to that suggestion, and does the minister know whether it works anywhere else in the world?

Mr PRINCE: I will make a general comment and then ask Mr Piper to respond in detail. It seems more than somewhat bizarre to have free needles available in a jail where the department is trying to prevent injectable substances being available, whether it be heroin or other substances.

Mr GRILL: It is bizarre to have the substances to inject freely available.

Mr PRINCE: It is. We had a brief explanation from Mr Piper about the warnings and the laws about taking substances into prison. It is a very serious offence, and when people are caught they are dealt with quite seriously.

Mr GRILL: Yet your officer has conceded that drugs are freely available in jail.

Mr PRINCE: Yes, but the paradox of trying to stop the substances coming in but providing the clean needles so that prisoners do not transmit hepatitis C, A or any other blood-borne disease, is bizarre. I do not think that is something we would entertain. I do not know the answer to the second part of the question with regard to other parts of the world, but someone else may be able to respond.

Mr PIPER: The only trial of that type of which I am aware is one in Switzerland which has received a fair bit of publicity. A number of people are watching that trial to see how it is conducted.

Mr GRILL: Within prisons?

[3.50 pm]

Mr PIPER: Yes. Most other jurisdictions of which I am aware have not taken the step of making either substances, such as opiates, or syringes available. Apart from the issue raised by the minister of the contradiction of objectives in trying to keep the prison drug free and at the same time admitting it is not and trying to deal with it, there are also the security issues associated with the potential use of syringes in prisons as a weapon. It is not an issue concerning only prison officers. One of the greater issues in prisons is the prisoner-on-prisoner intimidation and violence or bullying, so it is more likely that those kind of threats would be made. I have not yet heard of anyone in the Australian jurisdiction who has his mind around those contradictions. I accept your comment that they are contradictions. As you correctly identified, the management of blood-borne communicable diseases within prisons is a serious concern not just to prisons but also for the wider community because, for the most part, prisoners return to the community in some form. We are aware of the issue and we are dealing with it fairly closely with the various drug management and health authorities within the State to try to work out a direction. It is not being contemplated at present. We need to keep an eye on the areas in which they are experimenting in that way.

Mr GRILL: Thank you for the comprehensive answer. Can the information on Switzerland be made available informally to the Opposition?

Mr PRINCE: We do not have the document, but we will endeavour to get it.

Mr GRILL: My colleague, the member for Burrup, may have it.

The CHAIRMAN: I understand methadone is available in prisons for certain categories of prisoner. Would the minister entertain a proposal whereby addicts in prisons were prescribed naltrexone either through coercion or willingly? If not, why not?

Mr PRINCE: We are looking at the areas of rapid opiate detoxification, at George O'Neil's program and the Tel Aviv situation. A number of naltrexone trials have occurred throughout Australia in the general community and one is occurring in the prison service of Western Australia. Subject to the results of that, it may be made more generally acceptable and may be something that can be offered.

I make the obvious point that an addict must decide himself that he wishes to do something about the addiction before anything of that nature will work. Naltrexone is after all a chemical, which is a blocker of the opiates. Unless a person wants it to work and takes it regularly it will not work. Methadone is a means of maintaining somebody on a synthetic narcotic under controlled circumstances. Those are two of many methods of dealing with people who are addicted.

Mr RIEBELING: I refer to timeliness regarding court appearances at page 727. There appears to be a change in terminology from last year's *Budget Statements*. The minister may be able to explain whether it is designed to hide a problem. Last year the Supreme Court, criminal, rate of cases heard within six months was 95 per cent. This year it is 82 per cent, but the period has changed to eight months. Supreme Court, civil, last year achieved 80 per cent in eight months.

This year the rate is 84 per cent and the period is 18 months. We have roughly the same success rate in percentage terms, but the wait is 18 months, rather than eight.

In relation to District Court, civil, a different terminology is being used. The system now indicates that 64 per cent of cases are being heard within 490 days. Last year 75 per cent of cases were heard within 12 months. That is clearly a change in terminology and as a result it is more difficult to make a comparison. A number of changes have been made under the Children's Court, civil. It is very difficult to compare the figures for last year and this year because they have been lumped into one. Last year 90 per cent of all cases were handled with approximately six months delay. This year in that same six-month period only 47 per cent of cases were dealt with. Are those 490 calendar days or working days? What is the reason for the explosion in waiting times over the past 12 months?

Mr PRINCE: I am informed that the 490 days refers to calendar days. The times of eight months, 18 months, 12 months, etc are set by only the Chief Justice, the Chief Judge and the Chief Magistrate.

Mr RIEBELING: Why have they blown out so much?

Mr PRINCE: I understand that within the Supreme Court, matters can be dealt with almost immediately regarding criminal, the jurisdiction being limited. However, it takes time for cases to be made ready by all parties. The court can deal with them quickly, but it does not necessarily have control, nor does the Director of Public Prosecutions in his preparations, nor does the defence. Delays in dealing with criminal matters in the Supreme Court are not caused by the court. If a delay occurs it is in relation to the handling of cases.

Surely 18 months is a short time for Supreme Court, civil, cases to be dispensed with within time standards. That is probably good. District Court, criminal, is a different matter; it has a significantly increased workload. This calendar year the workload increased by 30 per cent. There is some difficulty in relation to the court's capacity to deal with the number of cases that would otherwise come before it.

Mr RIEBELING: I understand that some matters may be beyond the court's control. However, surely they have not changed since last year. Last year this committee was told that 95 per cent of all criminal matters before the Supreme Court were heard within six months. We are told that this year 82 per cent are being heard within eight months. Nothing else has changed other than their inability to get through the work in the same time. As the minister said, delays in handling criminal cases have reduced because only very serious matters are heard in the Supreme Court.

Last year we were told that 80 per cent of all cases were dealt with within eight months. This year there has been a blowout of 10 months, but the rate is approximately the same. Mr Foster may be able to explain why. The blowout is nothing to do with whether the court is ready. These are indicators that have been put in place to estimate the waiting period.

[4.00 pm]

Mr PRINCE: The Chief Justice, the Chief Judge and Chief Magistrate have put in place indicators of what they see is the flow of work through their courts.

Mr FOSTER: These times are standards set by the courts and are the maximum times that the courts would allow for cases to proceed through the system normally. The standard set by the Supreme Court is 18 months. The majority of cases are to be dealt with within that period and 84 per cent of cases are being dealt with within the time standard set by the court. That is beyond the control of the administration.

Mr RIEBELING: Why are greater periods now being set with not much alteration - in fact, a reduction - in the ability to achieve them? You can say that someone else has set it, but we are here to determine whether sufficient funds are being allocated to those people to enable them to do their job. Looking at the money that was allocated last year, we went from 80 per cent of cases being dealt with in eight months to 84 per cent of cases being dealt with in 18 months. If you think that is a good result, you are wrong. In relation to a Supreme Court criminal, we blow out the waiting period and we achieve 13 per cent less.

Mr FOSTER: In relation to the criminal jurisdiction, I can only speculate that it might be as a result of the nature of the work that is now in the Supreme Court. In relation to the civil jurisdiction, I would be speculating.

Mr RIEBELING: Can someone tell me?

Mr PRINCE: I will see what detail we can find out.

Mr COCK: It may be that the criminal trials now coming before that court are of a nature that they are more difficult to prepare and it takes longer before they can come on for trial, whereas the earlier jurisdiction providing for a wider range of criminal cases facilitated early disposition of some matters.

Mr PRINCE: To some extent we are speculating. I will endeavour to find the information. I am not sure I will be able to provide it by way of supplementary information. I ask the member to put the question on notice.

The CHAIRMAN: The question will be put on notice.

Mr PIPER: It goes not to the issue of the apparent contradiction between the numbers that have been raised, but to the issue of resourcing, particularly in the District Court. You would have noted probably from last year's papers and again this year that we have opened four new interim district courtrooms. They have been appropriately resourced and have only just started to become operational in the past month or so. Based on the advice of the court, we expect that that will significantly improve the throughput of the courts, taking into account the comment made by the minister earlier that there has been a

significant increase in the number of matters registered with the court in the first four months of this year. The resources have been provided, particularly in the area of the most significant apparent concern, which is the District Court. We are of the view that that will address the backlog. The minister indicated that there is no effective delay in hearing matters in the Supreme Court, and I have been given the same advice.

Mr RIEBELING: What about the Children's Court? The same period has been maintained, but with a reduction in the achievement rate from 90 per cent to 47 per cent. How do we explain that?

Mr PRINCE: To give you a sensible answer at this time would be speculation because these things are set by the courts. I ask that the question be put on notice.

Mr RIEBELING: Can you supply it through supplementary information?

Mr PRINCE: I am not sure I can because it involves dealing with the Chief Justice and the magistrate.

Mr RIEBELING: It is an output of measure that you have put into this.

Mr PRINCE: I know that, but to answer your question properly will require going to other people who cannot be directed to respond in any way, and certainly not quickly. I have no doubt they will respond as quickly as they can. I cannot guarantee to supply it by way of supplementary information, so I ask that the question be put on notice.

Mr AINSWORTH: My question relates to the second dot point on page 743, which extends the rural placement program. Can the minister indicate the success of that program; and, if it is deemed successful, any funding that might be in the coming budget to expand the program; and could he comment on the effects -

The CHAIRMAN: I will have to stop you. My understanding is that the dot point to which you refer relates to output 8. At the moment we are dealing with division 58, outputs 1 to 6 and 11 to 15.

Mr TRENORDEN: My question relates to page 761 under the capital works program. The Wooroloo minimum security prison had a lucky escape last year after a fire burnt down a small section of the prison. An allocation of \$1m will be for the replacement of infrastructure. Is that just for replacing infrastructure or will any extra accommodation or facilities be made available at Wooroloo?

Mr PRINCE: That is an output for Friday.

#### *Point of Order*

Mr RIEBELING: I do not want to harp on this, but the prison budget will be debated on Friday. We have a lot of questions in relation to what we are supposed to be debating and we should stick to it.

The CHAIRMAN: It was a general question. It relates to the specific heading under output 15; namely, the capital works program. I will allow the question.

#### *Debate Resumed*

Mr RIEBELING: A different minister will be here on Friday.

Mr PRINCE: An allocation of \$1m will be put towards the replacement of infrastructure. I cannot say a lot more with any form of detail because it is a matter that my colleague, the parliamentary secretary, will deal with on Friday. The director general has said that he will do his best to answer it.

Mr GRILL: Dot point 6 on page 722 states -

The average daily population of prisoners has increased over the past 10 months at a rate significantly higher than that predicted. This is mainly due to: tougher breaching practices; more fine defaulters who have not responded to other enforcement options; more people prepared to drive and suffer the consequences of driving without a licence.

I will deal with the issue of more fine defaulters who have not responded to other enforcement options. If all of those causes are put together, it is a recipe for putting more Aboriginal people in jail. I have spoken to bailiffs who must enforce warrants in Aboriginal communities. They have said that they have 200 or 300 warrants and the prospects of serving and enforcing them are remote. There is not much penalty for many of these people other than going to jail. That is because they do not have any possessions that can be seized, they do not have drivers licences, and they appear not to have adequate ways of putting in place work orders. Can the minister tell me step by step the procedure which is followed when a fine defaulter has not paid within the prescribed time and what can be done to bridge the gap between a fine defaulter and a prison sentence for the people I have indicated? It appears to be a significant problem in my electorate.

[4.10 pm]

Mr PRINCE: I have no doubt it is. Is the member talking about a fine defaulter for a fine incurred for any reason not specifically related to traffic, for example?

Mr GRILL: Not specifically although it would include many of those fines.

Mr PIPER: We are aware of the first issue raised by the member of Aboriginal people and others who have no apparent means to pay and/or for whom suspension of a drivers licence is either no deterrent or no effective penalty. The current proposal is to change the process so that work and development orders become the first step for people who are identified

in that category to enable a closer connection between the offence and the requirement for a penalty. Also, the member will be aware that there is an issue of outstanding fines, particularly in the desert areas.

Mr GRILL: Yes.

Mr PIPER: The Kalgoorlie community-based office has an active campaign to resolve those outstanding fines and work orders and I understand is making significant progress on the backlog through work orders. That is clearly an issue that must be resolved. Mr Foster, with the minister's agreement, can step you through the process. We have a situation where 6 800 people were imprisoned per annum prior to the new fines enforcement system being established. That figure included people detained in lockups which is counted as imprisonment. The current estimate is that 650 people are imprisoned per annum. Therefore, through the multi-stage process, there has been a significant reduction in the number of fine defaulters being imprisoned.

Mr GRILL: I was not aware of that reduction which is interesting. I would be grateful to hear of the procedures.

Mr PRINCE: I interpose to say the reason for that - and I appreciate that many people in the member for Eyre's electorate have not had the benefit of this - is it was previously the case, as the member for Burrup would remember, that a person would accumulate a quantum of fines and would go into jail or lockup and "cut it out". That is how it occurred and why we wound up with 6 800-odd people going to jail at any one time during the year "cutting out fines". The introduction of the new system has significantly stopped that occurring; arguably that is a good thing to do. People should not go to jail, other than as the sentence of last resort when it is the appropriate thing to do, not just as an alternative to not paying in one form or other.

Mr RIEBELING: How many go to prison now for driving under suspension?

Mr PRINCE: I am sorry, I am trying to answer the member for Eyre. That was the reason it was introduced in the first place. As the member for Eyre said, and I agree, there are many people in his part of the world who have no means to pay, have nothing that can be seized and so on and are consequently disadvantaged. Mr Foster will step the member through the process.

Mr FOSTER: I will step through the process for court ordered fines which are different from infringement notices because the infringement notice process, in terms of enforcement, stops at licence cancellation and is taken no further. However, for court ordered fines the court makes the order and there is an automatic period of 28 days within which to pay; that applies to every fine imposed by any court in Western Australia. During that period people can make arrangements to pay by instalments, make other arrangements as they see fit or extend that period of 28 days. If they do not make any arrangements to pay, do not pay the fine in full or do not meet a time payment scheme, the fine is then registered with the Fines Enforcement Registry and a notice is sent to the person stating that there is an intention to suspend the licence if they do not pay. If that notice is ignored, the licence is automatically suspended. The next step is, a warrant for the sale of goods is issued. If that is not satisfied, a work and development order is served on the fine defaulter. If that is not satisfied, imprisonment is the final sanction at the end of the day. There is no flexibility in the system; it is just like a funnel. One of the criticisms of the system is that very issue of no flexibility. There is no way for the registrar of the Fines Enforcement Registry to move people back in the process. We have made recommendations to allow the registrar of the Fines Enforcement Registry to have greater flexibility in dealing with these matters because it makes a lot of sense to be able to move people around in those various processes through the system.

Mr GRILL: Can that be done by regulation or directive?

Mr FOSTER: It needs to be done by legislation.

Mr PRINCE: We need to change.

Mr GRILL: Are you proposing to do that?

Mr FOSTER: Parliamentary counsel has been instructed to start preparing legislation to change many of these processes, including the one that affects the member for Eyre's constituency, for offenders who have no drivers licence and no ability to pay fines. Instead of imposing fines, we can send them straight off on a properly supervised work and development order.

Mr GRILL: One of the problems in those communities is there is no effective way of supervising the work orders. Has something been done to ensure those procedures are in place?

Mr PIPER: Lately that problem has been much more effectively addressed through the community-based services office in Kalgoorlie. I agree that it has been a matter of concern because in most cases there needs to be a person within the community who has some community recognition, who is accepted by the community for the purpose of enforcement and is also able, at some distance, to do that in isolation, given that most of the remote communities are up to 2 000 kilometres away from Kalgoorlie. My briefing on that matter is that we have contracted such people in the communities in areas where there is most need. As I indicated earlier, they are starting to supervise the "cutting out" - if that is the appropriate legal term and I will accept the advice of the minister on that - of the fines through work and development orders. Given the scattered nature of the communities, their numbers, and to some extent their transient nature because communities tend to move also, it will remain an extremely difficult issue. However, I believe we are making progress on it and the numbers I have seen in the backlog at the Kalgoorlie office have significantly improved.

