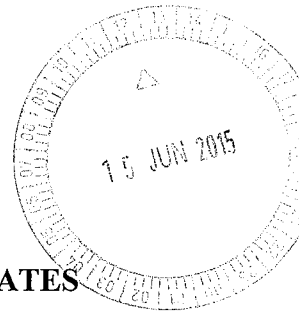


ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE



**QUESTIONS PRIOR TO HEARING FOR THE 2015/16 BUDGET ESTIMATES
HEARING**

Wednesday, 24 June 2015

Mental Health Commission

Hon. Lynn MacLaren MLC asked –

Page 399, 2. Hospital Bed Based Services table, line 4

1. *In regard to the line item 'Employees (Full Time Equivalents)' please explain why there has been no increase in the existing 88 employees since 2014-15 for Hospital Bed Based Services, even though the 2012 Stokes Review outlined that staff within the mental health system were under considerable stress and were already stretched.*

Answer: The Stokes Review refers to staff within the mental health system that are employed by the Department of Health and other contracted service providers involved in operational front-line services. The Mental Health Commission (MHC) budget papers refer to staff employed by the MHC who are involved in contracting and commissioning mental health services. These are not involved in front-line delivery of mental health services.

Authorisation

PUBLISHED
17/6/15 *MP*

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS PRIOR TO HEARING FOR THE 2015/16 BUDGET ESTIMATES HEARING

Wednesday, 24 June 2015

Mental Health Commission

Hon. Lynn MacLaren MLC asked –

Page 399, 3. Community Bed Based Services table, line 4

2. *In regard to the line item 'Employees (Full Time Equivalents)' please explain why the number of employees for Community Bed Based Services has decreased to 8 employees, even though the WA Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (the Plan), which is scheduled for final endorsement for mid-2015, outlines its core objective as the closure of Graylands Hospital and the transition of patients back into the community?.*

Answer: The Mental Health Commission (MHC) budget papers in respect of community bed based services refer only to MHC staff. These are not involved in front-line delivery of mental health services. Full time equivalent employee numbers of other organisations are not shown in the MHC budget papers.

The reduction of MHC Full Time Equivalents from 9 to 8 results from a change in overhead allocation methodology following revision of the Outcomes Based Management structure.



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ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

**QUESTIONS PRIOR TO HEARING FOR THE 2015/16 BUDGET ESTIMATES
HEARING**

Wednesday, 24 June 2015

Mental Health Commission

Hon. Lynn MacLaren MLC asked –

Page 399, 3. Community Bed Based Services table, line 4

3. *Will the State Government increase the number of employees for Community Bed Based Services to coincide with recommended phased closure of Graylands outlined within the Plan?*

Answer: The draft Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 does not recommend replacing Graylands Hospital beds with community bed based services, as only some inpatient beds are interchangeable with community bed-based services. Both are part of the service continuum, and both are required for a comprehensive and sustainable service system. Replacement inpatient services (which may include Hospital in the Home), will be established before the closure of any beds at Graylands Hospital.



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ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

**QUESTIONS PRIOR TO HEARING FOR THE 2015/16 BUDGET ESTIMATES
HEARING**

Wednesday, 24 June 2015

Mental Health Commission

Hon. Lynn MacLaren MLC asked –

Page 399, 3. Community Bed Based Services table, line 4

4. How will the increase in patients in community care be resourced?

Answer: Once the final 10 year Mental Health, Alcohol and Other Drug Services Plan 2015-2025 is approved by Cabinet, funding for community care will be requested as part of normal budgetary processes and will be subject to the State's fiscal capacity.



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ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

**QUESTIONS PRIOR TO HEARING FOR THE 2015/16 BUDGET ESTIMATES
HEARING**

Wednesday, 24 June 2015

Mental Health Commission

Hon Stephen Dawson MLC asked –

P394 Spending Changes

5. *What staff positions are deemed frontline services and exempt from the workforce renewal policy?*

Answer: Frontline employees of the Mental Health Commission (alcohol and drug services) are nurses, psychologists, medical practitioners and others.

Front-line employees for WA Health are nurses and medical practitioners.



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ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE
QUESTIONS PRIOR TO HEARING FOR THE 2015/16 BUDGET ESTIMATES
HEARING

Wednesday, 24 June 2015

Mental Health Commission

Hon Stephen Dawson MLC asked –

Page 400 Community Support

6. I refer to Individualised Community Living Strategies: How many new places have been funded in the 15/16 budget?

Answer: An additional four packages of support have been funded in 2015/16 through the National Partnership Agreement for Mental Health Reform. This funding was approved in 2012/13 and printed in the 2013/14 budget papers.

