

## LEGISLATIVE COUNCIL STANDING COMMITTEE ON ESTIMATES AND FINANCIAL OPERATIONS

### SUPPLEMENTARY INFORMATION

#### Department of Health

#### Hon NICK GOIRAN asked:

- 2) Hon NICK GOIRAN: Is it frequently the case that Western Australians are seeking health services from the Northern Territory?

Mr MOFFET: We do have an arrangement in terms of access to health care for urgent conditions with Royal Darwin Hospital and the Northern Territory health system, so for time-critical conditions that Darwin is able to assist with, we do transfer patients to Royal Darwin Hospital, and we have had a purchasing arrangement—in fact, we maintain a purchasing arrangement and agreement with Royal Darwin Hospital. There are times also when patients choose to access chemotherapy or other programs where they may have family or social arrangements that are more connected to Darwin than, for example, to Perth, so Western Australians do access services cross border in the same way that some Territorians will access cross-border services with us in the WA Country Health Service.

Hon NICK GOIRAN: Is that arrangement documented in writing?

Mr MOFFET: The arrangement with Royal Darwin Hospital is subject to an agreement; yes, that is something we review annually and manage. We manage that month in, month out. The cross-border arrangements are generic arrangements through the National Health Reform Agreement and the pricing and purchasing authorities, and that involves activity and financial adjustments each and every year. That is managed between departments' jurisdictions.

Hon NICK GOIRAN: Parliamentary secretary, could you take on notice and **have tabled the latest version of the arrangement?**

Hon ALANNA CLOHESY: Yes, we can take that, Deputy Chair.

Answer: Refer Attachment A.

The terms of the agreement provided at Attachment A remain in force and WA continues to pay the Northern Territory Top End Health Service for services provided (as per Attachment B).

Minister's initials



**Hon MARTIN ALDRIDGE asked:**

- 3) Hon MARTIN ALDRIDGE: Can I ask: firstly, **did the government consult with St John Ambulance in terms of the release of the contract, and were they redactions that were requested by St John Ambulance?**

Hon ALANNA CLOHESY: The director general will respond to part of that.

Dr RUSSELL-WEISZ: Member, in answer to the first question, yes, we did consult. Obviously, as part of a contract with another provider we would always consult with them if we are going to provide a redacted contract, so there was, from my understanding, consultation. The second question I would probably have to take on notice—if they asked for them. The Department of Health would have gone through it and looked at those specific areas that needed to be redacted. We would have relied on our decision in relation to that, but I would rather check so that I am completely accurate about whether they asked for specific redactions.

Answer: The Department of Health was responsible for determining the redactions. In determining the redactions, consideration was given to:

- The original service agreement document as tabled in Parliament previously;
- Removing direct telephone numbers and email addresses of non-public sector employees;
- Information that is likely to be sensitive and/or commercial-in-confidence; and
- Information that may have an impact on future tender processes.

A copy of the redacted service agreement was provided to St John Ambulance on 2 November 2020.

Minister's initials



**Hon MARTIN ALDRIDGE asked:**

- 4) Hon MARTIN ALDRIDGE: I would like you to be able to clarify: if the redactions were not requested by St John Ambulance, I would be interested to know how the government could uphold a claim of confidentiality on commercial grounds, because it is not the state's commercial interest that is being protected.

Can I ask about section 3 of this contract, which was an attachment in redacted form. It is a section called—I will turn to it. Unfortunately, the large document does not have page numbers, so that is not very helpful. **But section 3 of the "Services Agreement between the State of Western Australia and St John Ambulance Western Australia Limited" talks about "Removed Services". And 3.1 talks about "Date for removal of Removed Services". Why would a section that talks about the removal of services be redacted?**

Hon ALANNA CLOHESY: The director general can answer.

Dr RUSSELL-WEISZ: I cannot answer exactly why that would be redacted, but, as I have already said, we would either be liaising with St John Ambulance and/or we would actually take advice from our Department of Health legal services about why that may be removed. I do not have in front of me the un-redacted version. But I could answer that more fully if I could take that on notice.

