STANDING COMMITTEE ON ESTIMATES AND FINANCIAL OPERATIONS

ONGOING BUDGET ESTIMATES HEARINGS 2010–11

TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
FRIDAY, 2 JULY 2010

SESSION ONE

Members

Hon Giz Watson (Chair)
Hon Philip Gardiner (Deputy Chair)
Hon Liz Behjat
Hon Ken Travers
Hon Ljiljanna Ravlich

Hearing commenced at 9.34 am

MORTON, HON HELEN
Member of the Legislative Council,
sworn and examined:

SALVAGE, MR WAYNE
Acting Director, Finance and Contracting, Department of Health,
sworn and examined:

GUARD, MR NEIL
Acting Commissioner, Mental Health Commission,
sworn and examined:

MOORE, DR ELIZABETH
Executive Director, Mental Health, South Metropolitan Area Health Service,
sworn and examined:

MENASSE, MR RICHARD
Area Director, Mental Health, Western Australian Country Health Service,
sworn and examined:

PAWELEK, MS DANUTA
Director, Performance and Reporting, Mental Health Commission,
sworn and examined:

HODGE, DR ANN
Executive Director, Area Mental Health, North Metropolitan Area Health Service,
sworn and examined:

DILLON, MR ERIC
Acting Executive Director, Drug and Alcohol Office,
sworn and examined:

RAMPONO, DR JONATHAN
Head of Department of Psychological Medicine, Women and Newborn, and Child and Adolescent Health Services, King Edward Memorial Hospital,
sworn and examined:

The CHAIR: I will open proceedings this morning. Firstly, on behalf of the committee, I welcome you to this morning's meeting. Before we begin, I am required to administer an oath or an affirmation.

[Witnesses took the oath or affirmation.]

The CHAIR: To begin, please state your full name and the capacity in which you appear before the committee. I will ask the parliamentary secretary to direct traffic!

Mr Salvage: Wayne Salvage, I am acting director of finance and contracting in the Department of Health. I am here in my capacity as advisor on the financial aspects of the Mental Health Commissions' budget.

Mr Guard: Neil Guard, acting mental health commissioner.

Dr Moore: Dr Elizabeth Moore, executive director, South Metropolitan Area Mental Health Services.

Mr Menasse: Richard Menasse, area director, mental health, WA Country Health Service.

Ms Pawelek: Danuta Pawelek, director, performance and reporting, Mental Health Commission.

Dr Hodge: I am Dr Ann Hodge. I am the executive director for area mental health in the North Metropolitan Area Health Service.

Mr Dillon: Eric Dillon. I am the acting executive director of the WA Drug and Alcohol Office.

Dr Rampono: Dr Jonathan Rampono. I am the chair of the psychological medicine units at the Women and Newborn Health Service Western Australia and the Child and Adolescent Health Service.

The CHAIR: Thank you, very much. You will have all signed a document entitled "Information for Witnesses". Have you read and understood that document?

The Witnesses: Yes.

The CHAIR: Great! These proceedings are being recorded by Hansard. A transcript of your evidence will be provided to you. To assist the committee and Hansard, please quote the full title of any document you may refer to during the course of this hearing. Please be aware of the microphones; when the light comes on, it is a good time to speak! I remind you that your transcript will become a matter for the public record. If for some reason you wish to make a confidential statement during today's proceedings, you should request that your evidence be taken in closed session. If the committee grants your request, any media and public in attendance will be excluded from the hearing. Please note that the uncorrected transcript should not be published or disclosed. This prohibition does not however prevent you from discussing your public evidence generally once you leave the hearing. Government agencies and departments have an important role and duty in assisting Parliament to scrutinise the budget papers on behalf of the people of Western Australia, and the committee values your assistance this morning. Members, it would assist Hansard if, when referring to the budget statement volumes or the consolidated fund estimates, you could please give the page number, item, program and amount in preface to your questions.

I might indicate that we are looking at spending a couple of hours on this area; we are a little flexible—one way or the other. I will just see how the questions go. I might ask: do members have questions? Hon Alison Xamon.