Stuart Wilson

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**ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE
QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION**

Wednesday, 24 June 2015

Mental Health Commission

Question No. 7: Hon S Dawson asked –

I refer to mental health patients absconding from health facilities and I ask:

a. How many patients absconded in 2013-2014 and 2014- to date?

I refer to my Ministerial Statement to the Parliament on Wednesday 25 March 2015 where I advised the Council of changes to the reporting of serious clinical incidents in mental health to the Chief Psychiatrist in advance of the enactment of the Mental Health Act 2014.

I advised the House that since this new process commenced in February 2015, there has been a significant increase in accuracy of reporting to the Chief Psychiatrist. This increased reporting does not reflect an increase in incidents, but demonstrates a more effective system to capture accurate data on serious clinical incidents in the public mental health sector. More accurate reporting means that public mental health services will better track and consequently reduce risk in the system- this will ultimately make the journey of the patient a safer one.

Absent Without Leave relates to mental health patients detained under the MHA 1996 or MHA 2014 who may leave the hospital or place of detention, do not return on time from authorised leave, or community patients who do not attend or leave appointments, without being granted leave. Likewise, a Missing Person relates to voluntary psychiatric patients at high risk of harm.

In 2013-2014 there were 173 incidents (including those incidents resulting in no harm to the patient), where mental health patients were reported as being absent without leave or missing from their health care facility.

In 2014-2015, year to date 31 May 2015, there were 379 incidents (including those incidents resulting in no harm to the patient), where mental health patients were reported as being absent without leave or missing from their health care facility.

b. Which facilities did these patients abscond from in each period and how many absconded from each facility?

Answer: In 2013-2014, there were 173 incidents (including those incidents resulting in no harm to the patient), where mental health patients were reported as being absent without leave or missing from their health care facility, please see attached Table 1.

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Please note: Comparisons between the two data periods is not advisable as the Datix CIMS database used for Table 2 contains different categories used for 'places of incidents' than previously captured in the 2013-2014 data.

In 2014-2015, year to date 31 May 2015, there were 379 incidents (including those incidents resulting in no harm to the patient), where mental health patients were reported as being absent without leave or missing from their health care facility, please see attached Table 2.

Please note: The increase in the number of mental health patients reported as being absent without leave or missing clearly demonstrates both the effectiveness of the revised Clinical Incident Management (CIM) Policy and the uptake of the on line Datix CIMS. Specifically, the refinement of the CIM Policy has enabled staff to better classify a clinical incident and thereby ensure that appropriate action/investigation is undertaken.

Clinical incident data, which includes incidents that result in no harm, moderate harm or serious harm or death are obtained from across WA Health hospitals and health services and from contracted private/public partnership agreements.

Mental health patients are defined as those patients whose treating specialty is categorised as psychiatry, psychiatry child, clinical psychology or psychogeriatric.



PUR!

Table 1: Frequency of Mental Health Patients who are absent without leave or missing from a Health Care Facility for 2013-2014.

Facilities	Total
Albany Mental Health Service	4
Alma St Centre Fremantle	5
Armadale Health Service	14
Esperance Hospital	1
Fremantle Hospital	12
Graylands Hospital	51
Joondalup Health Campus (Private/Public)	2
Kalgoorlie Hospital	3
Kimberley Mental Health & Drug Service	3
Merredin District Hospital	1
Mills St Centre Bentley	35
Princess Margaret Hospital	1
Rockingham Hospital	17
Royal Perth Hospital	16
Sir Charles Gairdner Hospital	5
Southwest Mental Health Service	2
Womens and Newborns Clinical Care Unit	1
Total	173



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Table 2: Frequency of Mental Health Patients who are absent without leave or missing from a Health Care Facility from July 2014 - 31 May 2015.