Answer: As future patient transport tenders are under consideration by the WA health system, it was considered that the redactions would promote fair and equitable competition and value for money outcomes for the State.

Minister's initials  


**Hon MARTIN ALDRIDGE asked:**

- 5) Hon MARTIN ALDRIDGE: Thank you. I think it is fair to say that just about every agency in the state, if not in Australia, that is involved in a frontline response to COVID-19 has had some sort of budgetary pressures, which have been alleviated by additional appropriations. Given that we are the only state that does not run a state-run ambulance service, **what additional budgetary allocation has been allocated to St John Ambulance to deal with the COVID-19 response?**

Dr RUSSELL-WEISZ: I would have to get you the actual amount on notice. We work with a lot of partners in relation to the COVID response. Obviously, the commonwealth and the state have funded us for additional expenditure in relation to COVID, primarily PPE. But I believe, going back a few months, there was an allocation made to St Johns when they had those pressures, like everybody did with COVID. I would be very happy to provide the actual amount on notice.

Answer: The Department of Health has provided \$1.0 million of additional funding for the increased service provision by St John Ambulance (SJA) in response to the COVID-19 pandemic. Further funding will be provided following a reconciliation of invoices received for services delivered. The Department will continue to work with SJA and monitor ongoing cost pressures in the context of overall COVID budget allocations.

Minister's initials



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**Hon ALISON XAMON asked:**

- 6) Hon ALISON XAMON: Can I just get clarification on that? I understand the Mental Health Commission auspices those. **Is the health department still partially funding the mental health network; and, if so, how much, please?**

Dr WILLIAMSON: Yes. We pay for, I think, two sessions per fortnight of one of the co-leads, but to be absolutely accurate, I would have to check.

Hon ALANNA CLOHESY: Honourable member, we will take that on notice to get an accurate figure on that.

Hon ALISON XAMON: The exact amount, thank you.

- a) Is the health department still partially funding the mental health network?

Answer: Yes.

- b) And, if so, how much, please?

Answer: The Department of Health fund:

- Two Mental Health Clinical Co-lead positions for one session per week, to the combined value of \$105,197.13 per annum; and
- One Support Officer position, for \$61,670 per annum.

Minister's initials





**Hon ALISON XAMON asked:**

- 7) Hon ALISON XAMON: I am happy to take this on notice if need be. **Can I have the full list of the health networks that are still continuing?** The other part of the question I asked is whether any are no longer continuing. It has been identified that there may be a couple that have become defunct. **Can I please have information as to which ones are no longer continuing?**

Hon ALANNA CLOHESY: We will provide that as supplementary information.

- a) Can I have the full list of the health networks that are still continuing?

Answer: The following networks will continue:

- Child and Youth;
- Disability;
- Diabetes;
- Neurosciences;
- Respiratory; and
- Cancer and Palliative Care.

The following networks are transitioning to alternative networking models, but programmatic work will continue to be undertaken:

- Women's and Newborn;
- Cardiovascular; and
- Musculoskeletal.

- b) Can I please have information as to which ones are no longer continuing?

Answer: The Renal Health Network and the Falls Prevention Network are no longer in operation.

Minister's Initials  


**Hon ALISON XAMON asked:**

8) Hon ALISON XAMON: Thank you very much.

I turn now to the heading "Spending Changes" on page 311 and the line "Electronic Medical Record System — Planning" under "COVID-19 WA Recovery Plan". Can the parliamentary secretary please explain whether the concerns identified by the Auditor General back in 2018 regarding electronic records management—for example, business analysis—have already been completed, or if they will be completed as part of this program of work?

Hon ALANNA CLOHESY: The director general will address that question.

Dr RUSSELL-WEISZ: I may have to take the first part about the Auditor General on notice with regard to exactly what we have done; I would rather provide you with a detailed response about what we have done in relation to the Auditor General's —

Hon ALISON XAMON: In that case, if you do not mind, **I am actually interested in all the concerns raised by the Auditor General in "Information Systems Audit Report 2018"**, so if you are going to provide additional information on notice, **I would like to have a fulsome answer in relation to the progress of those concerns.**

Answer: The Western Australian Auditor General's Report 'Information Systems Audit Report 2018' outlined six high-level recommendations for implementation by the Department of Health. The six recommendations are a summary of the twenty detailed findings accepted by the WA health system, as outlined in the Office of the Auditor General Management Letter to the Department of Health on 14 May 2018.