Mr GRILL: To follow through on one part of that, in respect of fine defaulters on traffic offences Mr Foster said the process is completed or stops when the licence is suspended. In the event that the offender does not have a licence, which is not an unusual situation in my electorate, what then happens?

Mr PRINCE: They are then prohibited from obtaining a licence until the fine is paid.

Mr RIEBELING: Driving while under suspension?

Mr GRILL: That just encourages them to drive without a licence for an extended period. It does not seem to be a very satisfactory solution.

Mr PRINCE: It is accepted that this is one of those areas where we need some changes.

[4.20 pm]

Mrs HODSON-THOMAS: On page 734 one of the major achievements is to extend the victim support service to Kununurra, Karratha, Esperance, Carnarvon and Derby. What new services or extensions to current services are being provided? Are they limited to only regional areas?

Mr PRINCE: The victim support service is available in the metropolitan area, and has been for quite a long time. At present it is available in Kalgoorlie, Bunbury, Albany, Geraldton, Northam, Port Hedland, Broome and the Peel region. Clearly, there is a requirement to extend that to other key regional sites. For example, of all of those the only service in the Kimberley is at Broome, so Kununurra is a logical extension for picking up the East and West Kimberley. The only service in the Pilbara area is at Port Hedland. Karratha is a major centre, so the service is being extended to there. In the goldfields and south coast areas the service is in Kalgoorlie and Albany but not at Esperance, yet Esperance is a significant place and a significant distance away from those other centres. Similar considerations will be given to Carnarvon and Derby, which makes the service in the West Kimberley even better. It is intended that should happen.

Mr FOSTER: The service is now provided at every location where superior courts go on circuit throughout Western Australia, so there is not a Supreme or District Court sitting in the State at which the service is not available. In addition to the extension of the service into the country areas, we have recently commenced a pilot on after-hours service for victim support using a private firm of consultants to provide that level of service. If there is a need for victims to receive urgent counselling and it is outside our in-house resources, we now have the facility to provide that service externally. One area of victim support services is the diversity of clients it reaches. To a large extent it has not been reaching Aboriginal victims of crime. The service is establishing a pilot to look at ways of expanding the range of clients' needs that it addresses. Those are probably the key areas of initiative.

Mr RIEBELING: The member for Eyre raised the question of the fines enforcement procedure and the minister and his advisers mentioned the good part of the story; that is, the number of people imprisoned per annum has gone from 6 800 to 650 or thereabouts. The minister forgot to mention the number of people who are under suspension in Western Australia. Last time the question was asked, I was told there are currently 42 000 suspensions.

Mr PRINCE: That is correct.

Mr RIEBELING: Do you have statistics which show how many Western Australians end up in prison as a result of suspensions and being caught for driving while under suspension, so that we may get an accurate figure of the number of people who are going to prison for failure to pay fines?

Mr PRINCE: There are some very interesting figures. In 1997-98 there were 44 142 suspensions, not necessarily 44 142 people, because a person may wind up having his drivers licence suspended more than once. As at April 1999, there were 49 026 suspensions. The difficulty is that I will probably be able to give you the figure for the number of people in jail as a result of driving under suspension, but I cannot tell you how many of those relate to unpaid fines as opposed to another form of suspension, because there is no way of distinguishing between the two.

Mr FOSTER: The only figure available to me is for the number of people who have been charged with the offence of driving while under suspension. That has increased from around 1 800 in 1992 to the current figure which is in the order of 6 000. So the number of people charged with driving while under suspension has increased significantly. They are not all people who have not paid their fines. There are a number of reasons for it. We cannot identify which ones are for driving under suspension or for fine default because they are covered by only one section of the Act, which relates to straight-out driving while under suspension. In other words, it could be suspension for fine default, point demerit or court order. At the moment there is no way we can tell which it is. However, the number of infringement notices issued has increased. Therefore, there is an increase in the number of point demerits. We suspect that more people are driving while under suspension as a result of demerit points. At this time there is no way of telling how many people have been imprisoned or charged with driving while under suspension as a result of not paying a fine.

Mr AINSWORTH: On page 723 the fourth dot point refers to national competition policy and the justice system, which rather surprised me. What particular areas of the justice system are believed to be required to be subject to a national competition policy review and what is the expected cost of the process?

Mr PRINCE: It is a fascinating exercise, is it not? You would be aware that we have a commonwealth and a state system.

Dr FITZGERALD: The Ministry of Justice is undertaking a number of national competition policy reviews of legislation and also neutrality reviews. Is the member seeking information about specific legislation that we are considering?

Mr AINSWORTH: I am seeking the reason for the need to undertake anything. To my layman's way of looking at it, national competition policy applies to monopolies. There is every reason to have a monopoly when it comes to jails and the justice system, so the need for a national competition policy review seems irrelevant. Is there any relevance at all in having a national competition policy review; if so, to which areas would you apply it?

Dr FITZGERALD: There is certainly relevance when it comes to the Law Reporting Act, the Public Trustee Act and a number of other pieces of legislation with competition implications where it is necessary to undertake a review of the Act. However, in some other areas, such as the Prisons Act or the Young Offenders Act, you are correct; there are no national competition policy implications, so there is no requirement to undertake reviews of those Acts. A number of Acts are subject to national competition policy review; an example is the Legal Aid Commission Act. There are some others which I cannot recall - a number of Acts have competition policy elements which need to be considered.

[4.30 pm]

Mr AINSWORTH: Do you have an idea of the cost of handling those reviews?

Dr FITZGERALD: I cannot give the member a precise figure. The cost of reviews varies depending on the size and complexity of the Act. The ministry is contracting out many of the reviews. The small ones may cost \$10 000 to \$15 000 but the larger ones may cost more than that.

Mr PRINCE: The Attorney General's umbrella covers a series of Acts of that nature which do not fall into the central area of crime and criminal courts we are talking about.

Mr TRENORDEN: I wish to return to the previous question about the sixth dot point on page 722. We discussed breaches of fines and people being prepared to drive and suffer the consequences. I find it is interesting that this is listed in significant issues and trends under Justice and there is no corresponding program. I accept that there is such a program in the sense that the ministry is trying to deal with numbers but is it the Ministry of Justice's responsibility to look at the jump from 1 800 to 6 000 in the number of people who are prepared to drive without a licence? Should it be handballed from the Ministry of Justice to the police or the Department of Transport? I ask this question because under the previous minister in the first Court Government licensing moved from the police to the Department of Transport partly to ensure better control of plates, better compliance with registration and better knowledge of who was driving with a licence and who was not. I was interested to hear the statistic of a jump from 1 800 to 6 000. Is that a Ministry of Justice problem? Is there a program within the ministry to do something about this problem or do you have some other mechanism to get another agency to deal with it?

Mr PRINCE: This problem requires a coordinated response from at least two agencies - the police and the Ministry of Justice. I do not see the Department of Transport having much of a role in this area. We are talking firstly about the licensing of a person to drive on the public roads of this State. We license and re-license people because of competency. It is a privilege, not a right, to hold a licence and drive. That privilege can be withdrawn by the State and the State has determined to do so in relation to the nonpayment of fines. It is also a privilege which is withdrawable by the courts when dealing with a range of offences which are usually related to motor vehicles.

Mr TRENORDEN: However, you would immediately recognise that people have their licences withdrawn for drink driving.

Mr PRINCE: A person who drinks and drives can be apprehended, taken to court and receive a significant fine and loss of licence. That is a multiple penalty for the one act. That has been the law in this State since the Traffic Act of 1919 - furious driving as I recall. I am sure the member would appreciate that over the years a number of people have probably driven without a licence but not been detected. I suspect that is far less the case now partly because of some excellent education programs in the primary and secondary schools and partly because it is expected in most parts of this State that having reached the age of 18 a person will get a licence. Most people get licences.

Mr RIEBELING: The age is 17.

Mr PRINCE: If you went back 50 years or to the pre-war period when the number of vehicles per head was significantly less, you would find a totally different situation. A trend of the past 30 to 40 years has been for more women to have licences than was previously the case. Far more people have licences now than was the case in the past. The second factor is the detectability of a person without a licence. Random breath tests and radar multanova cameras enable one to detect more people without licences. They detect errant behaviour on the roads and can track the driver and whether he has a licence. That is part of the reason for the increase. Nonpayment of fines through the fines enforcement process is another factor which is leading to some people driving without a licence. These people may not have done that in the past because they would have gone to jail and cut out the fine. Today they do not go to jail and cut out the fine; their drivers' licence is suspended. If they choose to drive under suspension and are apprehended, they are prosecuted. For the second offence they go to jail under the Road Traffic Act. The ministry is working on some changes to the Road Traffic Act to make it possible for a court in dealing with a person under those circumstances to distinguish between the person whose licence has been suspended by court order - the magistrate suspended the licence as part of the punishment for an offence - and the person whose licence has been suspended through the fines enforcement process. We will then be able to see how many people are in that second category as opposed to those in the first category who commit a contempt of court by driving under suspension. That change may lead to the ability to have alternative penalties for people who do not pay fines and consequently lose their licences. The alternative to jail for those people might be work and development orders. It may be appropriate for us to empower a magistrate to direct a person who has lost his licence to do a work and development order instead of sending him to jail. That change is being drafted and we are not a position to bring it to Parliament yet. It will distinguish in the driving under suspension offence between those who breach a court order not to drive and those who drive under suspension for nonpayment of a fine, not a court order. It is in the drafting process and we may see it by the end of the year.

Mr TRENORDEN: The distinction between people who offend because they default on payments and those who are further breaking the law is important.



Mr PRINCE: It is a combination of the number of people licensed, the detectability of people without licences and the distinction between those who have a court ordered suspension as opposed to those whose suspensions arise because they have not paid fines.

Ms McHALE: Can the minister provide the committee with a breakdown of how many of the 6 000 people driving under suspension and the 49 000 general offenders are Aboriginal?

Mr PRINCE: No, that information is not recorded. There is no way to know that for any offence within the court justice system. I think the police used to record that information but I do not know if they still do, I would have to ask.

[4.40 pm]

Mr RIEBELING: I refer to the cost of processing cases on page 728 of the *Budget Statements* and page 600 of last year's budget. We are told that last year's estimate of the cost of finalising each case in the Supreme Court was \$5 048. That cost is to be reduced to \$4 847 this year. It is the same in all jurisdictions. I know the minister will say that this year's *Budget Statements* is a more accurate document but last year's *Budget Statements* estimated the cost of finalising a Supreme Court case to be \$1 515. This year the estimated cost is \$4 847. The Supreme Court figure stands out the most. The cost for the District Court is \$1 030, compared with \$637 stated in the budget documents last year. This year's figure for the Magistrate's Court is \$280, compared with \$209 last year. The figure for the Children's Court last year was \$254, and this year it is \$360; and for the Coroner's Court - this figure is quite staggering - the amount for this year is \$2 091, compared with \$724 last year. It may be that, once again, different terminology has been used; however, the difference in the figures this year compared with those of last year is staggering. I seek from the minister an explanation of the difference between these figures.

Mr PRINCE: I will give a preliminary explanation which relates just to page 728 of the budget papers. The expected result in 1998-99 for the Supreme Court is \$5 048 and for 1999-2000, the figure is \$4 847. Likewise the budget papers before us show the expected cost for next financial year and the actual cost for this financial year. I shall have to ask one of the officers to give an explanation for why the actual cost this financial year is significantly more than that estimated for this financial year.

Mr FOSTER: The calculation for this output is done by dividing the total cost of providing case processing services for each jurisdiction by the number of cases finalised within the financial year. As I do not have the figures from last year with me, I can only speculate that it has to do with the dividing factor and the definition of the cases finalised. I believe that number will have to change to bring it into line with the accounting rules for the commonwealth-state service provision report. The only explanation I can think of is that the divider has created the variance.

Mr PRINCE: Would the member like us to give that by way of supplementary information, or is that answer sufficient?

Mr RIEBELING: If it can be provided, that would be helpful.

The CHAIRMAN: Can the minister confirm the nature of the supplementary information?

Mr PRINCE: We will endeavour to provide that information by way of supplementary information.

Mr TRENORDEN: The output and appropriation summary on page 724 shows a curious item relating to trustee services. It looks as though there is a very substantial change in last year's actual figure which has resulted in a substantial increase in the budget estimate for next year. That seems to be a little unusual. What is happening there?

Mr PRINCE: I will ask Mr Piper to attempt to answer that, and he may possibly be assisted by someone else.

Mr PIPER: Last year we sought approval from Cabinet for a change of program to improve the efficiency of the public trust office. The figures in the budget estimates relate to the implementation of that change. That is to be directed towards not only creating a more efficient public trust office, but also changing some of the legal framework for the operation of the common fund; for example, there will be expenditure on new information systems, changes of process, etc. It is estimated that about \$2m worth of savings will be made in a full year once the change process has been implemented to improve the efficiency of the public trust office. Mr Bradley, the Public Trustee, is here, and he may wish to comment in more detail.

Mr BRADLEY: The main thrust of this is to improve the information technology system throughout the office. By doing that, we can bring in further efficiencies throughout the organisation, particularly in staffing areas.

Mr TRENORDEN: I gather close to a million dollars is for software packaging.

Mr BRADLEY: A very substantial amount will be used for software.

Mr GRILL: Recently I was surprised to hear from the officers of the Salaries and Allowances Tribunal that magistrates receive salaries in excess of \$140 000 a year.

Mr PRINCE: There is hope for us in our retirement yet, is there not?

Mr GRILL: Dot point five on page 723 refers to four new District Courts opening. Will the minister provide the total number of magistrates, District Court judges and Supreme Court judges and masters? It appears to me that this is very much a burgeoning and highly-paid industry.

Mr PRINCE: There is hope for the member for Eyre yet! In the Supreme Court there are 17 judges, two masters and nine registrars. In the Family Court there are five judges, one principal registrar and six registrars. In the District Court there are 21 judges and one commissioner, three registrars and two deputy registrars. In the Magistrates Court there are 38

stipendiary magistrates. The Children's Court has one president - that is, Mrs French, but she is counted as part of the number of District Court judges - three full-time and five casual magistrates. There is one State Coroner, but coronial duties are carried out by other magistrates. The State Coroner is in addition to the 38 stipendiary magistrates.

Mr RIEBELING: The fourth output on page 733 indicates that a key function of the courts is to provide victim support and counselling services. I think the new service is outstanding and should be spread as widely as possible. In the construction of the new courts, provision is made for this service to be positioned in the court buildings. In my view, that could happen in some other courts with a minimum of fuss. I wonder why the department is choosing not to house this service in the Karratha courthouse. Currently that is not happening there.

Mr PRINCE: The contract for the new Karratha service has been awarded to the Pilbara Community Legal Service. That service has engaged a counsellor in Karratha, who is currently delivering the service out of temporary accommodation. The provider has now found other office accommodation which is being examined by the Ministry of Justice. There is no room at the court. The only vacant rooms are used by counsel on the circuit.

Mr RIEBELING: As the minister is no doubt aware from the note he was given, this service is for 22 hours a week.

Mr PRINCE: No. That information was not on the note.

