

**STANDING COMMITTEE ON
ESTIMATES AND FINANCIAL OPERATIONS**

2017–18 BUDGET ESTIMATES HEARINGS



**TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
FRIDAY, 20 OCTOBER 2017**

**SESSION TWO
MENTAL HEALTH COMMISSION**

Members

**Hon Alanna Clohesy (Chair)
Hon Tjorn Sibma (Deputy Chair)
Hon Diane Evers
Hon Aaron Stonehouse
Hon Colin Tincknell**

Hearing commenced at 1.45 pm

Hon ALANNA CLOHESY

Parliamentary Secretary representing the Minister for Mental Health, examined:

Mr TIMOTHY MARNEY

Mental Health Commissioner, examined:

Mr MICHAEL MOLTONI

Director, Performance, Monitoring and Evaluation, examined:

Mrs MARIE FALCONER

Chief Finance Officer, examined:

Mr NEIL FERGUS

Principal Policy Adviser, Minister for Mental Health, examined:

The DEPUTY CHAIR: On behalf of the committee, I thank you for your attendance today. I would like to welcome you to today's hearing. Can the witnesses individually confirm that they have read, understood and signed the document headed "Information for Witnesses"?

The WITNESSES: Yes, we have.

The DEPUTY CHAIR: It is essential that all your testimony before the committee are complete and truthful to the best of your knowledge. This hearing is being recorded by Hansard and a transcript of your evidence will be provided to you. It is also being broadcast live on the Parliament's website. The hearing is being held in public, although there is discretion available to the committee to hear evidence in private. If, for some reason, you wish to make a confidential statement during today's proceeding, you should request that the evidence be taken in closed session before answering the question. Agencies and departments have an important role and duty in assisting the committee to scrutinise the budget papers and the committee values your assistance with this. I would like to invite the parliamentary secretary to make a brief opening statement should she choose.

Hon ALANNA CLOHESY: I would like to start by outlining our government's position on this portfolio and the strong priority our government place's on the mental health and wellbeing of Western Australians. Unfortunately, mental health issues affect many of us—an estimated one in five each year. Last year, 2016, there were 371 deaths by suicide registered in this state. Approximately 18.4 per cent of Western Australians are drinking at risk of lifetime alcohol-related harm and approximately 16.8 per cent of people report misusing pharmaceuticals or illicit drugs. With our increased investment this financial year and our commitments for the coming years, the government will be providing even more support and treatment options to Western Australians. The government is delivering a record \$914.4 million through mental health, alcohol and other drugs services through the 2017 state budget. Funding for services will increase by \$51.1 million or 5.9 per cent in 2017–18, and by a total of \$81.7 million over the four years to 2020–21. A further \$21.7 million has been allocated across the forward estimates for capital expenditure. This growth will allow the Mental Health Commission to increase recurrent expenditure on community-based services by an estimated 16.8 per cent and community support services by 7.1 per cent in 2017–18. Our government has committed new royalties for regions funding of \$7.3 million for the

establishment of the 10-bed Kalgoorlie community mental health step-up, step-down service, which will add to the community mental health step-up, step-down services being commissioned in Broome, Bunbury and Karratha. These services are not only cost effective, but also a key part of reforming the mental health system by providing services in the community for people who do not need hospitalisation, enabling people to recover close to support from family and friends.

As part of the state government's methamphetamine action plan, royalties for regions funding of \$18 million over three years has been allocated to establish alcohol and other drugs residential rehabilitation in the south west, and \$12 million has been allocated over three years for 60 low-medical withdrawal and residential rehabilitation beds across the state. That will only be funded until the end of June 2018. We have allocated \$200 000 in royalties for regions funding for consultation, analysis and modelling of alcohol and other drug services in the Kimberley to determine the appropriate mix of community treatment, withdrawal and residential rehabilitation services in the region, and \$184 000 per year will be provided through a grant agreement for a two-year trial of the Ice Breakers program in Albany. The government has allocated \$133 000 per year over three years to GP Down South to trial a three-tier youth mental health program. National Rugby League's State of Mind program is receiving funding of \$100 000 for 2017–18 to 2018–19 to provide tools and strategies to grassroots clubs to manage mental health, increased social support for young people and families, and links to services. Funding of \$200 000 has also been provided to develop a comprehensive recovery college model of service for Western Australia.

The DEPUTY CHAIR: Parliamentary secretary, this is not a brief statement. I would urge you to come rapidly to its conclusion.

Hon ALANNA CLOHESY: Thank you, Deputy Chair. We are continuing to work towards delivering the goals outlined in the "Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025".

Hon ALISON XAMON: There is not a specific line item pertaining to my question, so I am going to refer to page 140 and the total amount for delivery of services. The 10-year plan outlined the need to develop a number of subspecialty services but there does not seem to be anything in the forward estimates for those services. Specifically, I would like to ask: what moneys are being developed to establish a transcultural mental health unit? I will start with that one.

Hon ALANNA CLOHESY: In the longer term, that is subject to deliberations of the government over time.

Hon ALISON XAMON: But there is nothing at all in the forward estimates pertaining to the establishment of a transcultural mental health unit.

Hon ALANNA CLOHESY: The forward estimates can change over time to reflect government priorities in order to ensure that we have the correct mix of services. Within the budgetary constraints that we have before us, the government has provided a broad mix of services. To say that we are not going to do it because it is not in the forward estimates would be incorrect. To assume that government will work towards the development of that, particularly because of the plan, would be a safer bet.

Hon ALISON XAMON: What specialised transcultural mental health services are available now? I hope you are not going to say that they exist at Bentley, because they do not.

Hon ALANNA CLOHESY: We will provide that in the form of supplementary information in terms of detail. I just indicate that that would have been a question to ask of the Department of Health, because those services exist within the east metropolitan region. We can take that on notice.

Hon ALISON XAMON: Parliamentary secretary, with respect, it is actually up to the Mental Health Commission to commission these sorts of specialised services. That is why it is in the 10-year services plan. That is why I am directing my question to the Mental Health Commission and not the Department of Health. I am aware that the Department of Health has completely abandoned this space, but this is why the question is directed here.

Hon ALANNA CLOHESY: Rather than take that on notice, I will ask the Mental Health Commissioner to respond to that.

Mr MARNEY: The member is correct: the transcultural service is one that is purchased by the Mental Health Commission, as per all mental health services across the state. There is an existing transcultural mental health service based in the East Metropolitan Health Service.