Facilities	Total
Albany Mental Health Service	1
Armadale Health Service	36
Bentley Mental Health	28
Bunbury Hospital	1
Child and Adolescent Community Health Service	1
Child and Adolescent Mental Health Service	23
Fiona Stanley Hospital	2
Fremantle Hospital and Health Service	93
Geraldton Regional Hospital	2
Graylands Hospital	99
Great Southern Mental Health Inpatient Unit	6
Halls Creek Hospital	1
Kalgoorlie Hospital	3
Kimberley Mental Health and Drug Service	4
Peel Health Campus (Private/Public)	1
Peel and Rockingham Kwinana Health Service	24
Royal Perth Hospital	17
Sir Charles Gairdner Hospital	1
Princess Margaret Hospital	1
Selby Campus	1
South West Mental Health Service	4
Swan Boronia Older Adult Unit	1
Swan Valley Centre	28
Swan Adult Community	1
Total	379

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ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS PRIOR TO HEARING FOR THE 2015/16 BUDGET ESTIMATES HEARING

Tuesday, 2 June 2015

Mental Health Commission

Hon. Stephen Dawson MLC asked –

Page 399 Hospital Bed Based Services

8. *What has been the occupancy rate of the Kalgoorlie Mental Health unit since opening?*

The Mental Health unit has been opened at Kalgoorlie Hospital since March 2003. However, the Department of Health complete bed data for the Kalgoorlie Specialised Mental Health Inpatient Unit has only been available through BedState since August 2008 (BedState started capturing data in 2008). The yearly bed occupancy rates from August 2008 to April 2015 are as follows:

2008/09 (from August to June)	56%
2009/10	65%
2010/11	66%
2011/12	70%
2012/13	66%
2013/14	62%
2014/15 (from July to April)	66%

Source: BedState (extracted 2 June 2015).



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ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

**QUESTIONS PRIOR TO HEARING FOR THE 2015/16 BUDGET ESTIMATES
HEARING**

Wednesday, 24 June 2015

Mental Health Commission

Hon Stephen Dawson MLC asked –

Page 399 Community Bed Based Services

9. *Has any funding for a Goldfields Step-up Step-down facility been allocated in the 2015/2016 budget papers?*

Answer: No reference to capital funding for the Goldfields Step-up Step Down service has been included in the 2015/16 budget papers. Construction of the Goldfields service will be funded from savings achieved from the Joondalup and Rockingham subacute projects.

Operational funding was provided in the 2012/13 budget to commence in 2014/15.



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ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

**QUESTIONS PRIOR TO HEARING FOR THE 2015/16 BUDGET ESTIMATES
HEARING**

Wednesday, 24 June 2015

Mental Health Commission

Hon Stephen Dawson MLC asked –

Page 399 Community Bed Based Services

10. *If yes to 9. how much funding has been allocated to building and operating a step-up step-down facility in the Goldfields in 2015/16 and over the forward estimates?*

Answer: See answer to Question 9 regarding capital budget. In the 2012/13 budget papers, recurrent operational funding for the Goldfields Step Up Step Down service was allocated for 2014/15 of \$1,238,000 and 2015/16 of \$1,288,000.

A handwritten signature in black ink, appearing to read "H. Dawson", is centered on the page.

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ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

QUESTIONS PRIOR TO HEARING FOR THE 2015/16 BUDGET ESTIMATES HEARING

Wednesday, 24 June 2015

Mental Health Commission

Hon. Stephen Dawson MLC asked –

P396 – Community Treatment

11. How were cost savings achieved in 14/15 from an estimated \$298,306,000 to \$291,233,500 spent?

Answer: The total cost of service for Community Treatment decreased from \$363,324,000 in the 2014/15 Budget to \$360,894,000 in the 2014/15 Estimated Actual, a decrease of \$2.43 million. This was primarily due to:

- the transfer of \$1.1 million from the Court Diversion program that was included under Community Treatment for the 2014/15 Budget process (as part of the overall program funding), but has been more appropriately allocated to the Community Support service for the 2014/15 Estimated Actual. This is due to the allocation of this funding to a non-government organisation for the delivery of support services.
- a decrease of \$1.78 million between the 2014/15 budgeted and actual funding provided to the Department of Health (DoH) for non-admitted services. This was due to the allocation of general government efficiency dividend and workforce renewal savings in 2014/15. The allocation of efficiency savings are negotiated with the DoH as system manager. The means of achieving the savings is a question of system management.

These decreases were slightly offset by the inclusion of expenditure for the Mobile Community Outreach Team (MCOT) and National Perinatal Depression Initiative (NPDI) in the 2014/15 Estimated Actual that had not been approved at the time of the 2014/15 Budget.

The Income for Community Treatment Services increased from \$65,018,000 in the 2014/15 Budget to \$69,659,000 in the 2014/15 Estimated Actual. This was primarily due to:

- the proportion of National Health Reform Agreement funding applied to non-admitted services provided through the DoH.
- funding approved and received subsequent to the 2014/15 budget process for the NPDI (\$504,000) and the MCOT (\$685,000) as well as \$724,000 for grants related to alcohol and other drug initiatives.