[4.50 pm]

Mr RIEBELING: I will enlighten the minister that it is for only 22 hours a week. As the minister is probably also aware, the rooms in that courthouse, which he has suggested are not accessible, are used on only one and a half or two days a week. It is my view that those rooms can be better utilised by the service being positioned inside that courthouse. The two rooms that are being talked about are in front of the court building, unless they have been bricked up since I left, and are able to be isolated from the balance of the court building because it has an external door. Why are we putting obstacles in the way of this service when, clearly by the description in output 4, it is now the role of the court; it is a key court service? Courts are weakened if key court services are not located in them. Clearly, whoever wrote this would agree, and whoever designs the new buildings for the courts would also agree that the best place for it is in the courts. I am hoping that the minister will have another look at this decision, which is bad.

Mr PIPER: As is indicated in the minister's answer, the proposal for alternative accommodation is being examined, but has not yet been approved. We will take the comments on board and ensure that we re-examine the Karratha courthouse as a viable option.

Mr McGINTY: I refer to page 734 of the *Budget Statements*. Is a native title unit located in the ministry and, if so, could you give us details of its expenditure and staff? Are a group of people allocated specifically to that function?

Mr PRINCE: I am informed that no such unit is located within the ministry. However, a unit exists within the Crown Solicitor's Office that deals with the litigation associated with native title.

Mr PIPER: My understanding is that previously the funding for some legal matters associated with native title was allocated to the Ministry of the Premier and Cabinet. This is simply a transfer of that funding by the Crown Solicitor's Office. The administrative arrangements for native title are as they were previously in that the Crown Solicitor's Office has in all of these matters facilitated the provision of legal services for many of the native title issues being considered by the State. I would be happy to provide a more detailed response by way of a supplementary answer.

Mr McGINTY: I am interested in knowing whether one would find all of the Government's effort on native title in a legal sense now within the Crown Solicitor's Office or whether we would still find some in the Premier's office, and perhaps some others in other areas.

Mr PRINCE: I am a member of the native title subcommittee of Cabinet. There is of course the native title unit in the Ministry of the Premier and Cabinet. It contains a great deal of expertise of a quasi-legal nature although no lawyers, which is hardly surprising given the nature of native title, a creation from 1992. A number of legal practitioners around the town specialise in the area; however, not that many. There is a considerable body of expertise among some people in the Crown Solicitor's Office; unfortunately Justice Wheeler was one of them and is now missed. I suppose in a sense there is a split, but only insofar as there are legal practitioners within government who have an expertise in the Crown Solicitor's Office.

Mr McGINTY: Are the costs in the Miriuwung-Gajerrong case, for instance, met out of this budget that we are now discussing?

Mr PRINCE: They would be in the future, but the current ones are not because the present arrangement is that the native title unit comes under and is funded by the Ministry of the Premier and Cabinet.

Mr McGINTY: What were the costs awarded in that case?

Mr PRINCE: I cannot recall.

Mr McGINTY: They do not appear in this budget; they appear in the Premier's budget.

Mr PRINCE: No, they would not be in here.

The CHAIRMAN: Does the member for Fremantle require the supplementary information that was offered earlier?

Mr McGINTY: Yes. I would appreciate it if a like-with-like comparison could be provided which might take into account

the transfer of those functions from the Premier's department. I am interested in expenditure this year and next year, and staffing this year and next year, to the extent that that information can be provided.

Mr PRINCE: This might be a bit hard to do by way of supplementary information within the time specified for that information to be supplied. I suggest it might be better as a question on notice because it also requires information from the Ministry of the Premier and Cabinet and I cannot therefore direct it to happen with the officers who are here.

Mr PIPER: My understanding is that it is a straight funding transfer for legal services, not a change in the administrative arrangements. Given the complexity of your question which extends past it, I would rather answer it on notice.

Mr McGINTY: Is there a way to simply provide that information if it is a straight transfer of funding from the Premier's office to the Crown Solicitor's Office?

Mr PIPER: To that extent, we can provide the details of the transfer as a supplementary information.

Mr McGINTY: If you could provide by way of supplementary information the details of the transfer plus what is in the Crown Solicitor's Office, that should not be -

Mr PIPER: I can do that.

Mr PRINCE: We can certainly do that. I can give that by way of supplementary information.

Mr RIEBELING: The first dot point in the major initiatives listed for this year on page 732 discusses facilitating a seamless court service. What does the minister think is a seamless court service?

Mr PRINCE: From a physical point of view, if they can all be located in one place, it helps rather than requiring people to go from one building to another and from one office to another.

Mr RIEBELING: Is that what this refers to?

Mr PRINCE: Among other things. For example, a new court complex in Fremantle, which I am sure the member for Fremantle would think is an excellent idea because -

Mr McGINTY: It is a good idea, but it looks shocking as currently proposed.

Mr PRINCE: I am not talking about its aesthetics, rather the functionality; likewise the facilities in Busselton and Rockingham and the South Hedland justice complex which is currently under way. It surely makes better sense to have a judicial system whereby the customer is required to go to one place only, rather than being shuffled from one place to another.

Mr RIEBELING: Is that what it is about; creating one jurisdiction rather than -

Mr PRINCE: No, not one jurisdiction, simply having a better ability to be able to offer a complete service at one place, having a better computer network and matters of that nature. I have no doubt that Mr Piper or Mr Foster will be able to expand on that matter to your satisfaction.

[5.00 pm]

Mr FOSTER: One of the major areas is the development of the proposed Magistrate's Court Act to establish a Magistrate's Court of Western Australia.

Mr RIEBELING: When will that happen?

Mr FOSTER: It is in the third draft so it is getting closer. That is one of the major initiatives that will actually standardise services across Magistrate's Courts. That is what is meant in that sense by the word "seamless". In the higher courts where the criminal registries have been combined, it could also mean the possibility of combining other registries and the possibility of providing registry services in country areas for the higher courts. When customers come into a court building, by and large our objective is to make sure that we can meet all their requirements in the one location. That might be a fairly optimistic objective, but that is what we are trying to achieve, and basically that is what is meant by seamless.

Mr PIPER: In addition, a couple of things are coming together. On the assumption that the new Magistrate's Court Act is enacted by the Parliament, we also have a significant improvement in the information technology that is planned, particularly for the lower courts. That incorporates the use of more current networking technology, including things like email. It will enable us across the State to operate a much more unified court service. For example, we are examining the capacity in small regional courts to provide, by computer, work associated with the rest of the system to the officers who work in those courts to maintain their viability so that they are not as dependent on the specific loads at their courthouses.

Mr RIEBELING: Therefore, out-station police stations will centralise -

Mr PIPER: Some of it, but also to treat the whole of the court system, particularly in the lower courts across the State, as one system from the point of view of administration technology. Hopefully, in the way it is enabled through legislation, it will mean that people will not be required to appear at the original court; in other words, matters can be transferred much more easily and so on. They will be significant improvements for the people who use the courts. In addition, we anticipate this will significantly improve our ability to deliver a good service across the State.

Mr RIEBELING: Along the same lines, I refer to the major initiatives on page 729 of the *Budget Statements*. I am interested in the fourth item under dot point two, which is the implementation of specialist courts. There has been mention

in the press of drug courts, for instance. My understanding of the way in which drug courts operate in other jurisdictions is that there is a much softer penalty regime. Is it envisaged that that type of drug court will be set up? Domestic violence courts probably exist already with respect to restraining orders. Traffic courts have existed for probably 100 years. I am also interested in the focus on special user needs. What does that mean? What other types of courts are envisaged, other than the trialling of a drug court, for instance?

Mr PRINCE: I will give some indication of our thinking in regard to drug courts. They have been operating in some of the jurisdictions in the United States for some time and are said to be quite effective in dealing with a substance abuser. Rather than progressing these people into the jail system, they come out and are simply still substance abusers. There has been some recent movement in New South Wales, which is perhaps not as considered as that in Western Australia. We have considered the matter and some fairly extensive work has been done. In recent discussions between the Attorney General, myself and Dr Fitzgerald, who is handling the matter, the focus has been on whom this is intended for.

As to the way in which drug courts operate elsewhere, when a person appears before "an ordinary court" and clearly the reason for the criminality is solely related to drugs, that person is sent to a court which specialises in dealing with drug abusers and users. That court has some specific powers, but otherwise it has the normal sentencing powers. It does not deal with people in a more lax manner but deals with them in a manner which is aimed rather more at addressing the addiction as well as punishing the errant behaviour. If a drug court is structured along those lines, which is a possible way of going about it, at whom are we aiming this? That is the question that has been posed. The answer may be that we are aiming it at the person who is basically mainline addicted, who is an habitual and fairly heavy user.

Largely the courts that we have deal extremely efficiently and well with most people who come before them. For example, 80 per cent of first offenders never come back, and of those who come back a second time, a total of 95 per cent of the people who appear a first or second time never come back to court again. It is the 5 or 6 per cent, or thereabouts, of people who are the difficult, intransigent problem - the recidivist problem - who come back over and over again. It is those people to whom a drug court should be addressed, because many of them - not all of them - are habitual users of drugs in some form or another and are addicted. That is the way in which the Attorney General and I have been discussing the matter recently. Dr Fitzgerald should be given the opportunity to amplify upon that, as well as to speak about the other matters that the member has raised.

Dr FITZGERALD: I do not have a great deal to add to the comments the minister made. We have operating in the Perth Court of Petty Sessions the court diversion service, which is a service whereby offenders who have substance abuse problems may be, as a condition of bail, referred to a treatment facility. One issue that arises is that if the Government introduces a drug court, how does the drug court relate to the court diversion service - which offenders would be dealt with by the court diversion service, and which offenders would be dealt with by the drug court? One of the important differences between the court diversion service and the drug court is that the offenders, under the court diversion service arrangement, are supervised by community corrections officers, whereas under the drug court arrangement, although there would be an involvement of community corrections officers, the offender would come back before the court on a regular basis so that the court could make sure that the offender was complying with the conditions of the order.

As suggested by the minister, it may well be that the kind of offender who is being dealt with by the drug court as opposed to the Court of Petty Sessions court diversion service is someone who is perhaps a slightly more serious offender. However, that is really the nature of the work that we are currently undertaking to make sure that if this concept of a drug court is introduced, it meshes properly with the court diversion service and it targets those offenders who will benefit most from that kind of approach.

Mr PRINCE: With regard to domestic violence, the Attorney has done a good deal of work on the specific court which has been set up in South Australia to deal with those matters. I think he wishes to progress that as a specialist court which deals not only deals with that area, but also with special user requirements; for example, keeping the parties separate within the actual physical building, having provision there for children to be cared for while the parties are in the courtroom, and so on.

With regard to traffic courts, I have just been informed by Mr Foster that the intention is to hopefully have electronic filing of complaints within the metropolitan area, and traffic matters dealt with in one court only, which is obviously speedier for all concerned, particularly those who are summonsed to appear.

Mr RIEBELING: It will be back to the old Beaufort Street days.

Mr PRINCE: I agree with the member. However, instead of sticking the papers together with a pin, which was lethal to all clerks who ever tried to thumb through them, it will be done by email.

[5.10 pm]

Mr RIEBELING: I refer to page 731 and to the timeliness of the current enforcement procedure, which everyone seems to think is more effective than the old system. It states that 34 per cent of fines are satisfied by the fines enforcement registry within 12 months of the commencement of the enforcement procedure. Is that a vast improvement on the system that registry has replaced? I understand that a huge number of warrants were outstanding after 100 years of operation of the old system. However, it appears that we are rapidly catching up to the old system when 49 000 people are under suspension. Is the Government concerned about the inability of the system to achieve the results it was intended to achieve?

Mr FOSTER: The intent of the system was to meet a number of objectives. One of the primary objectives was to reduce the number of people who went to prison. Another was to free up police to perform their core functions and not have to

chase up people with warrants, etc. The objective was not just to increase the number of fines. That was just one aspect of it. That 34 per cent reflects only the number of fines that are paid to the fines enforcement registry. That is not the figure for the number of fines that are paid to courts beforehand through the time payment scheme, etc. We need to recognise also that they are the hard nuts to crack.

Mr RIEBELING: Is that an improvement on the old system?

Mr FOSTER: It is not possible to compare the two systems properly, and I do not have the figures available. I do now know whether figures were available then.

Mr TRENORDEN: Pages 728, 731, 733 and 735 refer to the effectiveness of measures. I get a little annoyed when I read that the effectiveness is measured by consumer surveys. I am asking this question wearing my other hat as Chairman of the Public Accounts and Expenditure Review Committee. In the past two years, I have attended eastern States seminars that have tried to pull this sort of activity together, and I know it is an evolving situation. Page 735 refers to providing commercial and conveyancing services and undertaking departmental prosecutions in Courts of Petty Sessions. Justice is an important agency, and I know that at times we will need to use surveys, and I am not saying that is not necessary, but chief executive officers should look a little harder at how they will measure outcomes rather than just take surveys of users or agencies.

Mr PRINCE: How?

Mr TRENORDEN: Some results could be given on the effectiveness of the activities that are carried out.

Mr PRINCE: How?

Mr TRENORDEN: By going to the courts to see how successful they are, by seeing how the programs are working -

Mr PRINCE: To give an example, the Crown conducts the prosecutions for the Fisheries Department. We can measure the number of prosecutions, because that is known, we can measure how many prosecutions are successful, which is the overwhelming majority, and we can measure what the fines are, etc, and we can say that is a series of concrete facts by which we can measure the effectiveness of that exercise. However, the department may be totally dissatisfied, not because of any of the things I have just said we can measure, but because of the way in which the departmental officers are treated by the person from Crown Law.

Mr TRENORDEN: I understand that.

Mr PRINCE: In other words, there are imponderables that cannot necessarily be measured by facts, figures, fines and so on. The same applies to commercial and conveyancing services. The client department might be totally dissatisfied that it took whatever time it took to produce a particular document, but that might not be a reasonable measure of effectiveness when the preparation of the document was very difficult, for reasons that the client department did not understand until it was explained to it. To a certain extent, we can judge effectiveness objectively by definable and quantifiable facts, but to some extent it is also a subjective exercise which is based largely upon experience and information. That can be judged at this point only by a properly structured client survey asking the client what it thinks about the level of service, and asking other specific questions. I understand the point you are making, and it is a fair point, but can you find a better way?

Mr PIPER: You would be aware that the office of Auditor General has targeted the issue of customer surveys, or surveys generally, and the ministry has paid a lot of attention to that issue in the formulation of its performance indicators. A number of surveys are carried out in-house, but for the most part we use external reputable survey companies which have a properly structured design that is based on focus group assessments and the sorts of things that produce a reasonable answer. One of the most valuable outcomes from our courts customer survey, which was the first survey that was done in Australia, is not just that 84 per cent of the judiciary believe the service is good, but the large volume of comments that we have received from the thousands or so users of the court system. We have been doing a content analysis on that survey and have been bringing out the key quotes and using them within the organisation so that we can capture the flavour of what is really happening and bring that home to the people who are delivering the service. We are using that as part of our business planning and as part of the development of our people so that they can understand it. We have found that very valuable. I can understand that you can do these things in ways that do not generate that sort of result. However, we have found it to be very useful in generating some view on how well we are doing.

Mr TRENORDEN: There is a definite risk that people will be surveyed-out. I do not object to surveys, but agencies need to think about different mixes, as the minister indicated in his answer, and not rely only on client surveys.

Mr GRILL: The first dot point at page 723 states -

In line with the financial reforms occurring within the Australian financial industry, Government has reviewed the operations of the Public Trust Office and will adopt a more commercial approach to public trust management.

Page 749 states -

A review was undertaken of Public Trust operations to enable it to adopt a more commercial approach to trust management.

We have already heard in this committee that the software of the public trust office will be substantially upgraded, no doubt with a view to further commercialisation. Given that the Public Trustee now charges fairly substantial fees for services, what will further commercialisation mean, particularly when the role of the Public Trustee, as I understand it, is to cater for lower socioeconomic groups?