Hon ALISON XAMON: Are you referring to the Bentley service that does not really exist?

Mr MARNEY: If I could just finish. I am happy to provide the member with details as to the extent of that service as it exists today as part of supplementary information, if that would be acceptable to the Deputy Chair.

Hon ALISON XAMON: Could I please request that as part of that supplementary information, it would perhaps be useful to also get previous FTE of that transcultural mental health unit to get a comparison of the “existing service” as opposed to what used to exist.

The DEPUTY CHAIR: From people opposite, I gather that every endeavour will be made to provide that information to you.

[Supplementary Information No B1.]

Hon ALISON XAMON: I also refer to the need to have subspecialty services specifically around the area of BPD—borderline personality disorder. We know that there is a very high suicide and morbidity rate for people who live with BPD. I understand that services have been cut at RPH and there is currently a two-year waiting list at Peel. Is there anything that is currently being planned to deal with this very vulnerable cohort in terms of expanding existing services?

Hon ALANNA CLOHESY: I was pleased to speak at the borderline personality disorder conference earlier in the week, but I will ask the Mental Health Commissioner to address this.

Mr MARNEY: As with all specialised services, the Mental Health Commission uses its growth funding each year to target particular areas of the 10-year plan that are of priority. That includes things such as BPD and youth services, for example. The way in which we do that is to analyse the types of mental illnesses that are basically presenting, whether that be through inpatient settings, emergency departments or community treatment settings, to get a sense of the diagnostic characteristics across the system. As the member has rightly pointed out, borderline personality disorder is increasingly a dominant diagnosis in a number of specific locations. We are continuing to work with services, firstly, to validate that analysis and, then, secondly, to develop appropriate models of service to meet that need.

[2.00 pm]

The particular areas of growth that we are looking at to utilise the government’s election commitments for additional inpatient beds, particularly in the northern corridor, to develop a specialised BPD service, for a number of reasons, that is the highest area of presentation based on our analysis. It is a disorder that requires a different model of service. It is not just a stock standard rollout existing service approach. We are working with the service with a view to, quite frankly, capitalising on the election commitments and our growth money to meet that need, particularly in that catchment in the first instance because in some respects, it will be a trial, a new way of working

for a lot of people in the system and a new model of service, which, once it proves up, we will then be able to roll further. Of course, it would be available ideally as a statewide specialist service as well, so it could receive referrals from other catchments across the state.

Hon ALISON XAMON: Is there a commitment to work towards the establishment of a statewide specialist service that even might work on a hub-and-spoke model?

Hon ALANNA CLOHESY: I think the Mental Health Commissioner talked about the development of the service and a specialised statewide service. I could not really suggest that it would be a hub-and-spoke model because there might be other ways of delivering that statewide service. As the Mental Health Commissioner said, work is progressing.

Hon ALISON XAMON: When are we likely to see the creation of any additional services to what is currently there, considering that we have already seen the closure of services and the waiting lists are only expanding?

Hon ALANNA CLOHESY: This is part of a broader health picture in the Joondalup area. That is currently being developed as a business case as we speak, so I do not have an exact date for you. We would be happy to come back to you with that sometime in the future as soon as that becomes publicly available.

Mr MARNEY: Certainly, we will make every endeavour to work on the model of service in the meantime. Everything is based on best practice so that when we are able to implement, we do so in a way that best meets the very complex needs of that particular cohort of consumers. However—this is probably a little unorthodox—I would ask a reply question, which would be: if there is evidence that something has been closed down in child and adolescent mental health services, we would be very keen to see that evidence so that we can address that.

Hon ALISON XAMON: I am quite happy to do that.

The DEPUTY CHAIR: I am happy to accept that unorthodox approach.

Hon ALISON XAMON: We know that the RPH service was previously closed, and it was successful and it won awards, which is usually the death knell for any service. That has been raised as a very specific concern, particularly considering that people can become well after having BPD and can live good lives and fully recover and, secondly, because of the high rate of suicides attached to this particular disorder. We are going in the wrong direction in relation to the provision of service in this area, and it is costing us a fortune in terms of presentations at EDs. We know this but I am happy to give further information because this is my opportunity to ask questions of you as well, so I will keep going.

Along the same lines, I also want to ask about the establishment of specialised neuropsychiatric services because we know that that is in the 10-year services plan. Again, there is nothing in the forward estimates. What, if anything, is being done to develop specialist services in this space?

Hon ALANNA CLOHESY: As I said before, the forward estimates relate to, as far as we know —

Hon ALISON XAMON: I am aware of that.

Hon ALANNA CLOHESY: I am not going to exclude any work that the government will commit to further down the track but I do want to make it clear that there are a range of specialised services that will require some work now and into the future. It is the future work, particularly when we need to update the plan, which—as you are aware, “the plan” is shorthand for the mental health plan—will need to happen as well. I am not going to exclude that it is not going to happen; it is just not in the forward estimates for now.

Hon ALISON XAMON: Is current planning occurring around the establishment of specialised services around neuropsychiatry?

Hon ALANNA CLOHESY: I think it is safe to say that because it is in the plan, there will be future work done.

Hon ALISON XAMON: So basically nothing in the near future.

I am going to ask some specific questions about SSAMHS because, again, that is not a special line item.

The DEPUTY CHAIR: Member, can I just ask what SSAMHS is?

Hon ALISON XAMON: It is the Statewide Specialist Aboriginal Mental Health Service. Has SSAMHS effectively maintained its funding or is there any scope for growth or is it looking at reduction, and is it envisaged that it will continue as an existing service in its current format in the forward estimates?

Hon ALANNA CLOHESY: I thank the member for the question. The previous government funded that service to the end of the year. At this stage, the government has committed to funding to 30 June next year, so the government has extended that funding to 30 June next year. It is also subject to future budget considerations as we speak.

Hon ALISON XAMON: When is it envisaged that a final decision will be made about the future of SSAMHS?

Hon ALANNA CLOHESY: As I said, it is currently part of budget considerations and when they are concluded, the government will make it clear then. However, I should say that I think it was pretty important that the government committed to continuing the funding until June next year in order to allow the continuation of the service, which, based on decisions of the previous government, would have ceased in December.

Hon ALISON XAMON: That is certainly welcome and I hope that decision to continue it is maintained because it is an important specialist service.