Since the publication of the report in August 2018, implementation of actions to address eighteen of the twenty detailed findings has been completed, including in relation to: lack of appropriate contract management, inadequate vulnerability management, insufficient database controls, ineffective user account management, lack of a digitisation strategy, lack of approved business case, BOSSnet cost is unknown, reduced medical records image resolution, recurring storage issues, insufficient continuity management, insufficient design documentation, insufficient workflow analysis, limited application risk management, limited reporting functionality, insufficient user support, inadequate incident and problem management, inadequate tweaks process – Fiona Stanley Hospital and inadequate tweaks process – Bunbury and Busselton.

The Department of Health continues to work towards resolution of the remaining two findings in relation to unclear operational decision making and business user group effectiveness. The two outstanding recommendations will be addressed through the Information and Communications Technology Governance Review currently underway within the WA health system.

Minister's Initials



Hon ALISON XAMON asked:

- 9) Hon ALISON XAMON: **With that \$80 million, how much of it is for prevention and promotion and how much is specifically going to community-managed services? I then want to seek a breakdown of which services were receiving that money.** I am happy to take that on notice. I also wanted to know whether any of that funding was going to be allocated to community-managed services that are working to reduce the impacts of chronic conditions, specifically for people who have not acquired their condition as a result of lifestyle—for example, things like coeliac disease, type 1 diabetes, neurological conditions and those sorts of things. I am really keen to get a breakdown of that \$80 million.

Mr ANDERSON: I can give you the breakdown, if you like.

Hon ALISON XAMON: Yes, please.

Mr ANDERSON: Within the \$80 million over the forward estimates, there is \$7.5 million for NGHSS contracts. We can give you more detail on that if you would like.

Hon ALISON XAMON: Yes, please. Can I ask that we receive that information?

The DEPUTY CHAIR: I think it is probably easier, member, if we allow Mr Anderson to complete the answer that he had just started to give. That might be a pragmatic way forward.

Hon ALISON XAMON: Thank you.

Mr ANDERSON: Yes. There is approximately \$9.3 million for Karlarra House, which is a nursing home up in Port Hedland; there is another \$5.5 million for HACC transition in regional areas; there is \$6.4 million for renal dialysis services contract increase; and there is another \$12.5 million for HACC transition to NDIS—that is the Department of Health's component. There is \$4.8 million for Silver Chain high-class consumables; there is \$2.7 million for extension of the breast screening services; \$6.8 million for seven dental therapy centres—dental operating costs, sorry; and then, lastly, there is \$12 million for ventilator-dependant quadriplegic services. This is a transfer from hospital services into the non-hospital space. That one is not new funding; it is a transition. That comes to, in total, \$79.98 million. But **we can break down the initial number of the NGHSS contracts that I mentioned. There is also a rebase of about \$12.5 million, and we can show you how that works as well.**

Hon ALISON XAMON: Yes, please.

Answer: The \$80 million referred to in paragraph 22 of the Budget Paper is the additional funding allocated to programs or services within the non-hospital health services, which comprises of prevention and promotion programs, patient transport services, Aboriginal health programs, community services and system wide support services.

Minister's initials





The detailed breakdown for the additional funding is as outlined below:

- \$31.2 million for community-managed services, including:
  - \$7.5 million to recognise demand pressures on services provided by the non-government human services sector (NGHSS contracts);
  - \$6.4 million to recognise the increased cost of providing Renal Dialysis services in the Kimberley;
  - \$12.5 million to maintain the current level of support for clients who have not yet transitioned to the National Disability Insurance Scheme; and
  - \$4.8 million to cover increased cost pressures by Silver Chain when providing treatment to complex clients (high cost drugs) who have been discharged into the community;
- \$2.7 million allocated to prevention and promotion. This will fund the operational costs of the Albany Breast Clinic and increase the capacity of the permanent Breast Screening and Assessment Clinic in Iluka/Butler, to cater to future demand.
- \$46 million of funding for other non-hospital health services, including:
  - \$12.5 million of additional funding in recognition of pressures on core non-hospital health services. This includes parameter updates (cost and demand) and updated time limited commitments (i.e. Commonwealth Agreements, Royalties for Regions programs);
  - \$9.2 million to continue meeting the costs of supporting Karlarra House, an authorised Nursing Home in Port Hedland;
  - \$5.5 million to cover funding shortfalls for Multipurpose Service sites following the transfer of Home and Community Care (HACC) services to the Commonwealth Home Support Program;
  - \$6.8 million to operate seven Dental Therapy Centres (as part of the School Dental Service) in line with opening of new schools; and
  - \$12.0 million to recognise the movement of the Ventilator Dependent Quadriplegic Community Care Program from Hospital Services to Non-Hospital Services.

Even if not exclusively considered as prevention and promotion, all items forming the \$80 million of additional funding for non-hospital health services will support better delivery of community-based services with the aim of hospital avoidance.

Minister's initials



**Hon ALISON XAMON asked:**

- 10) Hon ALISON XAMON: **Paragraph 22.1 talks about \$6.8 million going towards expanding the school dental service. What I wanted to ask is: is that simply expanding the level of service at existing locations, or are there going to be additional locations where this expansion is going to occur?**

Hon ALANNA CLOHESY: Okay, thank you. The director general will answer that.

Dr RUSSELL-WEISZ: The SDS, or the school dental service, is operated by dental health services within north metro for schoolchildren five to 16 years through a network of dental therapy centres. Obviously, there is population growth, and the \$6.8 million was approved to support the expansion of these dental therapy centres across the state. To operate the dental therapy centres, there are usually two full-time equivalents at a current cost of about \$95 000 for the 2020–21 financial year. I think north metro is going to work with the department in relation to where these will go.

Hon ALISON XAMON: Sorry; you are saying that we are looking at additional locations for the delivery of the service?

Dr RUSSELL-WEISZ: They are additional locations and also working in relation to the service availability as well. I cannot tell you exactly where the locations are but could potentially provide that on notice.

Hon ALISON XAMON: Can I have that on notice, please?

Answer: As Western Australia experiences population growth, the Department of Education (DoE) responds by building new schools. The locations of new Dental Therapy Centres (DTCs) align with the DoE building program, as follows:

- a new school with a DTC is scheduled to open in the 2020/21 year (February 2021) in Brabham;
- new Schools with a DTC due to open in the 2021/22 year (February 2022) will be located at Alkimos, Burns Beach and Banjup; and
- a new School with a DTC is scheduled to open in the 2022/23 year (February 2023) in Wellard.

Minister's initials



**Hon ALISON XAMON asked:**

11) Hon ALISON XAMON: I have so many questions!

**It says at paragraph 22.5 that \$7.5 million has been allocated for priority community services contracts. Can I ask what those are and how they are identified?**

Hon ALANNA CLOHESY: One more time on the reference, member?

Hon ALISON XAMON: It is 22.5 on page 315. It talks about \$7.5 million of increased funding to meet increase in demand for priority community services contracts.

Hon ALANNA CLOHESY: What are they and where are they; is that your question?

Hon ALISON XAMON: I want to know what they are. Actually, specifically, I want to know how they are identified as a priority community service contract. What is the criteria by which that is determined?

Hon ALANNA CLOHESY: Honourable member, it is part of what we were talking about before, the NGHSS, so part of that will be in the answer already from the previous question.

The DEPUTY CHAIR: That will probably be C9, for the record.

Hon ALANNA CLOHESY: It includes Silver Chain and services like that, but you are already getting that list anyway.

Hon ALISON XAMON: Okay, thank you.

Hon ALANNA CLOHESY: In terms of how they are identified in terms of priority, we will take that as a separate supplementary.

Hon ALISON XAMON: How they are determined.

Hon ALANNA CLOHESY: How the priority needs were determined.