[5.20 pm]

Mr PRINCE: That may have been the intention when it was set up a long time ago. It undoubtedly still does and there is undoubtedly still a public need to cater for people who would otherwise not think themselves able to afford to pay for the preparation of a will or the administration of a simple estate. However, it is far more complex than that. The future direction of the structure of the office is under consideration. I know that has had a negative impact on the morale of the staff, because there is uncertainty. Of course, the future direction of the office depends on the legislation to be passed by Parliament. At the moment, while there has been a review and the office is moving to adopt more commercial approaches, it is currently being re-engineered. Legislation will need to be considered. Our society is far more sophisticated and complex now than when the original Act was passed.

Mr TRENORDEN: What funds are held by the trustee?

Mr PIPER: Mr Bradley will provide that information.

The examination of the public trust office has initially and only focused on the issue of how it works. The approval granted by Cabinet is to examine its business processes and what it should do to become more efficient. An initial report on the public trust office was produced by the advisory board and I understand it has been tabled. Subsequently work has been undertaken by KPMG Management Consultants examining in some detail all aspects of the office operations. That has been done in collaboration with a staff project team and senior officers.

I note the minister's comment about early apprehension. That is true whenever one examines something that has been around as long as the public trust office. I have been pleased in the past few months about the positive staff response to the program. Just under 30 small improvement projects have been generated by the staff. What has been apparent are all of those problems one would expect to find in an office which has been around for a while and which has had stable processes; that is, the processes that have crept in that can be significantly improved by new processes, systems or slightly new organisation. That is what has been proposed.

The member is correct in saying that many people are assisted by the office because the commercial trust industry finds their business either unattractive or uneconomic. People are referred to the office by various tribunals and others for assistance. That is a very valuable function and it is intended that that be supported and, indeed, enhanced. However, the conundrum is that that is both difficult to achieve and requires supplementation because it is not economic by its very nature. Given the expertise built up within the trust, there is an opportunity to provide other services such as the management of estates. A number of people choose to use the public trust office because of its trusted character, because it has been around for a while and because of what it is -

Mr PRINCE: And because it does not die.

Mr PIPER: - and because of its continuing market presence. The challenge is not to abandon those clients of first priority, but to create a framework that is both efficient and sufficiently commercial that it attracts the interest of enough people who see it operating efficiently within a reasonably commercial framework. That is no more or less than being competitive, efficient and well managed. That is the objective being pursued by the current review. The indication to date from the consultants is not only that it can be achieved but also that it will be achieved well and with the support of the staff, who have been major contributors to the change process. I am happy, if the minister agrees, that Mr Bradley provide further detail and comment on the exact size of the common fund, which is the funds under management.

Mr BRADLEY: The common fund is approximately \$196m. In addition, we have responsibility for about another \$200m in fixed assets. The amendments we propose to the structure of the office will certainly improve it. We are dealing with a 1941 Act that has not been substantially amended since then. We must bring it up to date to make this a profitable and efficient organisation.

Mr GRILL: Has there been any suggestion or instruction from the Government that the office should endeavour to operate at a profit? Last year there was a deficit of \$1.346m.

Mr PRINCE: I am happy for Mr Bradley to answer that.

Mr BRADLEY: There has been no direct instruction to make a profit. We do what comes in the door and that involves the low economic strata of society.

Mr GRILL: In these circumstances the minister would appreciate the suspicion that the Government might be contemplating privatising this service. Can he provide a guarantee that the Government is not considering that?

Mr PRINCE: I will not provide any such guarantee. There is, and always has been, debate about the role of the public trust office and whether it provides a public service which is not otherwise available but which should be or whether it trespasses into competition when perhaps it should not. I know that many of our legal brethren complain bitterly about the propensity of the office to advertise at taxpayers' expense the cost-free provision of wills. Those conundrums must be resolved. It is not a question of privatising the office as such, because I doubt that a privatised organisation would be able to perform the functions that are necessary as a matter of public policy without some form of supplementation from public moneys. I refer here to the administration of small estates and the capacity to look after properly the funds that come to the Public Trustee on behalf of people who are in some way or another incapable of managing their own affairs and for whom there is no other option. The Public Trustee also has that capacity never to die. Irrespective of who might be the officers at any time, there is a longevity. That is also something people need in particular circumstances. For those reasons, it is highly unlikely that any of those functions would ever be considered for privatisation.

It is open to debate whether the Public Trustee should be competing with the many other trustee companies, most of which are subsidiaries of banks, in what is a private enterprise market. That is no guarantee that there will be no privatisation, but it is a clear statement that where there should be a service offered which no-one else can offer, the State should provide it.

The CHAIRMAN: Is there any plan to consider means testing clients approaching the public trust office for assistance? I refer to the common complaint from lawyers about the public trust office's preparing wills. It is hard to compete with an invoice for zero dollars. Has that been considered?

[5.30 pm]

Mr PRINCE: No.

The CHAIRMAN: Do you foresee that it will be considered?

Mr PRINCE: No.

Mr GRILL: You are not prepared to give a guarantee that the whole or parts of the current functions of the Public Trustee will not be privatised?

Mr PRINCE: Do not lead me into something I have not said.

Mr GRILL: I am endeavouring to get it straight.

Mr PRINCE: I cannot guarantee one thing or another because it is not my portfolio area and clearly we are debating now the future function of a public trust office, bearing in mind the current function is some 60 years old in concept. Clearly society has changed during that period. What we are to do for the next 30, 40 or 50 years has yet to be decided and needs to be debated?

Mr GRILL: You are certainly giving a signal that the Government in the near future may well be considering privatising certain functions of the Public Trustee.

Mr PRINCE: It is possible, but whereas in the 1940s and early 1950s very limited choice was available to everybody and consequently there was a requirement for the Public Trustee to perform a certain function, one would not say that in today's society. However, one would say there is certainly a significant requirement for many of the services it provides, because otherwise they would simply not be there.

Mr GRILL: In years gone past there were always two public trustee companies.

Mr PRINCE: There is now only one and there has been for some time.

Mr GRILL: There were two private trustee companies in the areas to which you are referring. There were always private legal practitioners and more recently, as you have confirmed, banks have moved into this arena. You have also confirmed that some core functions carried out by the Public Trustee are not commercial, cannot be commercial and would not be attractive to banks or the remaining public trustees.

Mr PRINCE: Arguably in some cases they should not be handled by private organisations.

Mr GRILL: Are you prepared to give a guarantee that those core functions that are carried out on behalf of people at the bottom end of the socioeconomic spectrum will not be privatised?

Mr PRINCE: I hesitate to use the word "guarantee" because it is so absolute. My considered opinion is that should never happen; those services it is absolutely necessary to provide to people at the lower socioeconomic end of society should be provided by a state-owned and run organisation subsidised by the taxpayer because it is a proper element of public policy. As I say, that is my view. I am pretty sure it is the Attorney General's view. I am pretty sure that view is shared by the officers sitting with me. I would be surprised to find the Government coming up with any other.

The CHAIRMAN: How does the office go about determining whether a particular prospective client falls within the lower socioeconomic groupings in society?

Mr PRINCE: We have not worked that out. I can assure you that your means test will not come in.

Mr TRENORDEN: Did I hear you say that the Public Trustee also administers the assets of people who are still alive but obviously incompetent? I understand that mental health is the fastest growing area of medicine. Is some consideration being given to that different and growing function of the Public Trustee as more and more people are declared incompetent?

Mr PRINCE: It is possible. It goes into the area of the Guardianship and Administration Board.

Mr TRENORDEN: It is a question of it being guaranteed by the State Government.

Mr PRINCE: We really need to debate the area as an issue of public policy. That is why I hesitate to give any definitive answer. Clearly there must be a number of organisations of total integrity, not only in their financial honesty but also their longevity, which are capable of handling money on behalf of people who are unable to handle it themselves and whose families cannot do it or who have no families at all, which is often the case with people who are getting on in years. The Public Trustee performs that function. One can argue that trustee organisations - companies, subsidiaries of banks or professional trustees - are equally capable of doing it and their integrity would probably be unquestioned. It seems to me to be an appropriate statement of public policy that the State should have such an organ within the public sector and not leave it entirely to the private sector. That is the view I express. Whether that view will be the defined public policy of the

Government has yet to be determined. You are getting a personal opinion. I have thought about it, but it is not my area of portfolio responsibility.

Mr TRENORDEN: Is it a growing area of management that comes under your control?

Dr FITZGERALD: Yes, it is one of the fastest growing areas in the office.

Mr PIPER: I do not wish to comment on the issue of policy, which is clearly the minister's domain. The attitude taken initially is to look at the improvement of the services of the public trust office and the ways in which it operates. The improvement program, which is at the point of consideration for implementation, will take 18 months to two years to implement. The first thing that needs to be done is to modernise, if that is the right word, the ways in which the office works. That will create plenty of space for the other debates about what it does. We are confident in the first instance that the provisions in the budget and the work that has been done to date will underpin the sorts of services that have been discussed for people who are unable to help themselves and will lead to an improved service out of the public trust office.

Mr TRENORDEN: Will the software package you are buying make it cheaper to administer each case?

Mr PIPER: Part of the present requirement is a provision by the State for uneconomic business. Yes, the improved operation of the office will mean that the subsidy is less. It does not go to the issue of making a profit out of those people, because in many instances there is almost no capacity to pay or other issues are associated with them. It will improve the cost of the work and therefore the effort that is put into doing it. It will make the operation more efficient. That is our current focus. We hope that it will provide more interesting work for the people involved and a more contemporary environment for them in which to conduct their business.

Mr TRENORDEN: The nature of the business in which the Public Trustee is involved is compatible with software. I imagine you could give more timely reports; that administration would also be more timely; that the pooled management of \$196m could be a lot better carried out. Am I right in assuming that the software will be mainly directed to those areas?

Mr PIPER: The main direction will be to improve the work processes and flows in the office. To date, with the exception of some financial and trust management software, the handling of files by the office has been largely manual. As a financial services institution of its type, it has inherited that as part of its long history, but it is time to bring it into contemporary office practice. We would expect those efficiencies to be translated back to the people of Western Australia in the cost to the State of managing those people whom we need to assist and also to other, paying clients in improved services.

Mr MCGINTY: If I may take up the minister's offer to deal with the question of legal aid, page 753 refers to a cut proposed in the volume of funding for legal aid down from \$12.040m to \$11.838m. I note also that in terms of output measures an increase is proposed in the incidence of legal assistance provided in the context of a funding cut. How is that to occur?

[5.40 pm]

Mr WARNER: The estimated actual for 1998-99 includes a special provision of \$500 000 this year for Dietrich matters, which is above and beyond the base level of funding, so the comparison with the out year 1999-2000 is an increase of \$300 000.

Mr MCGINTY: What was so extraordinary about the current financial year that you do not think will happen next year with Dietrich matters?

Mr WARNER: The provision for Dietrich funding is dealt with on a case-by-case basis, so we make no forward provision for it. We deal with them as they occur and achieve supplementary funding from Treasury on the basis of cabinet approval for specific cases.

Mr PRINCE: With regard to Dietrich matters, we have no idea how many are likely to come up.

Mr MCGINTY: To compare like with like, we must subtract Dietrich funding from this year's expenditure.

Mr PRINCE: Yes, that is the point Mr Warner is making.

Mr LINDSAY: Perhaps I should explain that Dietrich cases come out of an additional fund which is not part of the ordinary funding, and that is a description of those criminal cases where the indigent defendant faces serious charges and where the likely cost will exceed \$30 000. Those cases are funded specially out of the Dietrich fund, and that affects the estimate.

Mr MCGINTY: That Dietrich fund is where?

Mr WARNER: It is dealt with on a case-by-case basis and provided by way of supplementary funding.

Mr MCGINTY: From Treasury?

Mr PRINCE: Yes, they all come through Cabinet.

Mr WARNER: The comparison between this year and next year is that the \$12.040m estimated actual for this year, if we compare the base level of funding, will be \$11.540m.

Mr MCGINTY: I understand that the Legal Aid Commission is to meet on Thursday to consider a recommendation from the acting director to close the Fremantle legal aid office. Why has such an absurd proposition been entertained?

Mr PRINCE: Goodness me, the member is well informed.



Mr LINDSAY: The closure of the Fremantle office is being considered, but it should be emphasised that, even if that were to occur, the purpose would not be to withdraw services from the Fremantle area but to provide them in a different way. Essentially they would be provided by the private profession or perhaps by community legal centres. We have embarked on a program of tendering duty lawyer and legal advice bureau work. Our pilot shows that we can expect to make savings of 30 per cent by embarking on that course. However, for Fremantle the benefits to be obtained would be to provide services in a different form but perhaps even more comprehensive services in that under the contractual arrangements that we have with private practitioners we will be able to stipulate quality measures.

Mr McGINTY: Would the offer from the Mayor of the City of Fremantle for significantly reduced rent on accommodation for the Fremantle legal aid office, if it were to move into an office building owned by the City of Fremantle, influence the equation and the matters to be considered by the board?

Mr LINDSAY: That is certainly a factor to be taken into account, but there are various possible options. One is that we will have the use of a room - not an office - to provide legal advice, possibly at the University of Notre Dame Australia and possibly a community legal centre. Even if we did not have an office we would intend to have a presence there in order to advise through the appropriate instrument, whether it is a private practitioner, a community legal centre or one of our staff members.

Mr McGINTY: That sounds a bit ominous. Have the difficulties in the appointment of the Director of Legal Aid, vis-a-vis the difficulties with the Attorney General, been overcome and when can we expect an appointment to be made?

Mr PRINCE: As far as I am aware the process is in hand at the moment. I could not say when an appointment is likely to be made. The panel that has interviewed applicants has completed that part of its work and it now has to report to the board of the Legal Aid Commission. One would expect an announcement in the next couple of months, maximum, but more than that I cannot say because I do not know.

Mr TRENORDEN: Is the legal aid office paying rent for the accommodation it uses in Northam?

Mr LINDSAY: It does not have an office.

Mr TRENORDEN: It visits places once a month. Does it pay rent for that?

Mr LINDSAY: No.

Mr GRILL: Who actually funds community legal centres?

Mr LINDSAY: It is a program worth about \$2.2m and it is funded by the Commonwealth. Legal Aid Western Australia is a conduit; it administers the funding on behalf of the Commonwealth Government.

Mr GRILL: I had the impression from an answer given by Mr Lindsay a minute ago that community legal centres might be used as alternatives to legal aid centres. In Kalgoorlie there is a push for a community legal centre. A couple of years ago we actually got a legal aid centre for which we were very grateful after many years of struggle. I would not like to see us be successful with a community legal centre and then find that the legal aid office has gone. There was that suggestion in respect of Fremantle. Could that matter be clarified?

Mr PRINCE: The member would like to have a community legal aid centre in Kalgoorlie.

Mr GRILL: Yes, but not if we lose the legal aid office.

Mr PRINCE: He wants both, not one or the other.

Mr GRILL: Is that the policy?

Mr LINDSAY: It is certainly not the intention to close the Kalgoorlie legal aid office.

Mr GRILL: I was not suggesting that. In the event that we are successful in obtaining a community legal centre would we then risk closure of the legal aid office?

Mr LINDSAY: There is a substantial workload there and the answer is that it is very unlikely that it will affect it in any way.

[5.50 pm]

Mr AINSWORTH: The top of page 751 of the *Budget Statements* refers to the introduction of a new births, deaths and marriages registration system. Does the new registration system for births include a better system of security for the certificates themselves to prevent forgery? The minister would remember a case some three or four years ago in which false birth certificates were created in the names of a number of young people who were not old enough to get a drivers licence. These false certificates were used to open bank accounts in order to buy shares and so forth.

Mr PRINCE: Unsuccessfully as I recall.

Mr AINSWORTH: Only because of the diligence of one officer. If not for that, the exercise would have been highly successful.