I am just going to move to some other points if that is okay. I refer to page 144, "Service Summary". I am specifically referring to the prevention budget. I suppose it makes reference to the others. We are talking about a significant reduction in investment in prevention, whereas the plan stipulated rightfully that we needed to look at a significant investment in prevention. I am wondering if there could be some explanation for that decision; for example, is any of it a commonwealth component?

Hon ALANNA CLOHESY: A significant amount of that relates to the reduction in funding from the federal government but I will get the Mental Health Commissioner to provide you with the details of that.

Mr MARNEY: As the parliamentary secretary has stated, most of that reduction—in fact, \$2.4 million of that reduction—is a reduction in grant funding, which has come either directly from the commonwealth government or to the Mental Health Commission via another state agency, such as the Department of Health, under other commonwealth agreements. In particular, the programs that will cease are the Indigenous Advancement Strategy; the safety and wellbeing program; the Quitline Aboriginal Liaison Team and the WA Quitline enhancement; the Strong Spirit Strong Mind Metro Project; the Footprints to Better Health program; the Parents, Young People and Alcohol campaign, which is a Healthway-funded campaign; and the safer events project, which is also a Healthway campaign. Those are the major drivers behind the change in funding.

Hon ALISON XAMON: Commissioner, has any state funding been taken out or are any of those components state funding?

Mr MARNEY: All of those components that I mentioned are commonwealth funded. There is a \$1.6 million reduction in state funding associated with the previous government's meth initiative, which expires in June 2018. There are largely prevention campaigns associated with that initiative, which have largely ceased now.

Hon NICK GOIRAN: I understand that the government has announced that it intends to ring-fence the funds that will be derived from the sale of the land at Graylands and to ring-fence them to be fully used on the mental health portfolio. Are you able to confirm that?

Hon ALANNA CLOHESY: That decision is currently subject to consideration by government and will be an issue that will go to cabinet, as far as I am aware. I will get an update on where the business case for that is at at the moment.

Mr MARNEY: The divestment of Graylands is obviously a pretty complex exercise. It is the last remaining mental health institution in the state and, indeed, I think in the country. Although the service facilities at Graylands are not contemporary, certainly every endeavour is made to ensure that the actual services provided at Graylands are contemporary services but we need to go through that and do a very detailed assessment of what services are needed for the individuals, the consumers, who rely on the services at Graylands and what is the best relocation for those services in a community-based setting. All of that is subject to the development of a business case for consideration of government. That business case is currently being worked up as a collaborative effort between the Department of Health, the North Metropolitan Health Service and the Mental Health Commission, as well as involving non-government organisations in part of that process in terms of assessing what community-based services will be required by those individuals to be relocated.

Hon NICK GOIRAN: You mentioned that there are non-government organisations involved in the development of this business case. Who are those government organisations?

Mr MARNEY: Previous work has been undertaken by NEAMI. We will be reviewing that work and feeding that into the business case process.

Hon NICK GOIRAN: That is one organisation?

Mr MARNEY: Yes.

Hon NICK GOIRAN: I thought I heard plural.

Mr MARNEY: As we move forward and we identify where we need to progress in terms of service development through principles of co-design, we will need to involve a vast number of people, non-government organisations, clinicians, consumers, carers and families. That is inevitable in all the work we do in the commission but particularly in this case because it is particularly complex.

Hon NICK GOIRAN: Involving that vast number of people, will that need to be done before the business case can be finalised?

Mr MARNEY: As I mentioned, it is a complex process and therefore it has to be an iterative one. The business case that is being developed will have a number of phases to the decommissioning of Graylands. That is why, I guess, it is at the outer end of the time frames in terms of implementation in the 10-year mental health, drug and alcohol services plan because it is going to have to happen on a phased basis. The business case is really about working up the detailed components of those phases and then developing indicative costing associated with those phases.

[2.15 pm]

Hon NICK GOIRAN: Going back to my question, before the business case can be finalised, do those vast numbers of people need to be consulted?

Mr MARNEY: To a certain extent. Again, I reiterate that this is an incredibly complex process, and what we do not want to do in this process is distress people. We do not want to distress families; we do not want to distress the consumers, and we will need to do as much work as we possibly can to develop the business case, if you like, in the background, without causing undue concern. If we start to approach consumers and families to develop the service alternatives in collaboration too early in the process, that will raise expectations that people will be relocated. It may even raise anxiety about that relocation, and the longer that anxiety and expectation remains in place and is not addressed, obviously, the more distressing it is for those people and their families, hence the iterative nature of the process. The initial business case, I guess, in that sense is probably more akin to a seeking of concept approval, and then with detailed business cases following at each stage of the decommissioning of Graylands.

Hon NICK GOIRAN: Okay, so there will be more than one business case; there will be several versions. Is that what I understand?

Mr MARNEY: There will be several stages to the decommissioning of Graylands —

Hon NICK GOIRAN: I understand that, but the business case—you are in the process at the moment, with the Department of Health and north metropolitan, and you have consulted with one NGO to prepare a business case, which is fundamental to cabinet making a decision. I am asking: is there going to be more than one business case before cabinet makes its decision as to whether it is ring-fencing this funding?

The DEPUTY CHAIR: I will refer that to the parliamentary secretary, as it goes to cabinet processes.

Hon ALANNA CLOHESY: In terms of the operationalisation of the government's policy, I will ask the Mental Health Commissioner to answer that.

Mr MARNEY: There will be a single overarching business case developed for the consideration of government, which will deal with the phased approach to the decommissioning of Graylands. As each phase of that decommissioning process is developed further, more detailed work will be undertaken for each phase, in order to provide an up-to-date assessment of need for the service, and also an up-to-date estimate of the associated cost of meeting that need. That will involve a range of people and a range of NGOs.

Hon NICK GOIRAN: Okay, that one single business case that is being prepared, what is the target date for its completion?

Mr MARNEY: That does go to the issue of cabinet process.

Hon ALANNA CLOHESY: The government, as you are aware, is very keen to ensure that this process is undertaken as quickly as it possibly can be within government resources, and some of those resources rely on the capacity of the Mental Health Commission to undertake the work, but I imagine there are other considerations too. I do not have an actual date for you on which it will go to cabinet, because that is part of the setting of the cabinet agenda, of which you are aware I am not part.

Hon NICK GOIRAN: I understand that. My question is: what is the target date for the completion of the business plan?