Hon ALISON XAMON: I refer to page 748, line item 1, "Delivery of Services". I was wondering if the parliamentary secretary could provide a breakdown of what is included in the $506.331 million in the first line item. I would like to know how much is commonwealth money; whether it includes the commonwealth DCP homelessness money—the street to home program; whether it includes funding for the mobile community outreach teams, and in which case, how much; whether it includes the $22 million for Aboriginal mental health services; and whether it includes suicide prevention funding. I am happy to break the question down.

The CHAIR: Yes.

Hon ALISON XAMON: I want to know whether the $506.313 million includes the commonwealth DCP homelessness money for the street to home program.

The CHAIR: We will take it one question at time—it will probably be easier.

Hon ALISON XAMON: Yes, certainly.

The CHAIR: When the parliamentary secretary is ready to direct that.

Mr Guard: It includes the mobile mental health clinic, street to home program.

Hon ALISON XAMON: Okay. Does it include the mobile community outreach teams?

Mr Guard: Specifically—I will give you that.

Hon ALISON XAMON: In that case, how much?

Mr Guard: It specifically includes the mental health mobile clinical outreach team—MCOT—operated by public mental health services to provide assessment and treatment for those people with serious mental health and substance misuse issues.

Hon ALISON XAMON: How much is that, please?

Mr Guard: I think that it is $2.64 million over four years, which is $635 000 per annum, indexed.

Hon ALISON XAMON: Okay. Does that include the $22 million for the Aboriginal mental health services?

Mr Guard: Yes; it includes $22.47 million to establish a statewide specialist Aboriginal mental health service.

Hon ALISON XAMON: And what about the suicide prevention funding?

Mr Guard: Yes; it includes that as well.

Hon ALISON XAMON: Okay. I am happy to take this on notice, Madam Chair, but is it possible to get a breakdown of how much of that is actually commonwealth funding as opposed to state funding?

Mr Guard: Of those funds?

Hon ALISON XAMON: Of that $506 million.

Mr Guard: Yes; we can provide that.

Hon ALISON XAMON: I am happy for you to take that on notice.

Mr Guard: That is fine.

[*Supplementary Information No A1.*]

[9.40 am]

Mr Guard: Just to clarify that, the only bit that is commonwealth is the homelessness bit.

Hon ALISON XAMON: If you take away the allocations for these programs, what is the overall increase in mental health funding?

Mr Guard: For those three initiatives in 2010–11, there is just over $6 million for the statewide specialist Aboriginal mental health service, just over $4 million for the suicide prevention strategy component and $650 000 or thereabouts for the homelessness initiative. The rest, outside those, is the increase from last year's to this year's.

Hon ALISON XAMON: Would it be possible to get that —

Mr Guard: I can give you that breakdown.

[*Supplementary Information No A2.*]

Mr Guard: It is an increase of approximately $52 million.

Hon ALISON XAMON: Is funding for the Office of the Chief Psychiatrist and the Council of Official Visitors included in the Mental Health Commission budget?

Mr Guard: No.

Hon ALISON XAMON: Is it possible to get a breakdown of how much they are getting compared with last year's allocation?

Mr Salvage: That is part of the Department of Health's budget but we can provide that.

[*Supplementary Information No A3.*]

Hon ALISON XAMON: I refer to page 749, line item 2. What proportion of funding is being allocated to NGO provision of specialised community mental health services versus government provided services?

Mr Guard: The total for specialised community mental health is $277.098 million. Public sector mental health will have approximately $200.297 million of that. At the moment the non-government organisations' component is $43.442 million. The other component, which includes election commitments such as suicide prevention, is yet to be allocated.

Hon ALISON XAMON: They all come under there.

Mr Guard: They are within that specialised community mental health outcome area.

Hon ALISON XAMON: How much funding is being allocated to new residential facilities in rural areas for young people?

Mr Guard: We will take that on notice and come back to you with that information.

