

**ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE  
2016-17 ANNUAL REPORT HEARINGS  
QUESTIONS PRIOR TO HEARINGS**



**Department of Health**

**Hon Martin Aldridge MLC asked:**

- 1) I refer to the Department of Health Annual Report 2016-2017, page 66 which refers to Department of Health Notes to the Financial Statements and I ask:

Can the minister outline what the variance in Royalties for Regions, largely due to un-budgeted funding received from the Department for Regional Development for health is in relation to which programs?

Answer: The Royalties for Regions variance relates to difference between estimate (not budgeted) and actuals for the full year as tabled below:

Table 1: 2016/17 Estimate to Actual variance

<b>Program Name</b>	<b>Variance \$ ('000)</b>
Southern Inland Health Initiative (SIHI) Residential Aged and Dementia Care	11,210
Patient Assisted Travel Scheme	10,742
District Allowance	7,974
Royal Flying Doctor Service	7,898
Pilbara Health Partnership	3,299
Regional Palliative Care	1,250
Ear Health	981
Renal Dialysis Service Expansion	511
Telehealth - Regional Kalgoorlie Esperance	169
Fitzroy Kids Health	50
<b>Total Royalties for Regions Variance</b>	<b>44,084</b>

- 2) I refer to the Department of Health Annual Report 2016-2017, page 54, which refers to Department of Health "Notes to the Financial Statements" under Note 21 and I ask:

Can the minister outline any unspent funds that are committed to projects and programs in regional areas?

Answer: Please see Table 2 for the list of projects in regional areas with reported unspent balances.

Table 2: Unspent Royalties for Regions balance by regional program

Program Name	Unspent Amount \$ ('000)
SIHI - District Medical Work	18,600
SIHI - Telehealth Investment	13,942
SIHI - District Hospital	841
SIHI - Aged & Dementia	72
Regional Kalgoorlie Esperance Telehealth	1,937
Ear, Eye & Oral Health	450
Pilbara Health Partnership	200
<b>Total</b>	<b>36,042</b>

- 3) I refer to the Department of Health Annual Report 2016-2017, page 54, which refers to “Ensuring statewide health service needs are met” and I ask:
- a) How much has been spent on regional palliative care per region?

Answer: Page 54 of the Annual Report references the Royalties for Regions commitment for rural palliative care. Note that this commitment is only a proportion of the total funding for palliative care in rural regions. Further information about the total budget for palliative care in rural regions would need to be provided by WA Country Health Services.

The Royalties for Regions commitment totalled \$4 million over a 4 year period with \$1.25 million funded in 2016/17. Table 3 demonstrates the breakdown.

Table 3: 2016/17 Royalties for Regions breakdown by region

Region	Employment	OGS*	TOTAL
Goldfields	\$167,000.00	\$41,398.00	\$208,398.00
Great Southern	\$132,000.00	\$9,550.00	\$141,550.00
Kimberley	\$133,000.00	\$43,652.50	\$176,652.50
MidWest	\$131,000.00	\$8,835.00	\$139,835.00
Pilbara	\$146,000.00	\$74,045.00	\$220,045.00
Southwest	\$155,000.00	\$9,190.00	\$164,190.00
Wheatbelt	\$186,000.00	\$13,329.50	\$199,329.50
<b>Total</b>	<b>\$1,050,000.00</b>	<b>\$200,000.00</b>	<b>\$1,250,000.00</b>

\*Other Goods and Services.

b) How many care centres are in regional WA and also Perth Metropolitan area?

Answer: Specialist palliative care service delivery in WA is well coordinated, collaborative, staffed by dedicated professionals and strengthened by state-wide initiatives to provide comprehensive, high quality and consistent care for people of all ages.

Service providers are supported by a strong government priority for end-of-life and specialist palliative care. End-of-life care is delivered by all health services caring for people with life-limiting illness. This includes, but is not limited to, services and settings such as:

- acute care settings, including hospitals with neonatal units, paediatric and adolescent services;
- specialist services, including oncology, renal, cardiac and respiratory;
- primary care, including general practice;
- residential care facilities, including aged and disability;
- not-for-profit agencies, organisations and facilities;
- community services;
- mental health services and facilities; and
- prisons and correctional facilities.

There are a total of 29 specialist palliative care services (care centres) in total in WA. These comprise a mix of community, hospice, consultation and inpatient services.

In regional WA, there are a total of 14 specialist palliative care services; 7 Regional Palliative Care Services, 1 community service, 1 hospice, plus 5 hospitals across the regions.