Mr MARNEY: The target date for the completion of the business plan is within the next three months, at a high level to ensure that we lock down what that phased decommissioning looks like in overall concept, and then start to break down the decommissioning plan into its component parts and map the implementation thereof.

Hon MARTIN PRITCHARD: Just a simple one. I refer to the dot point for establishing 10 suicide prevention coordinators across the state, under the heading “Western Australian Mental Health, Alcohol and Other Drug Services Plan” on page 141 of budget paper No 2. What towns will the suicide prevention coordinators be located in?

Hon ALANNA CLOHESY: They are located in the wheatbelt, based at Northam and Narrogin; in the goldfields, based in Kalgoorlie; and the south west, based in Bunbury; in the Kimberley, based in Broome; in the midwest, based in Geraldton; in the Perth metropolitan area, based in the north, south and east metropolitan regions; in the great southern, based in Albany; and in the Pilbara, based in South Hedland.

Hon MARTIN PRITCHARD: Is the rationale for those locations built on need or on population centres?

Hon ALANNA CLOHESY: I will ask the Mental Health Commissioner to talk to the methodology in identifying the areas where the coordinators are based.

Mr MARNEY: The intention of the coordinators is to work across the entire state. There was not an identified prevalence or incidence-driven analysis behind their location, because they are intended, as I said, to cover the entire state. Where they are located was based on market assessment by the Mental Health Commission in terms of existing service providers, and where we could best partner with other existing services, rather than set up new infrastructure, new offices and new arrangements for people standalone. As much as possible, we want the coordinators to be embedded within existing services, because their job is to actually bring together existing services in these regions to meet the needs of local communities. The approach we have taken is to actually contract, based on a market assessment of each region, with existing services to employ, house and support the suicide prevention coordinators.

Hon MARTIN PRITCHARD: So a place like Exmouth would be governed from Geraldton?

Mr MARNEY: This is a test of my geographic knowledge, but I am assuming that Exmouth is part of the midwest.

Hon MARTIN PRITCHARD: It is above Carnarvon.

Mr MARNEY: Yes, so it is part of the midwest. It would be serviced out of the midwest-based regional coordinator in Geraldton.

Hon COLIN TINCKNELL: I have just one question. I thank the parliamentary secretary for asking me to ask for further information in this session. How much health funding has been allocated to programs relating to the understanding and prevention of foetal alcohol spectrum disorder?

Hon ALANNA CLOHESY: I was being very hopeful, honourable member.

The DEPUTY CHAIR: We all live in hope, parliamentary secretary.

Hon ALANNA CLOHESY: I am sorry. Can I ask that that be taken on notice?

[Supplementary Information No B2.]

Hon ALISON XAMON: I refer to the line item for the average length of stay in purchased forensic mental health units, in the table on page 147 of budget paper No 2 under the heading “Hospital Beds Based Services”. I note that there is a distinct difference between the budget and the estimated actual, and the budget target, and I was wondering if some explanation can be given for that.

Hon ALANNA CLOHESY: I will ask the Mental Health Commissioner to address the details of that.

Mr MARNEY: As the member is aware, the state has 30 forensic mental health inpatient beds. The modelled need in the 10-year mental health, alcohol and other drug services plan is, from memory,

93 beds. That means a small facility is dealing with a large volume of need, and is in very high demand for that limited capacity. That has two impacts. First, because it is a relatively small inpatient unit, the volatility of the length of stay is higher than in other classes of beds across the system as a whole. It is really a question of meeting as much need as possible, which invariably means, on a clinically assessed basis, treating more people with a shorter length of stay is better than treating a smaller number of people with a longer length of stay. While the length of stay is not ideal, and is symptomatic, I think, of a lack of supply of those beds to meet need as per the 10-year plan, it does result in a shorter length of stay, but services more of those people who need those specialised forensic services.

Hon ALISON XAMON: Can I read from these figures, then, that it is likely the case that people are either being returned to prison or being released earlier than is optimal?

Mr MARNEY: I cannot give you a view on whether or not that is clinically optimal, but I think it does compare somewhat differently to other services, where the length of stay is typically around 14 to 15 days.

Hon ALISON XAMON: Okay, so this did lead to my next question, which was about the forensic beds within the 10-year services plan, and I was wanting to know, again, what is being done to progress that part of the plan because, as I understand it, we are behind. Can I have that confirmed?

Mr MARNEY: As I mentioned at length in an answer to a previous question, the decommissioning of services at Graylands is a very complex project. One component of that project involves increasing the number of forensic inpatient beds as per the requirements articulated in the 10-year plan. That issue of how to address that need is being addressed as part of that planning process.

Hon ALISON XAMON: Can I confirm, though, that we are behind in terms of the additional beds, as per the plan? As I recall, and the commissioner may correct me, it was envisaged that additional beds would be online by 2020.

Mr MARNEY: I think your recollection is correct, and that was certainly the aspirational target that was set in the plan. What we do know of course, is that the plan is subject to the budgetary process and the fiscal constraints of the state, and also the need for those planning processes around the decommissioning of Graylands, which I think, it is fair to say, had a hiccup in terms of continuity during the period of transition from one government to another. But we are now back on track, as mentioned previously. The actions in the plan provide a road map for the optimal level and mix of services over time. As to a commitment to the timing of implementation of those actions, that is subject to government decision on action by action.

[2.30 pm]

Hon ALISON XAMON: As I understand it, it was not just optimal; it was actually identifying what was necessary—this is in relation to the plan. That is more a comment; apologies, Deputy Chair.

I will move on to my next item, which is page 151. It is under “Details of Controlled Grants and Subsidies”, and it is the suicide prevention plan. In the 2019–20 and 2020–21 forward estimates, there is no provision made for, obviously, the next plan. I am obviously aware that we are working under an existing plan. Is there an expectation that there will be a further plan that is developed in those years, and that in the future money is going to be allocated accordingly? I am referring to the suicide prevention strategy.

Hon ALANNA CLOHESY: I guess my answer is similar to other questions. The forward estimates are the forward estimates. The details of government budget decisions into the future are subject to a whole range of processes starting with the adjustments to the plan, but also including the

development of budget submissions into the future. I cannot project the decisions of government into the future, suffice to say that it is in the budget this year.

Hon ALISON XAMON: Has the evaluation of the 2020 strategy begun, or even the development of the framework for evaluating the strategy?

Hon ALANNA CLOHESY: Yes. I assume you want to know about the process of that?