[*Supplementary Information No A4.*]

Hon ALISON XAMON: I have four pages of questions. I am happy to take up the full two hours. I will basically keep going until the call goes to someone else.

I refer again to page 749 and the second dot point. Could I please have a breakdown of the running costs of the commission? Again, if it is going to be too comprehensive, I am happy to take that on notice.

Mr Guard: Are you talking about the operational cost of the commission itself—staff expenses, other goods and services but not including contract payments?

Hon ALISON XAMON: Yes.

Mr Guard: It is $6.518 million.

Hon ALISON XAMON: Well done. Is it possible to get a breakdown of how that has been divvied up?

Mr Guard: It is across those two components, so that will be the staff costs and expenses, including the commissioner part as well. It is the two components of that and then other goods and services. In addition, there is the notional rental on the property that we are in but it is Department of Health leased property.

Hon ALISON XAMON: I now refer to the third dot point on the same page, which states, in part —

> The Commission will focus on mental health strategic policy, planning, performance monitoring …

How will the performance monitoring be conducted? Obviously, it should not just be about feedback. There needs to be an outcomes-based component. Are you able to give any guidance on that?

Mr Guard: In particular, how performance will be monitored?

Hon ALISON XAMON: How will the performance monitoring that is referred to be conducted?

Mr Guard: The commission has responsibility for statewide policy, statewide planning and statewide purchasing. It will not be a provider of services. For every service that we purchase, we

will put in place a service level agreement, whether that be with the non-government sector, a private provider or even with the public health service, which will include some clear criteria around service expectations, compliance with national standards, anticipated activity levels and anticipated outcome levels. Through contract management processes we will be monitoring the activity levels in particular and the outcome measures but we will also be working closely with the Office of the Chief Psychiatrist, the Council of Official Visitors and other bodies that are associated that provide some role in the monitoring function to ensure that we get as much information as we possibly can from those bodies that are already established with part of that role. Over the next 12 months we will be looking at how we can improve on that, particularly in light of the implementation of the new national standards for mental health.

Hon ALISON XAMON: In terms of promoting social inclusion, raising public awareness and reducing stigma and discrimination around mental health, what programs will be put in place to address those concerns? Also, how much is being allocated to those programs and how do you intend to measure the impact of those sorts of programs, a worthwhile endeavour I might add? I would like to get a bit more information on that.

Mr Guard: The detail behind that is not yet available. We are working on that now. It is the role of the commission to do what we can both in terms of supporting mental health promotion and illness prevention. We are already one of the funders of the Mentally Healthy WA Act Belong Commit campaign that is run by Curtin University. We are seeing whether we can do more in that particular area. The second one, which is the anti-stigma campaign or program or other areas, is a piece of work that we are now working on about what the commission can do in that particular space. My feeling is that there will need to be some formative work upfront to understand the position currently in Western Australia, which we will try to get started as quickly as we can. It will be a priority to start work on that within the next 12 months.

[9.50 am]

Hon ALISON XAMON: How much money have you allocated towards that?

Mr Guard: Tentatively, probably somewhere around $500 000, roughly, this year, but it is a notional allocation at the moment and it is within the budget that we have here.

Hon ALISON XAMON: What is the time frame that you would envisage that the programs would begin?

Mr Guard: When the new programs will begin?

Hon ALISON XAMON: Yes.

Mr Guard: If I am realistic —

Hon ALISON XAMON: Realistic is always good!

Mr Guard: Yes; I am estimating it based on the "Act. Belong. Commit." piece that we did in the first place. The formative work on that would have taken probably somewhere around six months plus to do; then there was a pilot phase; and then there was the full-scale rollout. Please take this as an estimate, because that is what it is. I would say that the formative work on that, we would try to progress within the next six to eight months.

Hon ALISON XAMON: You have put $500 000 for that, but if that —

Mr Guard: We tentatively allocated around about that amount. That is what we think we will probably, realistically, be able to spend both in terms of the formative work and then commencing work in that area over this year.