Mr PRINCE: I do not think their share trading was as well informed as their initiative.

Mr AINSWORTH: Nevertheless, my son was one of the victims; a false birth certificate was issued in his name. The only problem was we could not access the money in the account opened in his name and it contained something like \$40 000. It appeared very simple for someone to go back through the newspaper records, find the name of the doctor who attended

the birth, the name of the parents, the siblings and all the information one puts in a birth notice and to apply that information to a piece of paper and make it look like a genuine birth certificate suitable for opening a bank account. Is there a better system to prevent that happening in this reorganisation?

Mr PRINCE: We have much to blame John Le Carré and his spy novels for. I ask Mr Manning to answer.

Mr MANNING: The thrust of the new registration system is to allow the registry to embark on a process of business change. Those security issues are not the key purpose of reorganisation. The notes refer to the need to replace old technology which is incompatible with ministry systems and the capacity to extend its use to country agencies. That is the main thrust of the new system.

Mr GRILL: I would like some information about the adult work camps mentioned on page 723 under major policy decisions. What are these work camps? What distinguishes them from boot camps? Where are they established and are they an alternative to prison? How do they operate?

Mr PRINCE: Allow me to wax lyrical on the work camp whose inmates worked on the Bibbulmun track because I know a fair bit about it. These camps are not alternatives to prison. They are camps in which people who are already in prison are able to work outside the prison on some form of work of public benefit. Part of the construction of the Bibbulmun track along the south coast from Walpole to Albany was assisted by about a dozen prisoners from the Albany Regional Prison - one of the two maximum-security prisons in the State, Casuarina Prison being the other. Those prisoners lived in temporary quarters for some time with prison officers. The prisoners did much of the work on the track along with volunteers and built bridges, footsteps and tracks and cleared undergrowth. When that portion of the Bibbulmun track was opened, the individual prisoners were presented with certificates to acknowledge their work in a ceremony which was attended by more than 500 people in Albany. It was interesting to note that the general public strongly applauded the work these prisoners had done. People thought the prisoners had done an excellent job and the inmates were embarrassed. I know that at least one of my former clients was among them - but that is beside the point. That was an example of a mobile camp which moved along the track. I have personal knowledge of that camp and there have been others.

Mr PIPER: We have two work camps, one at Walpole and one at Badgingarra. They operate as very small centres.

Mr GRILL: Are they separate from the one that worked on the Bibbulmun track?

Mr PRINCE: No, that was the Walpole one.

Mr PIPER: They operate with a small number of prisoners - about a dozen. These prisoners are generally selected at the back end of their sentence when they are close to being released into the community. They are selected on a security basis and that they can mix within the community under supervision and undertake work. One of the key outputs we would like to see from the prison services is greater reparation to the community. We like to see prisoners engaged in constructive work for both their own wellbeing and the transfer of skills. For example, in the Bibbulmun track project, skills were transferred by the Department of Conservation and Land Management officers showing the prisoners how to use brush-cutting equipment and other techniques to clear undergrowth. We have found that coming back into the community is a difficult transition for prisoners. These camps offer the prisoners an opportunity to get into a transition-like environment; for example, at Walpole the local community was very accepting. The prisoners established a basketball team and played in the local competition. They bought their goods at the store and did that sort of thing under the supervision of prison officers. It is our view that many local communities throughout Western Australia, particularly the smaller country towns, could benefit from prison labour. Some towns do not have the budget to do community-oriented work but there is a lot of environmental work. We do skillet and wood cleanup out of Geraldton on section 94. That sort of work is available in many places throughout the State either through CALM or councils. We intend to establish another four camps of that sort. We will not impose them on communities. We will ask for expressions of interest for the work.

Mr TRENORDEN: I know some central wheatbelt towns which will be pleased to have them.

Mr PIPER: The experience in other places in which this operates, such as Queensland, is that there is no shortage of opportunities for the community and the prison system to work together. We can provide these camps fairly economically because often there are unused facilities in country towns suitable for billeting a dozen or so prisoners. We also have some ex-Main Roads camps available for use as mobile work camps. We could take on a schedule of work, move a small group of prisoners to a location, stay for a while to complete some work and move on. There are a number of issues concerning supervision, selection of prisoners and ensuring they achieve their therapeutic programs. However, to date the two work camps we have tried have been highly successful. There has been great community acceptance and the camps have provided significant benefits to the prison system and are overall considered to be cheaper. They are a very good idea.

Mr GRILL: At page 215 it is indicated that the number of complaints made to the Equal Opportunity Commission is decreasing each year and that this pattern is consistent with trends across Australia. It is attributable to a number of factors that I will not go into now. Although I appreciate that the commission has a very good educational role and obviously it has been successful, the major criterion with respect to the workload is the number of complaints received. Although that number appears to be decreasing, funding for the commission appears to be increasing. In the event that fewer complaints are received, why is the allocation not also going down?

Mr PRINCE: The commissioner assures me that the answer to that question can be provided as supplementary information. I am sure the commissioner is desolate at not being able to answer it herself.

[Continued on Friday, 28 May 1999.]

*Sitting suspended from 6.01 to 8.00 pm*

**Division 63: Culture and the Arts, \$65 151 000 -**

[Mr Baker, Chairman.]

[Mrs Edwardes, Minister for the Environment.]

[Ms R. Burges, Director General.]

[Mr R. Palmer, Chief Financial Officer.]

[Ms W. Wise, Director, ArtsWA.]

[Dr L. Allen, State Librarian and Chief Executive Officer, Library Board of Western Australia.]

[Mr J. Donovan, Director, Management and Business Development, Western Australian Museum.]

[Mr K. Lord, Director, Strategic and Commercial Programs, Art Gallery of Western Australia.]

[Mr G.E. Dufour, Deputy Director and Chief Curator, Art Gallery of Western Australia.]

[Mr E.J. Griffiths, Director, Planning and Policy Division.]

[Mr R. Hutchens, Manager, Funding Program, ScreenWest.]

[Mr M. Diaz, Contract Consultant, Perth Theatre Trust.]

Ms McHALE: What savings have been made as a result of the creation of the new Ministry for Culture and the Arts?

Ms BURGESS: I will commence with benefits, and then I will pass over to Ross Palmer.

Ms McHALE: I want the savings.

Mr PALMER: Last year we provided some figures on the savings. I do not have those figures here.

Mrs EDWARDES: Those figures are not available at the moment. We will provide those by way of supplementary information.

Ms McHALE: The ministry has been in existence since May 1998, yet it cannot identify savings?

Mrs EDWARDES: It can. We will provide that by way of supplementary information.

Ms McHALE: The minister probably will not know the answer to this question either. How much has been reinvested into programs as a result of the supposed savings from the new ministry?

Mrs EDWARDES: We will also provide that by way of supplementary information.

Mr MASTERS: Last year was the first year of the new format of the budget papers. When looking at them, it was difficult to predict what would be spent on the different components, namely, the Art Gallery of Western Australia, the Library Board of Western Australia, Perth Theatre Trust and the Western Australian Museum, because forward estimates were left blank. I am sorry that this year's estimates are exactly the same. I am particularly interested in the Western Australian Museum. I am concerned that the level of funding seems to be going down significantly. The figures on page 294 which relate to the WA Museum are all decreasing, and it is impossible for me to understand what will happen in future years because the forward estimates are blank. Firstly, is it possible, in future years, for forward estimates details to be provided? Secondly, will the staff of the ministry give an indication of the total funding that will go into the WA Museum this year compared with last year, as well as estimates for the next two years?

Mr PALMER: That information is available on page 295 of the *Budget Statements*, which gives the break-up of the total budget for each ministry agency for 1997-98, 1998-99 and 1999-2000.

Mr MASTERS: That is part of the information. Last year I asked for forward estimates for future years. It was not forthcoming then and it is not forthcoming now. Therefore, I register that comment. Is it possible to obtain from the ministry the forward estimates for the next two or three years?

Mr PALMER: I can provide some information on the Museum's budgets. They vary between those years. In 1997-98, the figure for the funding for finance, human resources, payroll and administration functions which were transferred to the ministry was \$343 000. Supplementary funding for superannuation and pension funds was \$546 000. They are one-off costs in 1997-98. In 1998-99, these costs are excluded, with the \$343 000 transferring to the ministry's business units. In 1998-99, there is a provision for salary increases of \$150 000. In 1999-2000, there is provision for salary increases of \$166 000, plus additional funding for the new discovery centre of \$155 000. Therefore, the actual budget has not reduced; these are just one-off funding arrangements or transfers. We will have to liaise through Treasury to get the forward estimates format changed.

[8.10 pm]

Mrs EDWARDES: We will provide that by way of supplementary information.

Ms McHALE: I would like to return to the Ministry for Culture and the Arts and if the savings at this stage cannot be identified, the costs of setting up the Ministry for Culture and the Arts during the past financial year may be identified.

Mr PALMER: As the budget papers indicate on page 295, the budget for the business support policy units is now \$3.9m. That is the ministry made up of the director general, planning and policy, human resources, finance and administration.

Ms McHALE: In 1997-98 the cost was \$1.8m. Can the minister tell me what that was for and explain and justify the 100 per cent increase?

Mrs EDWARDES: Basically the member wants a break down between the expenditure of \$1.862m in 1997-98 and the budget for 1999-2000 of \$3.944m?

Ms McHALE: Yes.

Mr PALMER: The expenditure of \$1.862m in 1997-98 for the business support policy was the original budget for the Department for the Arts which incorporated the corporate and policy budgets. In 1998-99 the funding of \$1.528m was transferred from the service agencies for the creation of central finance, human resources, payroll and administration to create the ministry. In the following year 1999-2000 the increase is due to the creation of a marketing and public relations section plus the flow on costs from the 1998-99 provision for salary increases, cost escalation and a small increase from Treasury for the devolution of Reserve Bank fees.

Mrs EDWARDES: Mr Palmer has identified the reasons for the increases. We will provide the breakdown of the \$3.944m and the 1997-98 figure by way of supplementary information.

Ms McHALE: Is the minister saying that a little money has gone from the Western Australian Art Gallery, a little from the Western Australian Museum and a little from somewhere else and it has been put into this budget?

Mr PALMER: Yes.

Ms McHALE: Therefore, the \$3.9m is not necessarily a new cost but a reorganised cost.

Mrs EDWARDES: Yes.

Ms McHALE: I am interested to know, of that \$3.9m what is new cost as a result of the creation of the Ministry for Culture and the Arts.

Mrs EDWARDES: It is probably best to give a total break down of the comparisons between the two years. The break down for 1998-99 may also be relevant in the identification of any comparisons.

Mrs HOLMES: On page 295 significant issues and trends reads -

There is an increasing recognition that the domestic market is finite and that international engagement is critical to the future and to our national identity.

That is an ambiguous statement. What is the reason for saying that our domestic market is finite? Can the minister also explain what the Government intends to do about "international engagement" whatever that relates to?

Mr GRIFFITHS: The thinking behind that is we are increasingly finding that Western Australia's population is finite. There is an increasing number of products being made available into the market which affects the capacity to take up the product. If some art forms and live performances are to survive they must increasingly find markets in other places. There are a number of programs which encourage touring both within the State and interstate. However, internationally people will have to find markets for the live and other products that they are developing. The term "national identity" relates to one of the strengths of productions coming out of Western Australia which is very much a reflection of Western Australian stories, history and culture. Much of the product is indigenous and there may well be scope for interest outside for those stories to be told and those productions to be performed.

Mrs HOLMES: You say that our population is static but I understood through planning circles that the population is growing considerably; therefore, I cannot understand the "finite" part. I love attending the ballet, the opera, live plays and so on. Are you talking about bringing more international products into the State? Can the minister explain how we are thinking about that side of our market which is very important from my perspective?

Mr GRIFFITHS: We are mainly talking about the need to find ways to export products from Western Australia into other markets so that we can get the return for the cost of developing, researching and producing all kinds of arts and cultural products. We cannot get the return from only this market. We need to consider selling overseas and interstate to get a return on the investment in the product.

Mrs EDWARDES: If we had these acoustics in an arts theatre we would walk out and ask for our money back!

Ms WARNOCK: The first dot point on page 295 refers to the drafting and introduction to the Parliament of the Culture, Libraries and the Arts Bill and the consequential Bill. As we all now know, those Bills have been withdrawn. I ask the minister what will be the fate of those Bills? What will have to change in those Bills for them to be reintroduced? How will the fate of those two Bills impinge on the matters that we are discussing tonight; for example, the setting up of the new arts ministry structure and the costs involved.

Mrs EDWARDES: As the member is aware, the minister has withdrawn those Bills. There was considerable comment and consultation that he has taken into account which is currently being considered by him.

Ms WARNOCK: Does the minister have any idea how these matters will impinge on all the matters that we are discussing tonight?

Mrs EDWARDES: No. Obviously, those matters are under consideration and he is seeking further advice.

Ms WARNOCK: In the minister's consultations on the matter of further advice, is he seeking further community consultation?

Mrs EDWARDES: Yes, from the ArtsVoice and the Library board.

[8.20 pm]

Mr BAKER: The third dot point on page 310 refers to the Arts Censorship Advisory Committee. What is the composition of the committee, are there any community members on it, and what is the ratio of community members to members from the arts industry? Could the minister advise us of the functions of the committee? What is the legal status of any recommendations or findings of the committee?

Mrs EDWARDES: We will provide a list of committee members by way of supplementary information.

Ms WISE: I understand that the committee is an advisory committee to the censorship committee. It can be called upon only if an issue in the industry is raised. It is not a proactive committee which seeks to follow-up such issues.

Mr BAKER: Who refers matters to the committee and to whom does the committee give advice?

Mrs EDWARDES: The committee was primarily established when some concern was expressed by members of the community about a certain item on display through the arts industry. The area is outside my other censorship hat and I have no responsibility for it. The police were concerned that they had nowhere to go to seek advice on the artistic merit or otherwise of the subjects of complaints. The Minister for the Arts set up the Arts Censorship Advisory Committee in response to that concern. As a result, police can seek advice from the committee. From memory, the committee comprises very highly respected members of the arts industry. I cannot recall if there is a community representative on it. Primarily, the members are called upon when needed.

Mr GRILL: The Perth Theatre Trust has been in existence for some time but if one looks at item 90 on page 294, one sees an allocation for the current year, 1999-2000, but no previous allocations and no forward estimates. It is almost like saying that it has no past and it has no future. I understand from other parts of these budget papers that this represents contracted out services but the Perth Theatre Trust certainly has a past. In Perth, comment has been made that we are probably seeing the demise of the performing arts. Would you explain the situation?

Mrs EDWARDES: You will note that the forward estimates similarly are not there for the Art Gallery and the Library Board. The member for Vasse raised the issue earlier. I cannot advise you, because I do not understand the reason it is not there for those specific items. However, I will take it on board and talk to the Treasurer.

Mr GRILL: Those forward estimates are in most jurisdictions but in some they are not. For example, when dealing with Fisheries this morning, they were not there. When I asked the minister about it, he could not go beyond saying that was the instruction from Treasury. It was so mysterious and enigmatic; I could not work it out.

Mrs EDWARDES: I will be pleased to provide you with the forward estimates by way of supplementary information. I will take on the broader concern of this committee that forward estimates are not listed for those items.

Mr PALMER: The forward estimates for PTT are there but they are shown at the very top item, as are forward estimates for the Art Gallery and the Museum. They are included at ministry level at the amount required to fund outputs for the year, which goes from \$30m to \$53m. Treasury has allocated it as one item. We can break it down further.

Ms McHALE: Treasury officials probably thought that the Bill would be through Parliament by now.