Hon ALISON XAMON: I want to know if it has begun because that is obviously going to influence the development of a future strategy.

Hon ALANNA CLOHESY: Yes.

The DEPUTY CHAIR: Parliamentary secretary —

Hon ALISON XAMON: It has?

The DEPUTY CHAIR: — are you affirming that that process has?

Hon ALANNA CLOHESY: Yes.

Hon ALISON XAMON: That was unclear to me, too.

Hon ALANNA CLOHESY: Yes.

Hon ALISON XAMON: In terms of the content of the strategy for the coming year, have the grants to the WA Netball Association and the AFL continued; and, if so, is it at the same rate or is there any sort of reduction or increase?

Hon ALANNA CLOHESY: I will refer that to the Mental Health Commissioner.

Mr MARNEY: My understanding is that the grants to both netball and the football ceased some time ago.

Hon ALISON XAMON: So they are not continuing?

Mr MARNEY: No. I believe they reached the end of their term at the end of June last year.

Hon ALISON XAMON: And they were never renewed?

Mr MARNEY: No.

Hon ALISON XAMON: Was any evaluation ever done as to the effectiveness of those moneys being spent in the first place?

Mr MARNEY: If I can finish my answer to the previous question: the money that was being used for those previous grants to netball and football has been rolled into the grant rounds that are now open to people to apply for on a fairly regular basis. For example, we have a current round of grant applications active to allocate up to \$250 000 in funding. That allocation —

The DEPUTY CHAIR: Excuse me, while we take a brief adjournment.

Mr MARNEY: Sorry.

The DEPUTY CHAIR: Sorry; please proceed. We were just having an administrative discussion. Sorry for the interruption. Mr Marney, if you would continue.

Mr MARNEY: Thank you, Deputy Chair; apology accepted.

The grant rounds that are underway at the moment are to allocate up to \$250 000 in the current financial year. They are targeted at various training and development initiatives for any community groups that wish to apply, so it is not restricted basically, I guess, to sporting codes or even two sporting codes. There was some evaluation work undertaken around the previous grants to

netball and football, mainly, though, I would say it was fairly rudimentary in nature to ensure their compliance with contract, rather than evaluation of impact.

Hon ALISON XAMON: Rather than effectiveness.

Mr MARNEY: Yes.

Hon ALISON XAMON: It was a lot of money. As a supplementary question can I please get a complete breakdown of the grants that have been issued, and also how the money has been spent or been allocated for the upcoming year, rather than asking now?

The DEPUTY CHAIR: Parliamentary secretary, I will allow you to confer with your advisers before we get back to that.

Hon ALANNA CLOHESY: Thank you. I am just checking what we have available today, and I will get back to you.

Hon ALISON XAMON: I just thought rather than reading it all out, I am happy to take it—there are a lots of grants.

Hon ALANNA CLOHESY: If we do have it, it could be tabled.

The DEPUTY CHAIR: We have a lot of time.

Hon ALANNA CLOHESY: Okay. We will take that on notice.

[Supplementary Information No B3.]

Hon ALISON XAMON: I refer to the service for children bereaved by suicide, which is a great service. It is really essential and we should make sure that it continues and probably gets expanded statewide. Can I just confirm that the money that has already been allocated to that for the trial program is continuing and that there is no deviation from that at all? I just want confirmation.

Hon ALANNA CLOHESY: I agree about the service. As far as I am aware, it is funded through to the end of the strategy.

Hon ALISON XAMON: That is fine. I understand that is undergoing a review of its effectiveness for the pilot, and I imagine then that it will be considered part of a future suicide strategy. Can I just have that confirmed? If there is going to be a future suicide strategy.

Hon ALANNA CLOHESY: It would be fair to say yes.

Hon ALISON XAMON: Good. Yes, so good, that is fantastic.

Hon ALANNA CLOHESY: Barring any significant problems identified in the process.

Hon ALISON XAMON: I will be getting that breakdown. Can I confirm that that is not being tabled now, is it? I am getting that on notice; is that correct?

The DEPUTY CHAIR: You have that on notice as B3. That is what the record shows.

Hon ALISON XAMON: I move to page 144 and the budget savings measures. Could we please have a list of the NGOs that are no longer a priority or provide relatively low value for money?

Hon ALANNA CLOHESY: Sorry, Deputy Chair, I am having real difficulty hearing the member.

Hon ALISON XAMON: I am sorry.

The DEPUTY CHAIR: If it is of any assistance, perhaps you can hear me. It is page 144 of the budget, and the dot point under “Budget Savings Measures”.

Hon ALISON XAMON: Yes. Can I have a list of the NGOs that are no longer a priority or provide relatively low value for money?

Mr MARNEY: I will run through who basically constitutes part of that savings envelope and the particular services in question. The first one is the Samaritans, and that total saving from 2017–18 to 2020–21 is just over \$500 000, and it is the funding that currently goes to the Samaritans phone line. The next one is the St Patrick's Community Support Centre choir, a saving of just over \$115 000 over the aforementioned period. The next one—it is similar—is the Spirit of the Streets Choir with the same savings level.

The next one is the NGO in the south west called Lamp, and it is the savings from the cessation of funding towards a housing support worker. It is a grant that was provided under our national partnership agreement with the commonwealth, in conjunction with the now Department of Communities. The commonwealth has not indicated any intention to continue that grant agreement beyond June 2018 and, accordingly, the Mental Health Commission has, if you like, matched the commonwealth's decision in that regard. That particular service was originally intended to target clients from the Bunbury hospital specialist mental inpatient unit. It was granted in order to provide services to 20 people per annum. Unfortunately, the service fell well short of delivering on that number of people.

The next one is Silver Chain. Silver Chain notified the Mental Health Commission that they no longer wished to continue with the service in the Pilbara, based on operational difficulties. That, unfortunately, is a history that has been repeated a number of times for that service in the Pilbara. That service ceased on 30 June 2017.

Teen Challenge, which is a community-based residential rehab service in the great southern, that funding ceases at the end of December. That is \$712 000 over that aforementioned period. Hope Community Services Street Van is contributing \$380 000 in savings and ceases on 30 June 2018. Wiluna Patrol is no longer necessary in that area due to changes in local business demographics. Geraldton Sobering Up Centre run, from memory, by Hope Community Services in Geraldton —

Hon ALISON XAMON: As a follow up from that, you note that Silver Chain elected to cease providing the service. Does that mean that there is now a gap that is simply not being met, as opposed to other services where it was identified that they perhaps were not necessary?