Hon ALISON XAMON: Can I confirm then that if you have completed that formative work within the next six to eight months, no additional moneys have been put aside at this point to actually run those programs within this financial year?

Mr Guard: The funds are available within the budget to enable that to happen.

Hon ALISON XAMON: How much is that, please? So far you have indicated $500 000 —

Mr Guard: It is $500 000 within the current budget.

Hon ALISON XAMON: So is that more than to just set it up; is that to also run the programs as well?

Mr Guard: That, this year, I would anticipate, would cover any formative work we need to do and the commencement of the programs.

Hon ALISON XAMON: I do not imagine it would go very far in terms of the sorts of programs you would be running; half a million dollars, really, is not a huge amount of money. Is it envisaged that it is not going to be particularly large in this financial year?

Mr Guard: It really depends on what comes out of the formative work, which will inform us about what we need to do. That is what I said; at the moment it is a notional allocation of around about that amount of money. If we need to do more, I am sure we have actually got some of that this year within the budget, even in terms of non-recurrent funding that has been returned to the commission that can support work in that area.

Hon ALISON XAMON: Is there any suggestion, by the way, that maybe you will be working with the Equal Opportunity Commission on any of this work?

Mr Guard: Yes, I think there are a range of different stakeholders, including the Equal Opportunity Commission, that we would want to work with on that; and we want to learn from what has worked in other sectors, for example the disability services sector. They have been very effective in things like the Count us In campaign, which has, over a period of time, actually made a pretty significant difference in the way that people now react and support people with disabilities.

The CHAIR: If Hon Alison Xamon has finished on that particular topic —

Hon ALISON XAMON: I have finished on that; I have actually explored that point. I will put my hand up for the speaking list again.

Hon LJILJANNA RAVLICH: I want to refer to page 748, "Outcomes, Services and Key Performance Information". At the bottom of the page is a little chart that shows that the desired outcome is "The best possible mental health and wellbeing for every Western Australian." How do you currently measure waiting lists for mental health treatment?

Hon HELEN MORTON: We will ask the service providers to talk about that.

Dr Hodge: I can speak for the north metropolitan area, and we do not measure wait times or waitlists for our client group because we believe that every client who presents is an urgent admission and we move as speedily as we can. We do not wish to have people sitting outside awaiting urgent attention; we wish to have them admitted to our inpatient units as quickly as possible.

Hon LJILJANNA RAVLICH: How many people with mental health issues are currently waiting for treatment; do you know?

Dr Hodge: We do not know specifically because it is a range of people who wait for treatment. If you are talking about community treatment for specific elements such as allied health interventions and the like, then that certainly can be provided to you, but I cannot give you a specific number at any particular point today.

Hon LJILJANNA RAVLICH: How many specialised mental health facilities are funded to provide mental health assessment and/or mental health treatment?

Mr Guard: Community based, are you talking about?

Hon LJILJANNA RAVLICH: Yes.

Mr Guard: Funded by the Mental Health Commission there are currently 45 public sector organisations categorised by target population and 76 non-government organisations that provide community mental health services. But within each of those groupings—for example, the 45 public sector organisations—they provide multiple programs.

Hon LJILJANNA RAVLICH: I am trying to get a handle on how much funding has been allocated to those providers in terms of a break-up. Is it possible to take that on notice? Can you provide me with the amount of funding that each of those service providers has been allocated for the 2007-08 financial year, 2008-09, 2009-10 and 2010-11.

Mr Guard: Can I just make sure I am clear on the question?

Hon LJILJANNA RAVLICH: Yes?

Mr Guard: If you take 2010-11, and the 45 public sector organisations and 76 non-government organisations I have previously mentioned, the total budget that is allocated to that. So for the 45 public sector organisations, we are anticipating that would be around $200.2 million; and for the non-government organisations around $48.44 million. Now, if I understand your question, you are after the breakdown beneath that, or per those 45 and 76?

Hon LJILJANNA RAVLICH: Per those 45 and 76. I want to ascertain the trend in funding to those organisations over the past four financial years: 2007-08, 2008-09, 2009-10 and 2010-11.