Hon ALISON XAMON: Yes; that was my question.

Answer: 'Priority community services contracts' is the term used to group the contracts for service with Silver Chain, Brightwater and the Oral Health Centre of WA.

Minister's Initials



**Hon DIANE EVERS asked:**

- 12) Hon DIANE EVERS: I have just one other question. **I refer to budget paper No 2, volume 1, page 312. About halfway down it shows "Lotteries Revenue Reduction". I noticed there was a significant fall-off in the amount on that line item. Is this in relation to COVID somehow, because lotteries funding is being distributed in other ways?** This is on page 312 of the budget papers. Where you see the spending changes table, near the bottom of the list is "Lotteries Revenue Reduction".

Hon ALANNA CLOHESY: We do not have that information with us, honourable member, so we are happy to take it as supplementary.

Answer: The Lotteries Revenue is based on projections provided by LotteryWest.

Minister's Initials





## LEGISLATIVE COUNCIL STANDING COMMITTEE ON ESTIMATES AND FINANCIAL OPERATIONS

### SUPPLEMENTARY INFORMATION

#### Department of Health

#### Hon AARON STONEHOUSE asked:

13) Hon AARON STONEHOUSE: That is okay. If it is helpful to you, doctor, a standing committee of the Legislative Council is able to take evidence and documents and keep them as private until they can be properly redacted before anything is released as public; things like cabinet-in-confidence, commercial confidence can be handled with appropriate sensitivity, shall I say.

I do note that you say you have no issue with providing that information, but you do not have it with you right now.

Dr ROBERTSON: I have got one day—20 October, I think, which is probably not going to help you. My previous diary would cover the period. I assume the period you are interested in remains 13 to 20 October.

The DEPUTY CHAIR: This might go on a little. I think what we have is an undertaking to provide a copy of the document of the sort that you are requesting, honourable member. I note that there is a need, in all likelihood, to redact content. I think the procedure would be for the witness providing the information to request that it be treated privately, understanding the rules of the house.

Answer: Legal advice has been sought in relation to this question.

Minister's initials



## LEGISLATIVE COUNCIL STANDING COMMITTEE ON ESTIMATES AND FINANCIAL OPERATIONS

### SUPPLEMENTARY INFORMATION

#### Department of Health


#### Hon AARON STONEHOUSE asked:

14) Hon AARON STONEHOUSE: I do not want to trip anybody up on procedure of the house, but what I am trying to find out is that it sounds like that order of the house may have triggered a process within the department, which then notifies people to produce documents that are asked for, or was it that the Leader of the House, who was the subject of the order, or the Premier or someone within DPC who called Dr Robertson and says, "These are the documents that we would like you to go back and get for us and then we will provide these to the Leader of the House today"?

Hon ALANNA CLOHESY: Honourable member, we have to check the process. There is a usual process when the Parliament asks for information. That goes through the minister's office to the department, but we will just have to check if that is the standard procedure, and none of us here know that procedure off by heart. We will come back to you about what that procedure was and the way in which it was used in relation to requests for the Chief Health Officer.

Answer: The request was made by the Ministers office for the Chief Health Officer to identify documents within the scope of the order.

Minister's initials



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**Hon COLIN TICKNELL asked:**

15) Hon COLIN TINCKNELL: I am going to move on to budget paper No 2, page 152, item 113...

Hon COLIN TINCKNELL: **Why are these projects funded by the Department of Treasury, administered item, rather than an increased capital appropriation?...**

The DEPUTY CHAIR: I am sorry to do this, but just so you know, there is a cross-reference to that on page 331 in the Health section in the "Funded By" table, so they are interlinked.

Dr RUSSELL-WEISZ: For any major spending, be it spending of capital or appropriation, we would have to do a business case and a PDP. It is possible that there might be funds held by Treasury for health for specific projects, but they do not appear in the health budget. It might be that they hold them in the Treasury-administered fund, and I think this is what it is referring to. Unfortunately, I cannot see what those projects are, but over time we have had Treasury-administered funds that have been held for health, and we seek money through either the Treasurer's delegation or we seek it through provision of a business case or a PDP. I would probably have to take on notice what those are, just because I do not know.