Mr MARNEY: I think it is fair to say there is still a service need. What we have experienced in the last few years is a great deal of difficulty in being able to achieve an NGO that is able to provide a sustainable service in the region.

Hon ALISON XAMON: How many people are affected by that?

Mr MARNEY: I will have to take that on notice in terms of their existing footprint and consumer base.

Hon ALANNA CLOHESY: Yes, we can take that on notice.

[Supplementary Information No B4.]

Hon ALISON XAMON: Pertaining to the removal of the funding for the Samaritans, that raises a broader issue of the plethora of helplines and crisis lines. I know concerns have been raised that that confuses people who are perhaps requiring support and reaching out. Are there moves to look at amalgamating or rationalising the number of funded helplines? By that I do not mean the number of hours made available for people to access, but I am talking about the sheer number of different phone numbers that people can ring. Is any work being done in that space?

Hon ALANNA CLOHESY: Yes, I understand your concern about the range. It can be confusing. I will ask the Mental Health Commissioner to respond to that.

Mr MARNEY: It is certainly a matter that is active in discussions with the commonwealth government because a large part of those various phone lines, including the likes of Lifeline, beyondblue, Kids Helpline and so on —

Hon ALISON XAMON: FIFO lines, drug lines—it is endless.

[2.45 pm]

Mr MARNEY: A lot of those are funded jointly by states and the commonwealth, so it is an active discussion as part of the implementation of a number of commonwealth initiatives—commonwealth and state joint initiatives—such as the initiatives with the new Head to Health directory. My understanding is that it was intended over time to consolidate the entry point to services, starting with the digital gateway that is Head to Health. Certainly, the decision taken by the government, on advice from the commission around the cessation of funding for the Samaritans, was for the exact reason that you have highlighted—that is, the growth in a number of other phone-based support services that provide a much more active counselling and referral service than what was previously in place in the case of the Samaritans. They are certainly small steps in that regard from a state perspective in consolidating some of those points of contact and support. But that work is ongoing, both as part of the Head to Health initiative and also as part of discussions around state and commonwealth forums and the implementation of the fifth national mental health plan, and so on.

Hon ALISON XAMON: I want to confirm that it is part of government policy to work towards the amalgamation of the range of suicide and crisis lines, rather than seeing this and funding the establishment of additional ones?

Hon ALANNA CLOHESY: No, that is not what I heard the Mental Health Commissioner say. What I said was that I understand your concern about the difficulty in accessing—or entry point, basically. It has always been a concern about how do you find the support that that is needed, and that is a concern of government, and it is certainly was one that was identified quite significantly, of course, through the mental health plan. But that is not what the Mental Health Commissioner said.

Hon NICK GOIRAN: Parliamentary secretary, do you have access to the answers to the questions prior to the hearing?

Hon ALANNA CLOHESY: I do.

Hon NICK GOIRAN: If I can draw your attention to question (3), asked by me with respect to the amount of funding that has been allocated to initiatives to prevent suicide.

Hon ALANNA CLOHESY: Yes, member. I do not know that I have been given a full set of—is it your question or another member's question?

Hon NICK GOIRAN: It is my question and it states —

(3)

(a) What is the amount of funding that has been allocated to all initiatives to prevent suicide;

I am just asking if you have access to the document.

Hon ALANNA CLOHESY: No, I do not, honourable member.

The DEPUTY CHAIR: Could I ask that the parliamentary secretary receive a copy?

Hon ALANNA CLOHESY: And the Mental Health Commissioner, if possible.

Hon NICK GOIRAN: The parliamentary secretary will see that the answer provided to my question indicates that the funding allocation for 2017–18 is \$7 235 000, excluding GST. Immediately underneath that, in answer to the question as to who has received that funding, 18 organisations have been listed. My question is: are you able to provide, presumably on notice, what the allocation was to each of those 18 agencies?

Hon ALANNA CLOHESY: Let me check if that information is available here, otherwise I will be happy to take that on notice. No, we can take that on notice.

[Supplementary Information No B5.]

Hon NICK GOIRAN: Parliamentary secretary, when that information comes through with respect to the breakdown of the money that has been provided to those 18 organisations, will the total of those 18 numbers be \$7.235 million?

Hon ALANNA CLOHESY: Because that information is not available today, I am unable to provide an answer to that question.

Hon NICK GOIRAN: I will ask a different question then.

Hon ALANNA CLOHESY: Let me double-check though.

The DEPUTY CHAIR: Mr Marney, if you are able.

Mr MARNEY: We will provide a reconciliation for the full \$7.235 million. It may be that there are some allocations internal that do not show up to external organisations. An allocation internal to government is consolidated out of the finances, but we will give a reconciliation of that total spend.

Hon NICK GOIRAN: Of the \$7.235 million?

Mr MARNEY: Yes.

Hon ALANNA CLOHESY: We will take that as part of B5.

Hon NICK GOIRAN: Further to that, (3)(a) indicates that the Suicide Prevention 2020: Together strategy has received funding of \$25.9 million over four years. For those 18 organisations that have been listed there, has that funding been provided to them just for 2017–18 or over the four years?

Hon ALANNA CLOHESY: It is a mixture; some are one-off grants and some are not. I suggest that we put that in the table of information about the dollar value and the type of grant, length of grant, if that is useful.

Hon NICK GOIRAN: Before you agree to take that on notice and it be allocated a number, maybe I can ask this question: is it possible to provide a reconciliation on how the allocation of funds has been done for the \$25.9 million over four years, or is it too soon because we are only in the first financial year?

The DEPUTY CHAIR: I refer that to the commissioner in the first instance.

Mr MARNEY: We can provide a full reconciliation of what we spent to date. We can also give an indication of what is currently allocated against different action items under the strategy, going through to the end of June 2019. Obviously, we cannot give you a full breakdown of exactly where it is going to be spent by organisations because of due process and so on. But we certainly can give you a reconciliation of where it is intended to be spent at this point in time.

Hon NICK GOIRAN: If we get to a point where that reconciliation is taken on notice, would it be possible for that reconciliation to include a final line item which would be unallocated?

Mr MARNEY: This is perfectly possible.

Hon NICK GOIRAN: This way the reconciliation will total \$25.9 million?

Mr MARNEY: Correct; otherwise, it is not a reconciliation.