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ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

**QUESTIONS PRIOR TO HEARING FOR THE 2015/16 BUDGET ESTIMATES
HEARING**

Wednesday, 24 June 2015

Mental Health Commission

Hon. Stephen Dawson MLC asked –

P396 – Community Treatment

12. *What programs were not delivered or supported that were originally costed in the 14/15 budget?*

Answer: Nil.



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ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE
QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Department of Health

Question No. 13: Hon S Dawson asked –

For each of the following clinics how many staff were engaged as at 20 May 2015, 30 June 2014, 30 June 2013, 30 June 2012:

a. Clarkson Community Mental Health Clinic;

Answer: Refer to Table 1 attached.

b. Joondalup Community Mental Health Clinic;

Answer: Refer to Table 1 attached.

c. Mirrabooka Community Mental Health Clinic;

Answer: Refer to Table 1 attached.

d. Osborne Park Community Mental Health Clinic;

Answer: Refer to Table 1 attached.

e. Subiaco Adult Community Mental Health Clinic; and

Answer: Refer to Table 1 attached.

f. Inner City Community Mental Health Clinic?

Answer: Refer to Table 1 attached.

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Table 1. Number of staff engaged at Adult Community Mental Health Clinics as at 20 May 2015, 30 June 2014, 30 June 2013 and 30 June 2012.

Community Clinic	As at:	Number of FTE engaged (clinical and non-clinical)
ADULT PROGRAM		
Joondalup/Clarkson Adult Community Mental Health Clinic (Joondalup Catchment)	20 May 2015	70.8
	30 June 2014	70.2
	30 June 2013	71.1
	30 June 2012	63.4
Mirrabooka/Osborne Adult Community Mental Health Clinic (Stirling Catchment)	20 May 2015	84.4
	30 June 2014	79.8
	30 June 2013	79.7
	30 June 2012	80.7
Subiaco/Inner City Adult Community Mental Health Clinic (City Catchment)	20 May 2015	77.0
	30 June 2014	79.5
	30 June 2013	79.2
	30 June 2012	85.9
Swan Adult Community Mental Health (Swan Catchment)	20 May 2015	70.5
	30 June 2014	68.3
	30 June 2013	71.3
	30 June 2012	71.8
OLDER ADULT PROGRAM		
Joondalup Elderly Community Mental Health Service (Joondalup Catchment)	20 May 2015	14.4
	30 June 2014	12.6
	30 June 2013	12.2
	30 June 2012	11.3
Osborne Older Adult Community Mental Health Service (Stirling Catchment)	20 May 2015	19.0
	30 June 2014	18.5
	30 June 2013	16.4
	30 June 2012	17.7
Inner City Older Adult Community Mental Health Service (City Catchment)	20 May 2015	26.0
	30 June 2014	29.0
	30 June 2013	28.5
	30 June 2012	27.5
Swan Elderly Community Mental Health Service (Swan Catchment)	20 May 2015	11.7
	30 June 2014	11.2
	30 June 2013	12.2
	30 June 2012	12.2

Murdoch

PUBLIC

ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE
QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Wednesday, 24 June 2015

Department of Health

Question No. 14: Hon S Dawson asked –

What is the average patient case load for each case worker located at each of the listed clinics in:

- a. 2014-15
- b. 2013-2014
- c. 2012-2013

Answer:

(a-c) Refer to Table 1 attached.

Table 1. Average patient case load for each case worker located at each of the listed clinics in Adult Community Mental Health Clinics as at May 2015, 30 June 2014, 30 June 2013.

Community Catchment	Financial Year	Average patient case load for each case worker		
		FTE	Case load	Average case load per FTE
Joondalup Catchment Joondalup Elderly Mental Health Service	May 2015	7	90	13
	June 2014	7	87	12
	June 2013	7	95	13
Stirling Catchment Osborne Older Adult Mental Health Service	May 2015	7	75	11
	June 2014	8	85	11
	June 2013	8	82	10
City Catchment Inner City Older Adult Community Mental Health Service	May 2015	12*	140	12
	June 2014	7	55	8
	June 2013	7	50	7
Swan Catchment Swan Elderly Mental Health Service	May 2015	7	85	12
	June 2014	7	90	13
	June 2013	7	80	11

*Numbers of case workers increased as Inner City amalgamated with Selby to become City Lower West.

Shirley Dawson

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