Hon COLIN TINCKNELL: I would be interested in what those projects are.

Answer:

For the 2020-21 financial year, the following projects are funded by Treasury Administered funding:

- Picture Archiving and Communication System;
- Bunbury Hospital Redevelopment;
- Royal Perth Hospital Intensive Care Unit;
- Fremantle Hospital Theatre Upgrade;
- Fremantle Hospital Reconfiguration Stage 1;
- Sir Charles Gairdner Hospital Cardiac Catheter Laboratory and Interventional Radiology Rooms Upgrade;
- Spinal Cord Injury Reconfiguration; and
- Osborne Park Hospital.

Funding allocated for these projects are subject to specified additional requirements, such as:

- the completion of further planning work;
- the development of a more detailed business case; or
- the development of a project definition plan.

Once these requirements are met the funding is transferred to the WA Health Budget.

Minister's initials



**Hon NICK GOIRAN asked:**

- 16) Hon NICK GOIRAN: Parliamentary secretary, with respect to the annual report, on pages 166 and 167 it lists the members of the Perinatal and Infant Mortality Committee. **Does the committee continue to produce a report every two years?**

Hon ALANNA CLOHESY: I will ask the Chief Health Officer to respond to that.

Dr ROBERTSON: From my memory, they are a three-year report, and they try and produce them once all of that data is available, and that is approximately every two years, but it may be two to three years.

Hon NICK GOIRAN: **Is there any reason why the investigation reports and the reports on the data collection analysis ceased to be available on the Department of Health website after 2013?**

Hon ALANNA CLOHESY: Member, we do not have that information available so we will take that as a supplementary, and we will check the website as well.

Answer: The Triennial Reports of the Perinatal and Infant Mortality Committee of Western Australia (the Committee) have not ceased. The 15<sup>th</sup> Report of the Committee was produced in 2017, for births between 2011 and 2013. The 16th Report will be published in 2021.

Minister's initials





Hon NICK GOIRAN asked:

- 17) Hon NICK GOIRAN: Would you agree, Chief Health Officer, that **finding out at a systemic level whether it is monitoring and discussing babies who are born alive but left to die after a failed abortion procedure is a de-identified piece of information?**

Dr ROBERTSON: I would have to look at that further.

Hon ALANNA CLOHESY: We will take that as a supplementary.

Answer: Under the *Health (Miscellaneous Provisions) Act 1911*, there is a distinction between abortion, stillbirth and deaths of children under one year of age. This distinction makes these classifications mutually exclusive; therefore, the Perinatal and Infant Mortality Committee does not have statutory authority to review abortions notified under Section 335(5)(d). The statutory authority of the Committee is to inquire only into matters arising from notifications made under section 336A (post 20-week stillbirths and infant deaths only).

Minister's initials



**Hon NICK GOIRAN asked:**

- 18) Hon NICK GOIRAN: Parliamentary secretary, answers were provided to questions prior to today's hearing. One of the answers indicated that the number of children and adolescents receiving treatment at Perth Children's Hospital's gender diversity service during the reporting period was 329. By way of comparison, in the calendar year of 2018, when I asked that same question, I was advised that the number was 59. In the calendar year of 2018, the number of children accessing the service was on average one a week. We now have a situation in which it is on average one a day. **What is the explanation for this exponential increase?**

Hon ALANNA CLOHESY: We will go to Dr Anwar in relation to that, assuming the numbers are correct.

Hon NICK GOIRAN: They are correct if the information provided to Parliament is correct.

Dr ANWAR: You are right. There has been an exponential rise in the call for this service, but I am not aware of what the drivers for that are and I would like to take that on notice, please.

Answer: In 2018 59 patients received hormone treatment, 110 in 2019.

The number quoted in the reporting period was the total number of patients seen by the Gender Diversity Service (GDS) not the number receiving hormone treatment. The number seen in 2018 was 289, and increased to 329 in 2019.

Since the service opened there have been year on year increases in referrals to the service. The reasons for this are complex. This is a worldwide phenomenon and there is no single evidenced based reason.