In Perth metropolitan there are 15 specialist palliative care services (care centres): 10 hospitals (mix of private and public), Silver Chain Hospice Care Service, Paediatric Palliative Care Service - oncology and non-oncology, the Metropolitan Palliative Care Consultancy Service, and a community hospice.

c) What is the breakdown of costs per regional palliative care centre?

Answer: A number of regional palliative care services are provided through contract between WACHS and commercial entities. Therefore for commercial in confidence reasons it is not possible to provide a breakdown of costs for regional palliative care centres.



4) Page 3 of the annual report identifies that the WA health system's workforce is about 44,000 strong:

a) What is the total number of employees (and FTE) employed in the Department of Health as at 30 June 2017?

Answer: The total number of employees employed in the Department of Health as at 30 June 2017 was 774 (694 FTE).

FTE figures include Department of Health staff and agency staff.

b) Will you provide the total number of Department of Health employees (and FTE) working in regional Western Australia and a region-by-region breakdown of employee locations as at 30 June 2017?

Answer: Nil. The Department of Health does not employ staff working in regional Western Australia. Information related to regional employees is contained in the WA Country Health Service Annual Report.

c) Will you provide the total number of Department of Health employees (and FTE) working in regional Western Australia and a region-by-region breakdown of employee locations as at 13 December 2017?

Answer: Refer to the response provided for question 4) b).

d) Will you provide the total number of positions required to be cut by Department of Health as part of the State Government's Voluntary Targeted Separation Scheme?

Answer: The Voluntary Targeted Separation Scheme (VTSS) is a Budget repair tool to assist agencies in meeting Machinery of Government (MoG) savings resulting from the amalgamation of a number of government departments as well as assist in achieving workforce renewal by enabling agencies to retain 20% of the savings. The VTSS is open to all general government employees, though priority is being given to agencies impacted by the MoG changes (which took effect from 1 July 2017).

Agency targets are Cabinet-in-confidence and were provided as a guide to assist agencies and Ministers with implementation of the scheme. While the reductions will vary between agencies depending on factors like MoG changes, the size and role of individual agencies and other impacts, all agencies are expected to contribute in order to meet the overall reduction target of 3,000 employees.

Agencies are currently working with the Public Sector Commission to progress the scheme via individual expression of interest (EOI) processes. The agency EOIs are currently at various stages, with all exits expected to occur by



31 March 2018. Progress will be reported to Cabinet during the 2018-19 Budget process, with the aim of achieving the 3,000 separations and reflecting the actual savings and costs from the VTSS in the 2018-19 Budget.

- e) With reference to question 3, will you provide the total number of employees (and FTE) working in regional Western Australia which will be cut by Department of Health as part of the State Government's Voluntary Targeted Separation Scheme and a region-by-region breakdown of employee locations?

Answer: Refer to the response provided to question 4) d).

- 5) I refer to the Department of Health Annual Report 2016-2017, page 54, which refers to Department of Health Notes to the Financial Statements under Regional Infrastructure and Headworks Fund and I ask:

What is the breakdown of funds allocated for the St John Ambulance in each region across WA?

Answer: Funding by the Department of Health through the Royalties for Regions Fund that has been provided to St John Ambulance WA Ltd is for the provision of WA country road based patient transport services. This allocation is not broken down across regions in WA by the Department of Health.


- 6) I refer to the Department of Health Annual Report 2016-2017, page 97, which refers to the "Employment profile" and I ask:

- a) Will you provide the total number of employees (and FTE) working in regional Western Australia and a region-by-region breakdown of employee locations as at 30 June 2017?

Answer: Refer to the response provided to question 4) b).

- b) Will you provide the total number of Department of Health employees (and FTE) working in regional Western Australia and a region-by-region breakdown of employee locations as at 13 December 2017?

Answer: Refer to the response provided to question 4) b).



7) I refer to the Department of Health Annual Report 2016-2017, page 30, which refers to the “Significant Issues” under The WA Health Strategic Intent 2015–2020 and I ask:

a) What programs will be offered in the forward estimates for Prevention and Community and Chronic Disease Services in regional WA?

Answer:

Prevention and Community Care Services

Statewide programs that relate to prevention and community care include:

- Falls Prevention Program;
- Injury Prevention Partnership and Sector Development Program;
- Child Safety Program;
- Water Safety Program;
- Tobacco Control Program (Make Smoking History);
- WA Quitline;
- Quitline Enhancement Project;
- K-10 Food and Nutrition Curriculum Support Materials (RefreshED);
- School Healthy Food and Drink Program;
- Adult Food Literacy Program (Food Sensations);
- School Breakfast and Nutrition Program;
- Healthy Lifestyle Promotion and Education Program (LiveLighter®);
- WA Healthy Workplace Support Service (Healthier Workplace WA);
- and
- Healthy Options WA Policy Support.