Mr PALMER: That is right. The PTT has a past. The budget was previously in the ministry's budget of the \$30m. If you look below that, you will see a net appropriation. With the change in venues, we do not pay the salaries for the people at the venues because all staff are paid by the venue manager manager, so there is no requirement for the PTT to give us a recoup for the salaries. Previously the budget was \$1.5m which is contained in the net appropriation. The PTT has its own allocation now because it is required to make its own payments because the venue staff are not under the ministry any more. It is merely an accounting change. If you look at page 295, you can see the movement in the PTT under the recurrent appropriation.

Ms WARNOCK: My question relates to items on pages 307 and 311. We all understand that the Perth Theatre Trust has undergone changes, but what sort of organisation is the PTT at the moment, why does it have a 75 per cent satisfaction rate, what is happening about BOCS ticketing, and what is proposed for the Perth Concert Hall precinct?

Ms BURGESS: The management of the theatres has been handed over to Ogden IFC. A small group of four staff members are undertaking the internal management of the contract and other activities of the theatre trust. The group consists of a manager, a contracts officer, a finance officer and a clerk. The 75 per cent satisfaction rate I think was a target, but I need to check that with Mr Diaz.

Mr DIAZ: A CTC steering committee has overlooked the BOCS ticketing process for the Perth Theatre Trust over the past couple of years. At the moment the steering committee has made a recommendation to the minister, which is before him for his consideration.

[8.30 pm]

Ms WARNOCK: So we cannot know that at the moment. Also, what is proposed for the Perth Concert Hall precinct?

Ms BURGESS: At the moment the master plan is overdue. We have been waiting for it for the past few weeks. We have asked for it to be produced in the next couple of weeks and we hope to be able to put it before the minister in the next couple of weeks.

Mr MASTERS: As the member for Eyre will appreciate, I am interested in output measures. I refer to pages 303 and 304 of the *Budget Statements*. Output measures are quantitative but not particularly qualitative. Even where they are purely quantitative I still have a concern. I shall focus on the Museum. The estimate for the current year is 2.879 million collected items and the target is 2.899 million. That is such a small increase that it is not even keeping up with inflation. It suggests to me that the Museum's collection is falling behind what it should be. As well, however, there is no indication of the quality of that collection. We live in a special part of the world and Western Australia has a natural heritage that is unsurpassed by virtually any nation on earth. We should be trying to apply quality output measures so that we are aiming for three-quarters, for example, of all of the terrestrial invertebrates, 60 per cent of all marine organisms and so on in order not to have only quantity but also quality. Why is the number of items in the Museum collection going up at less than the inflation rate? Why is there no qualitative output measure as opposed to a quantitative output measure?

Mrs EDWARDES: It is the number of items; not the value.

Mr MASTERS: No, it is not value, it is numbers, and the increase of 20 000 is less than the inflation rate.

Mr DONOVAN: I can partly answer that; the other part may have to be answered in a supplementary response. The bulk of the collection is basically in the natural science area. Over the past year we have not collected tens of thousands of items in natural science. The Museum collection goes back to the establishment of the Museum in 1895. The majority of items collected in the natural science area were collected between 1895 and about 1970. The 20 000 is only an estimate; it may be much higher. I cannot give a specific reason for its not being up to the inflation rate. As to the qualitative question, you are right; we are having difficulty coming up with qualitative responses at this stage, but we are working assiduously to give Parliament as much information as we can.

Mr MASTERS: Even in the Museum's latest annual reports there are performance indicators that relate to dollars and cents. I understand that that must be included, but, for example, I could collect 20 000 specimens of the same snail and hand them to you. That would not advance natural science knowledge one iota. If it is possible to address the qualitative issue, I would be interested to see what you can do for next year.

Mr DONOVAN: We will come back on that point. As I have said, we are looking at trying to get a more considered response. It is an issue that most agencies are trying to deal with, and we will develop it as we get a better grasp of what the output process is about.

Mrs EDWARDES: We will take the question on notice.

Ms McHALE: I have a series of questions about libraries, but I have another question about the Concert Hall redevelopment and it relates specifically to the future of the West Australian Symphony Orchestra and the fact that the Australian Broadcasting Corporation has made it very clear that it no longer manages or supports the WASO in a financial way. The minister has made it clear that the State will not provide for the WASO. However, in March the minister indicated that in the master plan for the Concert Hall rehearsal space for WASO was considered. Is the master plan still focusing on and considering rehearsal space for the WASO? If not, what is the Government's attitude to the possible demise of the WASO because nobody is willing to support it?

Ms WISE: The Concert Hall is one option being considered by the West Australian Symphony Orchestra. Both parties are saying that there is a certain responsibility on behalf of the other - that is, the State and Federal Governments. The West Australian Symphony Orchestra, ArtsWA and, I believe, the capital works planning section of the ministry have met with Mr Rod Lillis to talk about the future of the orchestra. It is very much on our agenda to make sure that the orchestra is housed adequately in the time frame that it requires with the ABC moving out over the next couple of years. We have not yet met with the ABC for further discussions.

Ms McHALE: So what options are you considering?

Ms WISE: I do not know whether I can talk about some of those yet because other parties are involved who have not been spoken to.

Ms McHALE: What is the time frame for the negotiations on management of the issue?

Ms WISE: In my discussions with Rod Lillis I was told that the ABC will be moving out in about 18 months, but he feels that it will be able to be accommodated for a little longer in the ABC buildings. There is pressure on the State and Federal Governments to ensure that there is a home for WASO to move into.

Ms McHALE: I now refer to libraries. Looking at the recurrent funding it appears that there is a \$1.3m reduction in library funding. That appears at page 294 of the *Budget Statements*. I refer to library funding, not capital works, and I am not looking at the table on page 295, because it includes capital works. Has there been a reduction?

Dr ALLEN: That is not the complete budget for the Library Board of Western Australia; it is just the money directly appropriated to the Library Board. The table over the page shows the Library Board item under the three columns and gives a better idea of the total budget. There is an amount of \$24.604m for 1998-99 actual and \$24.164m for 1999-2000. You might recall that we had a couple of one-off allocations this year - \$400 000 for public libraries and another figure to cover some royal commission records. There have been various adjustments associated with debt servicing, but in essence the budget is the same.

Ms McHALE: So it is \$500 000 less?

Mrs EDWARDES: It is because of the one-offs in 1998-99.

Dr ALLEN: Yes, the \$400 000.

Ms McHALE: Was that for the stock ratio?

Dr ALLEN: That is right. That was a one-off this year.

[8.40 pm]

Ms McHALE: What is the current public library stock?

Dr ALLEN: I will have to get that figure for the member.

Mrs EDWARDES: We will supply that by way of supplementary information.

Dr ALLEN: It would have gone up on the figure for last year. We are not going backwards.

Ms McHALE: At the moment, can the 1.25 items per capita be provided?

Dr ALLEN: I would have to check how we are going at the moment. The \$400 000 was being distributed to the libraries that were running at less than 1.25 items. As the member may be aware, many libraries are currently running at over 1.25. On a statewide per capita basis, the figure is over 1.25. The intention with the \$400 000 was to bring into line those that had gone under as a result of the population growth. This is an ongoing project and is not quite completed as yet.

Ms McHALE: When providing that supplementary information, perhaps the minister could indicate how many libraries are below the 1.25 level, and how many are above it.

Mrs EDWARDES: We can provide it as supplementary information.

Ms McHALE: Is the minister aware of the budget submission on libraries from the Western Australian Municipal Association?

Mrs EDWARDES: I am not personally aware of that, but I am sure the officers are.

Ms McHALE: I will refer to that. Of course, WAMA lobbies on behalf of public libraries. It seems to have a different view from that of the chief executive officer of the Library Service of Western Australia. WAMA indicates that the resources in libraries will fall short by 13 000 items, based on population estimates for June 2000. It says that to meet the 1.25 per capita level, there must be an injection of 13 000-plus items. Is that right or wrong?

Mrs EDWARDES: Dr Allen said that we will provide that by way of supplementary information, and we will identify where the level would be above the 1.25 items statewide.

Dr ALLEN: We have ongoing annual discussions with the Western Australia Municipal Association about how it works out those figures. Before I can respond to the estimates for the middle of next year, I would have to know where WAMA is getting those calculations from. Before I can produce something along the same lines, I would like to know the criteria that has been used.

Ms McHALE: How do libraries deal with the fluctuations that arise by floating and non-residential populations. I am talking about towns, such as Broome, the popular towns from a tourism perspective and towns in which people live for three or four months of the year but do not always show up in the population figures, yet are a demand on the library resources. Does any factor within the formula deal with that?

Dr ALLEN: I thank the member for that question. Over the past 18 months we have worked with local government on a major review of public library resources and how they are supplied. I can provide the member with a copy of the final reports if she wants one. Many of the issues were addressed. The 1.25 items per head of population is now allocated by the local government authority, rather than the service point. Each local government authority can decide which service point these items are put into. There is a lot of pressure coming from local government about the new book input. One of beauties of the Western Australian system is that material which has been to other libraries can be circulated. Part of the recommendation of the review was, firstly, that local government develop community profiles and, secondly, if local government authorities can take more stock and the stock is available, they can have it. For country towns and retirement villages, we hope to be able to help a great deal.

Ms McHALE: What is the current new book input rate?

Dr ALLEN: I will have to take that question on notice.

Mrs EDWARDES: We will provide it by way of supplementary information.

Mrs HOLMES: I refer to the first dot point at the top of page 296. It covers the fee-for-service activity which provides access to scientific expertise. Where is the income from that shown in the budget and for how long has it been operating?

Mr DONOVAN: The Museum has had a number opportunities to provide advice to the United Nations Educational, Scientific and Cultural Organisation, and other international agencies. Recently Graeme Henderson the director of the Western Australia Maritime Museum was in Paris providing advice to UNESCO for a project to do with maritime history.

He also represented Australia at an international conference put on by UNESCO. The fee-for-service provisions are rather small. We are not making a large amount of money out of that just yet. We are hopeful that as the scientific skills within the Museum are recognised more internationally, the State will be a great beneficiary. This is a small initiative to begin with, but we are confident it will grow over the next few years. It is a tribute to the expertise we have within the Museum.

Mrs HOLMES: I refer to the third dot point under the major achievements set out on page 300 for LISWA. It states that significant resources are allocated to achieving 2000 compliance. Is the library service well covered for the year 2000 millennium bug?

Dr ALLEN: Like every other organisation, we hope so. We have been through our major systems and software. That program is continuing. We are hopeful our major compliance will be in place by 30 June. We are doing our best. It is our No 1 priority.

Ms WARNOCK: An item on page 304 refers to the percentage of the collections stored, according to appropriate standards. I was somewhat alarmed to see that it is very low in the case of the Western Australian Museum. Does it mean that a lot of the collections is not stored according to appropriate standards? I found that rather ambiguous. I also have a question about the proposed Geraldton regional museum.

Mr DONOVAN: Many items in the collection do not meet international best practice when it comes to the temperature in a room. That does not mean the collections will deteriorate or fail; it simply means that at the moment we do not have the humidity rates required to ensure certain things meet that best practice standard. It would be remiss of us not to put that information into the estimates figures. Naturally, we are aiming to achieve that, but we have quite a way to go.

Ms WARNOCK: It seems as though that is the case, according to that statement. I hope the funding will be eventually provided to do that, because I would hate to see stuffed Tasmanian tigers and so forth disintegrating.

The Geraldton Regional Museum is referred to on page 305. I am interested in the progress of that, as I am sure the Chairman will be. The amount of \$6.8m is a very good sum. What is the progress on the proposed Geraldton regional museum and what decision has been made about the *Batavia* relic in relation to that museum?

Mrs EDWARDES: Detailed planning, design and development have been completed for the museum. Construction is scheduled to get under way before the end of May, and the Mid West Development Commission is managing the project. It is expected that the new museum will be open to the public in early June 2000.

Ms WARNOCK: I am sure we are all pleased to hear about that. May I know about the *Batavia* relic?

Mr DONOVAN: As the member will recall, the *Batavia* relic was the subject of an all-party select committee report undertaken in 1992. It was the unanimous recommendation of that committee that the portico be moved from Fremantle to Geraldton. That will occur at some stage during that period.

[8.50 pm]

Ms WARNOCK: I am glad the member for Fremantle is not here tonight.

The CHAIRMAN (Mr Baker): I refer to the fourth dot point on page 296 of the *Budget Statements*. It states -

There is increasing competition for corporate sponsorship both within and from outside the sector.

What is your assessment of how the arts and culture sector is faring in competition with, for example, sport generally?

Mrs EDWARDES: I will ask Mr Griffiths to respond but this is an issue for all agencies which have relied upon sponsorship to fund projects. A greater emphasis on marketing is needed. That applies across the board and particularly to arts and culture.

Mr GRIFFITHS: The statement is very self-explanatory in the sense that there are more and more organisations in the marketplace seeking the support of corporate sponsors. There are some very good examples of great success in this area both in the agencies represented by the ministry and in the major agencies with which the ministry works. It is difficult to arrive at a figure. There is no single database but we are working on some national research to try to tie down some of the trend lines in this area. We are cooperating with the other States and the Commonwealth to develop that research through the Australian Bureau of Statistics. However, the stories are legion. Everybody is more and more interested in seeing what we can do. That will be a brief of the new marketing branch to be established within the ministry with some new money in this budget.

Mr BAKER: The next dot point states -

The core support groups for many cultural institutions are ageing.

The point continues and says institutions should reinvent themselves. What is your analysis of why these core support groups are ageing?

Mr DUFOUR: Although our institution was established in 1895, it was reborn in a sense in 1979 with the new building. At that time it attracted an enormous amount of community support. Those people have been with the gallery in the Friends and Foundation since then and remain with it. However, we want to build on that as the population increases. Certain activities such as starting a new younger friends group like Artery have been very positive in accomplishing this aim.

Mr GRILL: We have heard a lot about private funding of the arts and corporate sponsorship in recent years. However, they



are mentioned in fairly negative terms in the fourth dot point on page 296. What is the current status of sponsorship of the arts under this portfolio jurisdiction? Are there major corporate sponsors? What is the history? Is it increasing or decreasing? What is the current prognosis for further corporate funding?

Mrs EDWARDES: There has been some significant funding. One of the most outstanding sponsorships within this portfolio is the agreement between the Museum and Woodside Petroleum - an exceptional study is being sponsored by that organisation. I ask Ms Burges to add to that.

Ms BURGESS: It is difficult because there are a number of programs across the ministry, the agencies and out in the industry. However, all the agencies have very vigorous projects in place; the library has Save Our Century and the Art Gallery has the Indian Ocean rim project. Without speaking specifically about dollars, sponsorship is increasing; it is difficult, it is the toughest market I have seen and all the feedback I get from the industry groups and the agencies is that it is very difficult. It is a hard time but the feedback from the companies is that they are doing particularly well and work very hard at increasing sponsorship. I ask Ms Wise to talk about the annual dinner at which we announce some of the sponsorship winners.

Ms WISE: The members who attend that dinner will know that over the years the number of sponsors who have been rewarded has increased significantly. Some of them have been sponsors for many years but as Ms Burges said, it is a tough environment as many arts organisations are out there competing not only with each other but also with the Zoo, Kings Park and places like that. We hope that through the marketing unit we will be able to put in place some strategies to help overcome some of the difficulties. The orchestra, the ballet and the Black Swan Theatre Company have all achieved significant increases in sponsorship over the past 12 months; they have worked very hard at it.

Mrs EDWARDES: We are also in a market in which there is an enormous call on funds from organisations for the Sydney Olympics. We are all in the market for sponsorship and much of it is being directed at Sydney.

Ms McHALE: In the figures on page 295 it appears that there is a roughly \$500 000 increase for ScreenWest. Is that attributed to the GranadaWest project or is it something else?

Mr HUTCHENS: That is the first instalment of the GranadaWest commitment.