[Supplementary Information No B6.]

Hon NICK GOIRAN: On a different topic, with your indulgence, Mr Deputy Chair, I draw to the attention of the parliamentary secretary, page 141, volume 1, budget paper No 2, under the heading of “Other”. We see there a line item “Local Projects Local Jobs” and an estimated actual of \$46 000. Can you indicate to the committee why there is no budget for Local Projects Local Jobs in 2017–18 and in the forward estimates?

Hon ALANNA CLOHESY: It is not in the budget for 2017–18 or 2018–19—that was your question?—because it was a one-off grant.

Hon NICK GOIRAN: Who received that grant?

Hon ALANNA CLOHESY: Gosnells women’s mental health service.

Hon NICK GOIRAN: When did they receive that?

Hon ALANNA CLOHESY: I do not have the information with me as to the date that they actually received it, but it was prior to 1 July 2017.

Hon NICK GOIRAN: Would you be able to take on notice what date it was provided?

Hon ALANNA CLOHESY: I read that wrong. The grant was from 1 July 2017 to 30 June 2018.

Hon NICK GOIRAN: Right. If you could clarify for me, would it not then appear in the 2017–18 figures?

The DEPUTY CHAIR: Parliamentary secretary, there seems to be some discrepancy between the year in which this grant has been allocated. Can you clarify the situation?

Hon ALANNA CLOHESY: I will ask the Mental Health Commissioner to talk to the administration of the grant.

Mr MARNEY: The grant was for services to be provided from 1 July 2017 to 30 June 2018. To enable services to be provided from 1 July, the money was paid ahead of the 2017–18 financial year; therefore, the grant was expensed during the 2016–17 year, and, therefore, it appears only as an estimate actual. In fact, it is an actual actual and there is no preceding budgeted figure for that amount.

Hon NICK GOIRAN: Thank you for that explanation. Parliamentary secretary, I presume you can take on notice when that \$46 000 was provided to that organisation?

Hon ALANNA CLOHESY: The date of the transfer—the payment?

Hon NICK GOIRAN: Yes.

Hon ALANNA CLOHESY: Yes, we can do that.

[Supplementary Information No B7.]

Hon NICK GOIRAN: Are you in a position to indicate what it is that they are to do with this \$46 000?

Hon ALANNA CLOHESY: The grant is for the provision of infant, child, adolescent and family mental health services, specifically the service includes education and group and individual therapy, staff training, and promotion.

Hon NICK GOIRAN: Is that funding subject to some form of agreement with that organisation?

Hon ALANNA CLOHESY: Yes, it is subject to a grant agreement.

Hon NICK GOIRAN: Is that grant agreement able to be tabled?

Hon ALANNA CLOHESY: We do not have it with us today, so it cannot be tabled. But we are happy to take it on notice, subject to confidentiality around the service. If there is a problem, we will come back to the committee about that. I am happy to take it on notice.

[Supplementary Information No B8.]

Hon NICK GOIRAN: Just to clarify, if there is some form of confidentiality provision, will that mean that the agreement that gets tabled with the committee at a later date might be redacted in some form?

The DEPUTY CHAIR: Before you answer that, parliamentary secretary, that may be verging on hypothesis, but I will let it go through and let the parliamentary secretary respond.

Hon ALANNA CLOHESY: We will follow the usual processes of the committee in regard to that.

[3.00 pm]

Hon ALISON XAMON: I refer to page 141 and significant issues impacting the agency, public health services and the first dot point where you talk about how you have entered into your first bilateral agreements with each of the new health services boards. Commissioner, or through the parliamentary secretary, I was wondering whether I could be advised about what measures are being incorporated within those bilateral agreements to ensure that the moneys that are being given to the boards are actually going towards the delivery of services and not being unreasonably allocated towards administration, for example. By way of explanation, I am aware, for example, that there has been concern raised specifically about the operations in south metro and that up to 20 per cent of the moneys allocated to the delivery of mental health services may be being skimmed off for general administration costs.

Mr MARNEY: The moneys, both preceding the new health service boards and the current legislation, and post, are funded to health service providers specifically for mental health services. The governance around the flow of those funds takes a number of forms. The inpatient activity is purchased on an activity basis in accordance with the activity-based funding arrangements that are agreed by the state and commonwealth, and are purchased on the basis of a state-set price for each weighted activity unit. So, we fund on the basis of our projection of weighted activity units and we monitor that on a monthly basis to ensure that the weighted activity units are being delivered in accordance with our projections and our funding allocations, and also our cashflow throughout the year. Striking an appropriate price is crucial to that arrangement to ensure that there is not artificial inflation of that price with overheads from other areas, as you have alluded to. The price setting is based on the national efficient price, so we benchmark against, essentially, the equivalent costs across all inpatient settings across the country. We are confident that the weighted activity unit price is appropriate and we are confident that the activity we are purchasing is being delivered based upon the reporting of that activity through the year.

The second component of purchasing is community treatment, so the hospital-based non-admitted treatment. That is block funded, so rather than being on an activity basis, it is essentially handed over to the health services on the proviso that they use it for community-based mental health treatment. Through the last financial year we have actually developed activity tracking for that as well in terms of occasions of service, drilling down into the duration of occasions of service, the number of occasions of service, the form of those occasions of service—whether it is in person, telephone, outreach or videoconference. Again, we monitor that very closely, but it is fair to say that that is not yet built into the formal activity based—funding framework. We are actually ahead of the rest of the country in that regard.

In terms of risk, the potential for allocation of mental health money to go to other areas of funding hospital activity exists in that community treatment allocation, which from memory is about \$350 million per annum, so it is big dollars. There are two mechanisms sitting behind protecting those mental health dollars, essentially. One is that all of the funds we provide for mental health services, as in the Mental Health Commission, are provided to the health service providers through what is called a specific purpose account. A specific purpose account is a designated nature of account under the FAAA—the Financial Management Act—which is subject to audit to ensure that any moneys drawn from that account are spent on the specified purpose of that account. In our case we specify that the specific purpose account moneys can only be spent on mental health service, so that is all subject to audit by the Auditor General. That is one safeguard.