Regional programs that relate to prevention and community care include:

- Let’s Prevent Program Pilot; and
- Find Cancer Early Program.

Chronic Disease Services

Regional programs that relate to chronic disease services include:

- Chronic Conditions Self-Management and Service Coordination;
- PainHEALTH website; and
- Diabetes Self-Management Program.

b) Where will the services be located?

Answer: Statewide programs are based in the Perth metropolitan area with the exception of the WA component of the national Quitline service, provided by the Anti-Cancer Foundation South Australia.

The location of the regional services is as follows:

- Let’s Prevent Program Pilot will be located in Bunbury;



- Find Cancer Early Program will be delivered across 7 regions (Goldfields, Wheatbelt, Great Southern, Pilbara, Kimberley, Midwest and Southwest). Resources will also focus at hard to reach audiences, specifically remote people and Aboriginal and Torres Strait Islander People;
- Chronic Conditions Self-Management and Service Coordination are located across the WA Country Health Service;
- PainHEALTH website is an online service and available statewide, nationally and internationally; and
- Diabetes Self-Management Program is based in the Perth metropolitan area with three program streams targeting Kimberley, South West, Mid-west, Great Southern, Goldfields and Wheatbelt.

c) Who will provide the services?

Answer: The following organisations have been provided with funding to deliver the programs:

- Injury Matters;
- Kidsafe WA;
- Royal Life Saving Society Western Australia;
- Cancer Council Western Australia;
- Anti-Cancer Foundation of South Australia;
- Edith Cowan University;
- Foodbank Western Australia;
- National Heart Foundation WA Division;
- Western Australian School Canteens Association;
- Diabetes WA;
- The Cancer Council of Western Australia;
- WA Country Health Service;
- Curtin University; and
- Diabetes WA.

d) How much funding will the two services receive?

Answer:

Prevention and Community Care Services

Total funding allocated for 2017-18 for Prevention and Community Care Services (statewide programs listed in 7a) is: \$10,756,050.

Regional programs:

- The 'Lets Prevent Program' provides funding over a 4 year period totalling \$2.099 million; and
- The prevention program for 'Find Cancer Early' provides funding over a 4 year period totalling \$1.582 million.

Chronic Disease Services

Total funding allocated for the programs listed in 7 a) is: \$1,174,020.



**ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE**  
**2016-17 ANNUAL REPORT HEARINGS**  
**QUESTIONS PRIOR TO HEARINGS**

**Department of Health**

**Hon Jacqui Boydell MLC asked:**

- 5) What support, information, training and resources are being given to pharmacists and general practitioners to support mental health identification and case management in regional areas?

**Answer:**

As General Practitioners (GPs) are community based private health providers, WA Country Health Service (WACHS) does not provide training and resources related to mental health identification and case management. The Royal Australian College of General Practitioners, of which most GPs are members, offers a range of accredited mental health training to GPs. All GPs are able to access information regarding WACHS mental health services and are actively engaged in the care provided to their patients at a WACHS facility.

WACHS pharmacy staff do not provide case management services and are not involved in the identification of mental health clients. WACHS Pharmacists are provided with training regarding pharmaceutical management of mental health clients.

Community based Pharmacists are not provided with any support, information, training or resources by WACHS. The Pharmacy Guild does offer some Blended Mental Health First Aid in the Pharmacy training.





**ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE  
2016-17 ANNUAL REPORT HEARINGS  
QUESTIONS PRIOR TO HEARINGS**

**Department of Health**

**Hon Nick Goiran MLC asked:**

1) I refer to page 12 under the heading “Surrogacy data” of the 2016-2017 Annual Report from the Western Australian Reproductive Technology Council funded by the Department of Health, and I ask:

- a) What was the reason for the revision of the number of surrogacy applications received by the Council reported in the 2010-11 Annual Report;

Answer: There was an error in the report where the number of applications received by Council was eight, not seven as reported.

- b) Further to 1, what was the reason for the revision for the number of applications approved by the Council reported in the 2011-12 Annual Report?

Answer: There was an error in the report where the number of applications approved by Council reported was seven, not six as reported.

2) I refer to the 2016-2017 Annual Report from the Western Australian Reproductive Technology Council funded by the Department of Health and the statement on p. 12: “National data for surrogacy cycles and births is reported in the Australian New Zealand Assisted Reproduction Database (“ANZARD”) report (Harris et al, 2016).”, and I ask:

- a) What role, if any, does ANZARD have with the Council;

Answer: None.

- b) In what year was the last Annual Report by ANZARD prepared and published?

Answer: 2017.