Ms McHALE: Are we talking about \$6m over five years or \$4m over four years. According to the *Budget Statements* it is the latter. Therefore, why was the chief executive officer talking about a \$6m investment with GranadaWest?

Mr PALMER: There is \$500 000 for 1999-2000 and another \$500 000 for 2000-2001, the year after that the allocation increases to \$1.5m, then \$1.5 up to \$6m.

Ms McHALE: Is it \$4m?

Mr PALMER: No, it is \$6m.

Ms McHALE: It is \$500 000, \$500 000, \$1.5m -

Mr PALMER: It is \$1.5m and then it increases to \$2m in the last year. I do not have those figures with me but it does increase in the outer years.

Ms McHALE: Why does the fiscal overview talk about \$4m?

Mrs EDWARDES: The outward years for the budget are only four years.

Ms McHALE: Is the allocation \$500 000 for 1999-2000 and 2000-2001, \$1.5m in the third year and \$2m in the fourth year?

Mr PALMER: It is \$1.5m in the following year then \$2m.

Ms McHALE: Is it \$1.5m?

Mr PALMER: It is \$500 000, \$500 000, \$1.5m, \$1.5m - that is four - and then \$2m.

Ms McHALE: Has \$2m been committed in the fifth year?

Mr PALMER: Yes.

[9.00 pm]

Ms McHALE: Thank you for clarifying that. Will the minister now give me some insight into how the relationship between ScreenWest and GranadaWest will work?

Mr HUTCHENS: GranadaWest has been set up with a board that has some representatives from ScreenWest and some from Granada Media International. They will control the money and provide loans to Granada Media International's distribution arm that will offer local film makers presales or distribution guarantees for their product up to 20 per cent of the budget, so that the market attachment can be used to trigger either federal funding or other investments.

Ms McHALE: Is GranadaWest jointly owned by the State Government and Granada?

Mr HUTCHENS: Yes.

Ms McHALE: What are the long-term plans for the entity? For instance, are there any proposals at this stage to sell off the Government's interest after four years?

Mr HUTCHENS: Yes, performance indicators are being negotiated with Granada at the moment as the heads of agreement are being finalised. There will be some incentives if they reach particular milestones for the share ratio to change. However, ultimately the State Government will still have a stake in the project at the end of its term and then it will be assessed.

Ms McHALE: Will the minister give some indication in broad terms of the key criteria for producers to access this money?

Mr HUTCHENS: They are very much like the current guidelines for ScreenWest, and will look at the economic impact for the State, the industry development impact, and whether it is a WA story or promotes the State in some way. There are a range of criteria and each project is assessed on those criteria. One may have less economic impact and more cultural impact, or vice versa, so it is hard to set a strict proportion. Those criteria will be used to assess the projects.

Ms McHALE: In theory will it be possible for interstate and overseas companies to apply to GranadaWest for production funds?

Mr HUTCHENS: It is definitely possible for interstate companies to apply if they can meet the criteria of the economic impact for the State, because WA does not have a large enough pool of producers to access it quickly. It will depend on the return to the State. An out-of-state production company is not ruled out.

Ms McHALE: What about an overseas company?

Mr HUTCHENS: I am not sure of the details of the agreement, and I will take that question on notice.

Mrs EDWARDES: I will provide that as supplementary information.

Ms McHALE: Is it envisaged that Western Australian companies, which are doing excellent work particularly in documentary films and drama through Barron, will be given incentives to ensure they are not beaten down by overseas companies that have better financial backers and entry into markets which local companies do not have?

Mr HUTCHENS: Yes, the criteria relating to the impact for the State and representation on the GranadaWest board will ensure those matters are given heavier weighting than the sheer commercial quality of the deal, which local producers may not be able to compete against in the first instance. Initial negotiations are taking place directly between Granada and local production companies, particularly the companies producing documentaries which the member has mentioned, and we hope that within the next month or so they will be able to access some of the development money. GranadaWest very much has that as a priority also. Although Granada Media International is a big company, it comes from a regional centre in the United Kingdom and this was part of the original fit because it understands the regional needs of WA.

Ms McHALE: At the moment ScreenWest receives about \$2m from the Lotteries Commission which is provided through various investment grants. Is it anticipated that any change will be made to that arrangement, or will the \$2m still be available at the same time as the government investment of \$6m?

Mr PALMER: The \$2m will still come in through the Lotteries Commission and it will be on top of the \$6m.

Ms McHALE: The two are completely separate.

Mr PALMER: Yes, that is right.

Ms McHALE: Are there any proposals to change the current way in which the \$2m is allocated to producers? I gather there are two basic funds - fast track and the producer enterprise package.

Mr HUTCHENS: Yes. We are trialling the producer enterprise packages and have committed to four major companies. That is up and running. The production investment fund is a significant proportion of that \$2m, and we are currently discussing whether the fast track arrangements will continue because of the lack of success of that in the first year of operation. No decision has yet been made. We are concerned about how it has operated in the first year and we are looking at it. The pot of money remains the same; it is a question of how it is provided and whether it will be through a panel, with the board making a strategic decision on production investment, or under fast track arrangements where a project meets certain criteria and is able to access the funds in an easier way.

Ms McHALE: How much is currently allocated to fast track?

Mr HUTCHENS: In the last budget or the current budget?

Ms McHALE: Both.

Mr HUTCHENS: In last year's budget 60 per cent of the \$1.1m that was allocated for production investment was available under fast track. The actual amount of production investment funds and the level of fast track funds have not been determined for the forthcoming financial year.

Ms McHALE: There is still \$1.1m available?

Mr HUTCHENS: There is still over \$2m available.

Mr MASTERS: The first dot point on page 296 indicates that the Western Australian Museum's skills in materials conservation are being sourced by government agencies across Australia and overseas. I have some concern that the more time experts from the Western Australian Museum spend carrying out work overseas, the less time they spend in Western Australia understanding its natural sciences and environment. What proportion of FTEs are spending time overseas, and when they are overseas, are other people hired in WA to fill the gaps?

Mrs EDWARDES: It is always a matter of concern to balance the situation when officers are overseas participating in up-skilling in a variety of ways, whether it is by attending meetings as was identified in the case of Graham Henderson or providing advice to such distinguished bodies as the United Nations Educational, Scientific and Cultural Organisation. That says a lot to the international community about Western Australia and the skills in this State. If our scientists are recognised by their participation in those bodies, there is a bonus to this State when representatives of those bodies or other distinguished scientists visit WA. We will provide the answer you want by supplementary information. It is being reviewed at present. It is important to endeavour to ensure a proper balance is maintained. Mr Donovan did not indicate earlier that Dr Ian Macleod, the head of the conservation department, visited Texas to inspect the conservation work being done on the Catalina aircraft that is to be returned to Western Australia. It is an exciting project and an example of the links that can be achieved.

[9.10 pm]

Mr MASTERS: I am not concerned about staff from the Museum going overseas and sharing their expertise with appropriate organisations. I am more concerned about their doing biological surveys or other projects overseas and creating a gap in Western Australia's ability to learn from their expertise. If we take it to a somewhat illogical conclusion, the figures for the Western Australian Museum's overall current expenditure could be the same as they are today with the whole of the staff overseas earning money. There would be no net cost to the taxpayer of Western Australia, neither would there be any net benefit because the work is not being done here to allow us to understand our environment.

Mrs EDWARDES: That is the balance to which I was referring. It is constantly being reviewed as it is in this instance.

Ms BURGESS: It is an issue of which I am aware and which is being constantly examined. The Museum puts together a business plan that must go before the board. The board is also concerned about those issues. It has a budget for travel and criteria by which it must justify its efforts. The board must be satisfied with that. After the legislation has been passed a group of us will be examining those issues. Although I do not have the specific figures showing who travels and who undertakes what activities, we can provide that as supplementary information.

Mr MASTERS: I am not interested in the detail of someone going overseas for a two or three day conference, but in the major projects that drain our ability to service our own State.

Mrs EDWARDES: Travel should not be limited to only short trips. Opportunities should always be provided. It is a matter of achieving a balance and of ensuring that the bases here are covered.

Mr GRILL: I refer to the effectiveness criteria at page 308 concerning ScreenWest. The number of film projects and organisations supported was 120 for last year and 120 is the target for the forthcoming year. How many films were completed last year which received funding from ScreenWest? What were the major successes from last year's program?

Mr HUTCHENS: I do not have the figures, but I can talk about some of the critical successes.

Mrs EDWARDES: We will provide the number by supplementary information.

Mr HUTCHENS: The children's drama series called "Minty" was broadcast on the ABC, Scottish Television and ITV in the United Kingdom. It was one of the most innovative children's series produced during that year and it rated very highly. "Paying for the Piper" a dramatic documentary on the *Piper Alpha* anniversary by a local film maker now based in Perth won awards overseas. "Kings in Grass Castles" was another of several major productions that presented Western Australia on an international level.

Ms McHALE: I notice that the budget for the Art Gallery is in effect quite static. There are no increases. There is almost a decrease, but I cannot say there is; yet there is a strong commitment from the Art Gallery to the notion of a living centre and a very strong commitment to developing the Indian Ocean from a cultural perspective. Why is there no financial commitment from the Government to the living centre concept?

Ms BURGESS: A Cabinet submission is being prepared to put before the minister within the next few weeks. It is too early to say there is no commitment. It is a very attractive proposition, so I am hoping that some funding will be provided.

Ms McHALE: For the record, there is no commitment in the budget for 1999-2000 so it is not too early to say there is no commitment. However, I gather you are hoping some financial commitment will be made.

Mrs EDWARDES: It is to be considered by the minister.

Ms McHALE: What is the acquisition's budget for the Art Gallery for 1998-99 and 1999-2000?

Mr DUFOUR: It is \$230 000 for 1998-99 and it is the same for 1999-2000. That represents only a portion of the acquisition activity. In the main acquisitions are made from trust moneys, the foundation, as well as this allocation. On average, the expenditure is about \$600 000 a year. That is made up of income interest from a number of bequests, primarily the Sir Claude Hotchin Art Foundation.

Mrs HOLMES: What happens to any profit that ScreenWest may make from a successful film after presumably paying back any loans.?

Mr HUTCHENS: It depends on what basis the funding is provided. Generally, if it is a loan secured against certain performances, that loan is returned to ScreenWest to further invest or provide other loans. Much of it is provided as an investment. Like the other investors we participate in returns when the project goes into profit. Historically we are investing for cultural reasons not on a commercial basis to return a profit. However, those profits are returned in small amounts and are used to top up our production investment fund.

Mrs HOLMES: What happens if a grant is made, rather than a loan?

Mr HUTCHENS: If it is a grant we see no return. The grants are limited to what we call our creative development schemes involving short films or are provided to new film makers to take off the commercial pressures of the project to enable them to develop as film makers.

Mrs HOLMES: Do the profits show anywhere in the budget papers?

Mr HUTCHENS: I am not sure about the budget papers but it is shown in the ScreenWest's detailed budget. I can provide you with that detail.

Mrs EDWARDES: We will provide that by supplementary information.

[9.20 pm]

Ms WARNOCK: One of the major initiatives for 1999-2000 at page 310 of the *Budget Statements* is to implement the recommendations of the Screen Industry Task Force relating to requirements for studio facilities, etc. What recommendations were made in that screen industry report, and what recommendations are likely to be put in place in the near future?

Mr HUTCHENS: The task force will hold its first meeting shortly. The task force has been formed, and various industry working parties are developing papers to present to it, but no recommendations have been made at this stage.

Ms WARNOCK: We do not know what will be the future of the film industry in Western Australia, because we have yet to hear the recommendations.

Mr HUTCHENS: Yes, in the sense that the specific issues with which it is dealing have yet to be considered.

Ms WARNOCK: I turn now to theatre. Page 309 of the *Budget Statements* refers to Arts WA having participated in and supported the development of a policy for theatre, including venues, and that will take place in June 1999. From my experience of the arts in Western Australia, it is a pretty unhealthy sector, and it is certainly a sector about which most people who know anything about the arts in Western Australia express a great deal of concern. In fact, some people think it has died on its feet. What is the Government's policy with regard to theatre, including venues, because there has been a lot of talk about various venues. Will there be an arts venue in the new convention centre? What will happen to the Subiaco Theatre Centre? Will there be a festival centre? Many of us have spoken about this topic over the past few years. Nothing much seems to have happened, and most of us who are interested in these issues want to know what will happen.

Mr GRIFFITHS: The review of the requirements for theatre in Western Australia was launched in about mid-1998. The first stage of that review resulted in a report by Graham Walne, which reviewed all the venues and their requirements, and which recommended the development of a matrix concept for the provision of different sorts of venues for different purposes. That report has been publicly available for some time. It gave further credence to the need for a flexible space-type venue, which has achieved some notoriety, but that has now been included in the proposed convention centre development and presumably is being afforded the importance that we believe it deserves in that process, but I am not in a position to discuss that. The second complication that came from the Walne report was a strong and identified need to examine the demand for theatre venues in the Fremantle area. The ministry is currently cooperating with the City of Fremantle on a stage 2 feasibility of some earlier work that has been done in Fremantle to build a performance space and an art gallery. That contract has been awarded and is in about week six of a 10- week project to bring forward some recommendations on the Fremantle development.

The other issue with regard to theatre and performing arts in general is that we were launching into a framework development exercise and we were on the verge of convening a number of focus groups with industry representatives and other stakeholders when, after much pushing from the State Government, the Federal Government announced a national inquiry into the performing arts, which is being chaired by Dr Helen Nugent. We regarded that as an opportunity to reframe our exercise into that broader development, because it was examining virtually the same issues. We have already identified a number of concerns for Western Australia that were federal issues that should be addressed at the federal level. We have put a lot of resources into making submissions to that federal inquiry. That federal inquiry is due to report back to everybody through the Cultural Ministers Council, so the Minister for the Arts will have a say in the final shape and development of that inquiry, because essentially it is inquiring into the range of issues in which the State is the primary stakeholder. It is inquiring into organisations into which the State puts far more money than does the Commonwealth, and that is part of the problem.

Mr BAKER: The second dot point at the top of page 310 refers to the Arts Management Task Force. How is it proposed to measure the performance of the Arts Management Task Force in determining whether it has improved the business practices of the arts agencies?

Ms WISE: The Arts Management Task Force is looking at the professional development needs of the management side of arts agencies. We provide a lot of funds and opportunities for creative personnel through our grants program. The task force is looking at how general managers, administrators and marketing people can enhance their skills to keep up with emerging trends, and get the opportunity to work with other talented general managers, business people, etc. At this stage the task force has not tabled its report to give us some indication of what the measurable outcomes may be at this time.

Mr BAKER: I gather it was given some performance indicators?

Ms WISE: One would hope so.

Ms McHALE: What has happened to the report of the strategic asset management review of the Perth Institute of Contemporary Art? PICA plays an important role within the arts community, particularly for contemporary art.

Mrs EDWARDES: What page are you on?

Ms McHALE: I am not on a particular page at this stage, but I imagine it is support to Western Australia's arts and cultural industries. PICA receives funding from the State Government. That report identified a number of urgent capital works that were needed for the institute; for example, access for the disabled was appalling, if not non-existent, toilets for staff and patrons were inadequate, and theatre seating was non-complaint. The report also raised other occupational health and safety issues. PICA needs an injection of capital funds. Is there anything in the capital works program to address those issues; and, if not, why not, and what will the Government do to address those issues?

[9.30 pm]

Mrs EDWARDES: Some of the issues are being addressed, and they are all identified in the capital works budget for the outgoing years.

Ms McHALE: Where is that mentioned?

Mrs EDWARDES: That will be provided as supplementary information.

Ms McHALE: If it is in the capital works budget, I have missed it. I have been through it thoroughly.