Minister's initials



**Hon ALISON XAMON asked:**

- 19) Hon ALISON XAMON: I refer to the top of page 321, "Public Hospital Non-admitted Services". I specifically refer to funding for the Perth Children's Hospital's gender diversity service. Is there any additional funding allocated for that service, either this year or in the forward estimates? I understand there is a waiting list, so I seek more information about that.

Hon ALANNA CLOHESY: We will go to Dr Anwar for that.

Dr ANWAR: You are right, there is a waiting list for the gender diversity services, currently manned by 5.4 FTE at a cost of \$970 000. A business case is being submitted to the Mental Health Commission for consideration, which asks for an uplift in the FTE to try to meet the demand that is there. There is no additional money at present over and above that mentioned.

Hon ALANNA CLOHESY: All of that would be part of the usual government budget development processes.

Hon ALISON XAMON: At the moment there is nothing. Can I ask what the waiting list was at the end of the last financial year, and the approximate time frames people were waiting to access that service?

Dr ANWAR: Yes, sure. The service is obviously a complex one, with a multidisciplinary team and there are different wait times for different stages of treatment. As of 30 June, 404 clients were engaged in the service, and it currently receives about 18 new referrals per month.

Hon ALISON XAMON: How many people are on the waiting list at the moment?

Dr ANWAR: That I would have to take on notice.

Hon ALANNA CLOHESY: Can we just repeat what the supplementary information being sought is?

Hon ALISON XAMON: I asked **how many people were currently on the waiting list for that service.**

Answer: 69

Minister's initials



**Hon ALISON XAMON asked:**

20) Hon ALISON XAMON: The other part of the question is: **approximately how long are people waiting to be able to access that service?** I understand that it is multidisciplinary, but I am particularly interested in from when they are initially referred to when they first get to see someone.

Dr ANWAR: Can I take that on notice and get back after the session?

Answer: 12 weeks

Minister's initials



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**Hon ALISON XAMON asked:**

21) Hon ALISON XAMON: I want to also ask a question about the CAHS annual report at page 46. My question is whether additional resources have been allocated to Perth Children's Hospital to address the increase in children who are presenting with developmental disorders and experiencing severe behaviours of concern.

Dr ANWAR: We have internally allocated some additional resources for children with neurodevelopmental disorders who are presenting. We also have a string of work to ensure that we re-examine the current service provision available for those children.

Hon ALISON XAMON: Sorry, you said you had reallocated internally? So there have not been additional dollars provided for you to be able to extend the service?

Dr ANWAR: The budget is normally allocated, as you know, as a bulk budget, and we have the ability internally to reshape and direct funding internally. Since COVID there has definitely been a change in the pattern of children who have been presenting to the hospital, and we have put in some additional resources in order to help support children with neurodevelopmental delay.

Hon ALISON XAMON: **How many children presented in 2018–19 and 2019–20?** I am happy to take that on notice if you do not readily have that information.

Dr ANWAR: I do not have that, member. There are some numbers quoted in the annual report, but I can provide that out of session.

Answer: 2018 - 2019: 90  
2019 - 2020: 127

Minister's initials  


**Hon ALISON XAMON asked:**

22) Hon ALISON XAMON: Good, thank you. Please do not move it! I refer to page 318, paragraph 44, which actually refers to the introduction of contemporary models of care. What is it anticipated that they will look like and the time frame for their delivery? It is at the very top of the page at paragraph 44. I want to specifically ask **if there has been any funding allocated to either the planning or introduction of these models of care.**

Hon ALANNA CLOHESY: That is more relevant to the Mental Health Commission, in terms of the process around how that is being done.

Hon ALISON XAMON: Can I ask if any funding has been allocated; and, **if so, how much?**

Hon ALANNA CLOHESY: In relation to Health's participation in that process, we would have to take that on notice as supplementary information.

Answer: As part of the 2019-20 Budget, Government approved funding of \$3 million to be spent over two years (2019-20 and 2020-21). Planning for contemporary models of care will be undertaken as part of the development of a future business case.

Minister's Initials