The second safeguard is to ensure that, as you suggested, mental health services themselves do not get loaded up with overheads from the rest of the health system in a disproportionate way. We have worked closely with the Department of Health and the health service providers to ensure that there is an overarching policy setting in place to enable health service providers to allocate a fair and reasonable portion of cost for overheads to mental health services. From memory, that fair and reasonable portion is 10 per cent of total costs of those mental health services. As part of our job in keeping them honest, we monitor through our systems what the drawdown of funds are, what the activity profiles are and on an emerging basis whether or not there is any mismatch. Through 2016–17 through our analysis we found an emerging mismatch in terms of the allocation of overheads to mental health services, particularly in the south metro health service. We raised that issue with the south metro health service and we also raised that issue with the Department of Health, as system manager, to ensure that overhead allocation policy was being adhered to in an appropriate way. Through that process, through the year while it emerged that there was some skewing in the overhead allocation to mental health service, I can assure you that by the end of the year that skewing was rectified and we were pretty close to what the policy dictates is appropriate, fair and reasonable.

Hon ALISON XAMON: You have actually answered my question, which was whether the money ever got given back into the services. Thank you very much, and I am glad to hear that it sounds like those anomalies are finally being rectified. When are you entering into the next agreements?

Mr MARNEY: The next round of agreements will be entered into as part of the settings for the 2017–18 financial year. They will be developed and negotiated following the known outcomes of the budget process, so we will develop those through March–April to feed into the budget papers and then into the actual agreements in 2017–18. So, each financial year it is a new agreement.

Hon ALISON XAMON: I am going to ask this question as it pertains to page 140 and delivery of services generally. I refer to the delivery of mental health and alcohol and other drug services within our prisons, which currently is not able to be commissioned by the commission. Can I please just get an update on progress that has been made, if any, to enable the Mental Health Commission to start commissioning those services?

Mr MARNEY: We are currently in discussions with the Department of Justice around a broader project that involves, firstly, establishing what the baseline of service delivery is within prisons—we do not have the ability of that at the moment—with a view to transitioning over time or at least assessing the implications and requirements for transitioning over time mental health service commissioning to the Mental Health Commission, and alcohol and other drug service commissioning as well. Ultimately, those transitions are a matter for government decision down the track and there is a project currently underway between the Department of Justice, the Department of Health and

the Mental Health Commission to look at that service provision in a holistic way and map out what that transition might look like.

Hon ALISON XAMON: That has been going on for quite a long time, though. Is there an idea of when a final resolution might be reached?

Mr MARNEY: The project is being reinvigorated at the moment. It had a period of hiatus, it would be fair to say, and as such is it hard for me to say how long it is going to take, because it is only really just gearing up again.

Hon NICK GOIRAN: Parliamentary secretary, can I ask you to turn to page 154 of budget paper No 2, volume 1, which sets out a reconciliation relating to major functional transfers and accounting policy changes. Is that page, that table, that reconciliation necessary because of the machinery-of-government changes?

Hon ALANNA CLOHESY: No, it is not, but I will ask the Mental Health Commissioner to give the member a fuller answer.

Mr MARNEY: As the honourable member may be aware, the new Mental Health Act 2014 came into effect on 30 November 2015. That new act established three new independent bodies, in part replacement from pre-existing bodies under the old act, those bodies being the Mental Health Advocacy Service, the Mental Health Tribunal and the Office of the Chief Psychiatrist. Previously, the first two of those organisations sat essentially as divisions within the Mental Health Commission, albeit they operated largely independently. The Office of the Chief Psychiatrist sat within the Department of Health, again, as a separate division and, again, operated almost wholly independently. The new act adopted a much better approach in terms of governance of those entities and established them as independent in their own right. However, as they are not departments of state, they have no employing authority, so in order to staff those entities, they needed, if you like, a parent entity to provide the employment authority and that parent entity was decided by the government of the day to be the Mental Health Commission. In keeping with the requirements for independence, as per the Mental Health Act 2014, we established those entities as administered items within the Mental Health Commission, which means that all we do is employ people for them as per their direction and reflow money from the Parliament through to those administered entities. There is no other interaction between those entities; they are fully independent, but they are supported in a corporate service sense by the Mental Health Commission and, if you like, homed within the Mental Health Commission.

Hon NICK GOIRAN: That helps. So, if we can continue to look at that reconciliation table on the following page 155, which then sets out the details of the administered transactions, can you help me to understand, say, for instance, the 2015–16 actual figures. Let us take the Mental Health Advocacy Service as an example. There has been just over \$1 million transferred, as I understand it, out of the Mental Health Commission's ordinary budget—I am going to call it—and shifted to this other area, which is the administered transactions area, the amount being \$1.043 million but the actual cost of running the Mental Health Advocacy Service was \$1.705 million, is that right?

[3.15 pm]

Mr MARNEY: Yes. Associated with the transition to the new Mental Health Act, as I mentioned before, it actually went live on 30 November, so the administered item was not established to commence until 1 December 2015. So, essentially, there is a seven-month part-year effect associated with that shift in administered funds that in subsequent years becomes a full-year effect. There were also funds sitting within the Mental Health Commission's ordinary budget, if you like, that were not allocated to either the advocacy service, the tribunal or the Chief Psychiatrist, as they

were part of funding that was provided for the implementation of the new act. Post 30 November 2015 those funds were then transferred in different amounts to those three different entities, based on the required functions under the new act. There was quite a bit of shift in allocations at that point in time.

Hon NICK GOIRAN: Shift is a good way for us to finish on perhaps!

The DEPUTY CHAIR: And finish we shall! I draw an end to this hearing. On behalf of the committee, I thank you for your attendance today. The committee will forward the transcript of evidence, which includes the questions you have taken on notice highlighted on the transcript within seven days of the hearing. Responses to these questions are requested within 10 working days of receipt of the questions. Should you be unable to meet this due date, please advise the committee in writing as soon as possible before the due date. The advice is to include specific reasons as to why the due date cannot be met. If members have any unasked questions, I ask them to submit these via the new electronic lodging system on the POWAnet site by 12 noon, Monday 23 October 2017. Once again, I thank you for your attendance today.

As well, I want to make some concluding remarks for the estimates hearings overall and begin by noting the committee and members' appreciation to the President for the use and support of this chamber throughout. I would also like to acknowledge committee members for their scrutiny all this week and particularly the able support provided to the committee and other members by committee staff. It has been exemplary and they are to be commended. Of course, I thank participating members for their thoroughgoing interest in and attendance at these hearings and participating agencies, ministers and parliamentary secretaries. With that, everybody, I draw an end to this. Good afternoon.

Hearing concluded at 3.17 pm