Ms WISE: The Perth Institute of Contemporary Art would not be mentioned specifically in the capital works budget. There is a global allocation of \$300 000.

Mr PALMER: It is on page 318, under "Ministry - building maintenance", and the figure is \$300 000 a year.

Mrs EDWARDES: We will provide the specific items as supplementary information.

Ms McHALE: What happened to the strategic management assets report and its recommendations?

Ms WISE: That report still forms a part of our capital works planning and is under active discussion. It is one of the many projects we have under discussion in our capital works planning. As indicated, we are required to provide the details of what is being addressed for PICA next financial year.

Ms McHALE: I refer again to page 297, and the mention of support to Western Australia's arts and cultural industries. To what does that item refer? Is that the moneys available to fund independent companies?

Mr PALMER: The agencies involved are Arts WA, ScreenWest and the Perth Theatre Trust.

Ms McHALE: Does that fund the Western Australian Ballet Company, the Western Australian Opera Company and the Black Swan Theatre Company?

Mr PALMER: Yes.

Ms McHALE: This year \$19.6m has been allocated to government-funded arts agencies.

Mr PALMER: That includes ScreenWest and Arts WA.

Ms McHALE: So there is a reduction of \$200 000 from last year.

Mr PALMER: Those figures would be the total cost and below that is an adjustment for non-cash items.

Ms McHALE: How much money has been allocated to the arts agencies? I have questions about the Opera Company, the Ballet Company, the Black Swan Theatre Company and so on.

Mr PALMER: That information is at page 295.

Ms McHALE: On which line?

Mr PALMER: It is under Arts WA, and that is the total budget.

Ms McHALE: That is \$13.4m.

Ms WISE: The \$13.4m includes our operating budget, which is about \$1.3m. The grant allocation is the total of the Lotteries Commission allocation, the \$3.69m from the consolidated fund and \$78 000 from the Department of Land Administration for rent on some properties.

Ms McHALE: We found last year that the Western Australian Ballet Company was in dire financial difficulties, as was the Black Swan Theatre Company. The Opera Company was not in such dire straits but has had to curtail some of its initiatives, particularly touring in regional Western Australia. Is there an increase in the budget for 1999-2000 for the Western Australian Ballet Company and the Black Swan Theatre Company?

Mrs EDWARDES: No.

Ms McHALE: How does the Government expect those companies to survive beyond the end of this calendar year?

Ms WISE: Many of our agencies are being required to look at a range of different sources of income to undertake their

activities. We talk to them and negotiate their triennial funding and contracts around what they can afford to put on with the available funding as well as box office income, sponsorship and income they are able to attract from other sources.

Ms McHALE: Is the funding provided to those companies for 1999-2000 the same as it was for this financial year?

Ms WISE: Yes.

Ms McHALE: So there has been no adjustment for CPI increases.

Ms WISE: No.

Mr MASTERS: I have been asked by the member for Bunbury to ask some questions about the Bunbury Entertainment Centre. This issue has been brought to my attention many times in the past two years. I am advised by the member for Bunbury that the entertainment centre is seeking a capital works grant to upgrade its lighting and computer systems. The emphasis is on the computer system, which is in very poor condition. If it failed, the centre would not be able to function properly. I understand the centre's board has asked that the computing element of the capital works grant be treated with the greatest urgency. Do the estimates refer to the Bunbury Entertainment Centre? In particular, what consideration has been given to the request for a capital works grant for the computer system, and when might an answer be forthcoming?

Mr GRIFFITHS: I understand that discussions are under way with the Bunbury Entertainment Centre and that the Premier wrote to the board indicating that it was very difficult to deal with any submission without a sound business case. There has been some dialogue about how that will be provided. The request will be considered by a joint team from Treasury and the Ministry for Culture and the Arts when the business case has been received. I understand that it has not been received as yet. A subsequent letter has arrived pointing out the specific computer problem. That request also must be considered in the broader context of the business case for the total capital works grant. We are in active dialogue, but I cannot predict when that will come to some resolution.

Mr MASTERS: Is the "business case" what I would call a "business plan", dealing with the centre's operations for 12 or 24 months?

Mr GRIFFITHS: Yes.

Mr MASTERS: Has that been provided in the past, or is this a specific request to back up the capital works grant application?

Mr GRIFFITHS: It is a specific request to back up the capital works grant. However, it is common practice with all capital works estimates across government that such a business case be provided detailing the nature of the business being supported and the justification for the investment.

[9.40 pm]

Mr MASTERS: Is the business case or plan you are looking for a complex document or is it reasonably straightforward? Are you asking the Bunbury Entertainment Centre to spend money on consultants, for example, at a cost the equivalent of that of its computer upgrade?

Mr GRIFFITHS: I cannot answer that point. It would not be terribly onerous and assistance would be made available from the Ministry for Culture and the Arts with the development of such a plan.

Mrs EDWARDES: I am sure that the South West Development Commission, which has that assistance as part of its brief, would assist, if the member for Bunbury wanted to liaise and coordinate that assistance.

Mr MASTERS: It has been put to me by people in the arts community in the south west that a typical citizen in Perth receives the equivalent of \$3 or \$3.50 worth of funding to enjoy arts presentations and performances each year; however, the equivalent figure for rural Western Australians is 50¢ or 60¢. Can anyone confirm or deny that figure?

Mrs EDWARDES: We will provide that answer by way of supplementary information.

Ms WARNOCK: Significant issues and trends on page 295 of the *Budget Statements* contain some interesting reflections about the state of the arts in Western Australia. One paragraph refers to some sections of the visual and performing arts experiencing a significant decrease in box office activity. Anyone involved with the arts knows about that decline, as well as the concern about the ageing of the audience. What can the Government do to make the box office of the visual and performing arts healthier, and what is the Government doing to "grow the audience"; that is, to encourage young people to become the audience of the present and future?

Ms BURGESS: Our agencies are working on one or two specific programs. The ministry is introducing a marketing unit to take on some of the generic marketing responsibilities, particularly in developing generic research across the whole of the industry. We hope this will provide some value-adding expertise to the different companies and agencies. This is an attempt to try and better understand the audience, those who are not attending performances, why box offices are down and such matters. I pass to Ms Wise to cover some of the programs in which we are working with youth.

Ms WISE: As the member for Perth is probably aware, we have set up a Young People and the Arts Panel, which supports a range of programs both for young emerging artists and to work actively with child care centres and school children to ensure they receive some form of close attention from the arts. The idea is to build the audiences of the future. We are working at all levels to try to encourage arts organisations to ensure that they attract young people. Many of these groups in their triennial funding programs have support for education officers who work closely with schools. Such strategies have

been put in place. The major performing arts inquiry is another avenue to look at ways of increasing audiences for the performing arts.

Ms WARNOCK: Is any thought given, for example, to encouraging companies to offer cheap seats at the last minute to young people; namely, both school and tertiary students? Companies in some parts of the world have last minute rushes to various performances. I am concerned when I see a good performance with a small audience, yet young people would attend these performances if they could afford tickets. Tickets could be made available very cheaply. Has any thought been given to encouraging all companies to do that as government policy?

Ms WISE: Some companies do that already. I will hand over to Mr Griffiths to talk about the ArtsEdge program.

Mr GRIFFITHS: The ArtsEdge program is a recent initiative launched as a pilot program earlier this year between the Education Department and the Ministry for Culture and the Arts. This is designed to look at ways of engaging practising artists in curriculum activities, in training, in teacher development and in classroom and school residencies. This is intended to increasingly engage schools in attendances at live performances and the like. This program very much hinges on the new curriculum framework. I am no expert in the details of that framework, but we are very encouraged that the curriculum framework makes the arts and culture in general a more significant area of learning for Western Australian students. Therefore, we believe that over time the requisite resources must be directed to support that curriculum framework. Drama and the like are now TEE subjects. Increasingly, young people will be selecting studies in these areas and more resources must be provided to support that change. Undoubtedly, over time, that will contribute to audience growth.

Mr BAKER: I refer to page 320 of the *Budget Statements* and the second section under net appropriation determination which makes reference to return of investments under the arts venture capital scheme. Can the minister briefly explain that scheme?

Mrs EDWARDES: I ask Ms Wise to answer that question.

Ms WISE: That scheme has been running at ArtsWA for a couple of years. The idea behind the scheme is for arts organisations and individuals to take a slightly more commercial approach to some of their activities. They might do a great deal of research and development without a great deal of return, and some projects can be undertaken on which they make a surplus. People applying for those funds must develop a fairly comprehensive business plan to receive an investment, and they must undertake to repay the investment received from ArtsWA.

Mr BAKER: How much money is outstanding from such investments?

Mrs EDWARDES: I will provide that by way of supplementary information.

Ms McHALE: If the Western Australian Ballet approached the Government and said that it must close the company because it can no longer support the company on funding received because of reductions in box office returns, funding or whatever, what would be the Government's response?

Mrs EDWARDES: That is highly hypothetical.

Ms McHALE: I know, but it is not far around the corner.

Mrs EDWARDES: It has not happened, and I cannot comment on a hypothetical.

Ms McHALE: Regarding ScreenWest, did *Kings in Grass Castles* make a profit, if that is the right language? In terms of the investment made, was a return made to the Government from Barron Entertainment Ltd?

Mr HUTCHENS: Not to date. The life cycle, distribution cycle and the way that money is returned from those projects can take several years. To date, no return has been made. It has been in distribution for about a year, and we expect returns shortly.

Ms McHALE: The money was to be returned by June 1999; otherwise, the Arts budget was to be adjusted. Is that no longer to happen?

Mr PALMER: That has not happened in the 1999-2000 budget at all. As you rightly said, there is a Treasury advance outstanding for \$500 000, and we will be negotiating with Treasury to extend that advance with the aim of reducing it when the returns come in from the film.

[9.50 pm]

Ms McHALE: How long is the extension that you are seeking?

Mr PALMER: The advance is always for 12 months, so we must renew it every 12 months. The renewal will be for 1999-2000.

Ms McHALE: My questions will now relate to the Perth Theatre Trust and Ogden IFC. What is the management fee paid to Ogden?

Mrs EDWARDES: \$300 000.

Ms McHALE: Will the Government continue to pay for the maintenance of the venues?

Mrs EDWARDES: Yes.

Ms McHALE: What is the anticipated financial return to the community of contracting out the venues?

Ms BURGESS: It is greatly increased business.

Mr DIAZ: The returns relate to increased patronage and performances at Perth Theatre Trust venues.

Ms McHALE: What is the relationship between the Government and Ogden in terms of dividing up the spoils, so to speak, of that increased investment and patronage? What is the financial arrangement between the two?

Mr DIAZ: We need to look at the contractual terms. Ogden IFC is the agent for the Perth Theatre Trust. The Perth Theatre Trust will remain responsible for the budgets, revenues and expenditure at those venues. Hence, the increased performances at venues will benefit the trust not Ogden IFC.

Ms McHALE: Ogden IFC does all the work to attract performers and other companies to the venues, and if lots of people attend and there are full houses, is all that money returned to the State?

Mr DIAZ: Yes.

Ms McHALE: Does Ogden get a \$300 000 fee, and no share of the profits whatever?

Mr DIAZ: That is correct.

Ms McHALE: Has there been any increased patronage to date as a result of Ogden managing the venues?

Ms BURGESS: Ogden has been managing the venues for only 11 weeks, so it is a little early to assess that.

Ms McHALE: When does Ogden's business plan forecast there will be a turnaround?

Ms BURGESS: We received a draft business plan today.

Mr DIAZ: It has not been identified at the moment. As you would appreciate, booking performances at venues is not an issue that can be turned around over a couple of months.

Ms McHALE: I understand that. However, in terms of projecting and forecasting, there must be some indication of when the Government will receive a return on its investment. It will cost the taxpayers more money to manage the Perth Theatre Trust venues as a result of contracting out to Ogden IFC, so I want to know when there will be a return on the investment.

Mrs EDWARDES: We will provide the member with an answer by way of supplementary information.

Mrs HOLMES: A major initiative of the WA Museum listed on page 302 is a proposal to develop an intranet service to sites throughout regional Western Australia. What is the time frame involved in providing the service and the costs involved in this initiative?

Mr DONOVAN: We hope to have the intranet service in place by the end of the next financial year. We expect the cost to set up the connections to be around \$25 000. It will not be a large amount of money. We already have most of the infrastructure in place within the Museum. Support is also provided by Imago Ltd, a not-for-profit organisation which assists in this whole process. We are keen to get that intranet operating as quickly as possible, particularly as a new museum is coming on line in Geraldton on 4 June 2000, the anniversary of the sinking of the *Batavia*, and of its rediscovery.

Mrs HOLMES: Imago is an excellent company. A major initiative of the Art Gallery of WA listed on page 303 is the gallery's commitment to build a living centre for Australia and the Indian Ocean rim and the launch of a major fundraising campaign. What is the dollar goal of the fundraising campaign related to this initiative, the time frame of that campaign and where will the living centre be built?

Mr DUFOUR: The target of the campaign to launch the living centre will be announced shortly. A cabinet submission will go forward seeking permission to launch the campaign. It is hoped that the campaign will be launched by the end of June this year. It will run for an eight-month period with a target of raising \$8m from the private sector. We will run an architectural competition for the living centre and then various other stages will be programmed so that the centre will be completed in about 2004.

Mrs HOLMES: Where will it be located?

Mr DUFOUR: If you are familiar with the Cultural Centre site, the south-west corner of Beaufort and James Street has a block wall surrounding it. The living centre site is between the two heritage buildings - the Centenary Galleries and the administrative building. The site will incorporate a building for the living centre and a sculpture court. It will become an internal sculpture court between the existing three buildings and the proposed new construction.

Ms WARNOCK: My question relates to the Art Gallery. What is the planned new role for the foundation at the Art Gallery?

Mr DUFOUR: Currently, through the Ministry for Culture and the Arts, we have been able to fund an asset management development plan. The stage 1 report has been submitted, and we are assuming that stage 2 will be ready by July. It looks at the needs of the gallery over a 12-year period incorporating some of the considerations for the living centre, but at a much longer term for improved storage of the collection and to maximise commercial opportunities for the gallery. That is coming forward and will look at about a 10 or 12-year period. The foundation is very active already and its board and membership has been renewed. It was quite active in the 1980s, but went into a less active management phase in the middle half of the 1990s. It has repositioned itself and has over the past two years attracted about 40 new members. Given the requirements to become a member in terms of the initial cash contribution, this is a significant number of individuals.



Ms WARNOCK: Will the Museum reach its fairly significant target of 1 170 000 interactions as listed on page 299? It is targeted for an increase. How does the museum anticipate that it will be able to do that? I am interested in satisfaction rates at the library, the Museum and the Art Gallery, and how they are measured.

Mr DONOVAN: We are very confident that we can reach those figures. As you will be aware, a number of new displays have been constructed in recent months. The Aboriginal gallery, which opened in April, has already been extraordinarily successful. After the opening of the Hackett Hall extension and the new entrance to the gallery, we installed a new discovery centre. It is proving to be incredibly popular, especially with school children. In addition, within the next three months, we anticipate reopening the dinosaur gallery. People everywhere in the world are enthusiastic about dinosaurs. Funding of \$1.5m has been provided from the Lotteries Commission for a new exhibition in Hackett Hall focusing on Western Australia. We anticipate that opening late in the year, probably about October or November. More is currently happening in the Museum in terms of exhibition development and providing new things for people to experience than has been the case for many years. My guess is that we will exceed that figure. What we are doing with the Internet, as opposed to the Intranet, is trying to construct a virtual museum which will open up all those things that the Museum has; the 2.7 million exhibits which it has under lock and key as well as the new exhibitions that I have mentioned in passing.

*Committee adjourned at 10.00 pm*

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