Mr Guard: From the non-government organisations' point of view, which is now being run by the Mental Health Commission—previously by the Mental Health Division—I am pretty sure we should be able to supply that part, but I will need the help of Health to do the public health services.

Hon LJILJANNA RAVLICH: That is fine. You can take that on notice.

[*Supplementary Information No A5.*]

Hon LJILJANNA RAVLICH: I want to go to the issue of the waiting times. Have you had complaints in relation to the South West child and adolescent mental health service, and the fact that there is a growing waiting list for treatment of young people with mental health issues? Has that been raised with the agency?

Mr Guard: With me? No, it has not. In the past three and a half months I have not had any complaints specifically on that, but I will pass across , if I can, to Richard Menasse from the country services.

Mr Menasse: Yes, I am aware of the issue, and in the South West we are working towards building a child and adolescent mental health service, a community mental health service. We do not have inpatient beds in the authorised inpatient unit; however, when needed, urgent cases are admitted to that facility and then we work with our metropolitan inpatient facilities to accommodate children.

Hon LJILJANNA RAVLICH: Is there a target set by the commission or the health department in terms of a target of how long a patient should wait prior to admission? In other words, is there a target set that every urgent patient should be admitted within a three-week time frame or a one-month time frame? Are those targets set in the area of mental health?

Mr Menasse: Certainly for the country every patient is triaged through our duty officer system either in the community or in an inpatient setting. The assessment is done and the acuity, obviously, is assessed, and if an inpatient bed is required, we will facilitate that with no waiting period.

[10.00 am]

Hon LJILJANNA RAVLICH: You are quite confident that everybody that needs to have treatment is currently in treatment at the moment. There are no people out there with mental health problems that require treatment and are being denied it?

Mr Menasse: If the referral is made to our services, and we assess them to require an inpatient stay or a community referral, once they present and that assessment is made we will provide that treatment as readily as possible.

Hon LJILJANNA RAVLICH: For example, what is happening in Bunbury, we have word that there is a six-month waitlist for services offered by the child and adolescent mental health service in the South West, yet earlier we heard that there is not much of a concept of a waitlist when it comes to mental health. I have to say that I am getting an inconsistent message from the department. I wonder if you can clarify that for me.

Mr Menasse: The South West at the moment is working towards building up its community child and adolescent mental health service. If a child requires immediate treatment, we will endeavour to work with our metropolitan colleagues to endeavour to get that child to either PMH or the Bentley adolescent unit as quickly as possible. The urgent cases are accommodated as quickly as possible. Where there might be a waiting period whereby the child does not necessarily need to be in an inpatient facility, the adult community service and the child and adolescent service that is available in the South West, albeit small, will endeavour to work with general practitioners and other service providers within the region to endeavour to make that connection with that child.

Hon LJILJANNA RAVLICH: When you talk about the numbers being small, what sort of numbers are we talking about in terms of the South West?

Mr Menasse: Off the top of my head, we have got a child and adolescent consultant psychiatrist based in Bunbury together with about five child and adolescent multidisciplinary professionals in the region.

Hon LINDA SAVAGE: I would also like to refer to the second dot point on page 749 of the *Budget Statements*, which states in part —

> … the Commission will work to reshape service delivery to better meet the needs of people with mental disorders …

There is reference to the strategic policy, which, I understand from the fifth dot point, should be available in September 2010. Is that on track to be available at that time?

Mr Guard: The September date is probably not going to be achieved but it will be available before the end of the year.

Hon LINDA SAVAGE: It says in the first dot point that the commission commenced operating on 8 March 2010 and, in the first six months, the state mental health policy would be finalised, which I take to be September.

Mr Guard: Can I explain the process on that?

Hon LINDA SAVAGE: Yes.

Mr Guard: The documents that have been delivered to the commission, based on the previous consultation led by PricewaterhouseCoopers, we have now pulled those together as a consultation document which we will put out for broader consultation over a 12-week time line. We anticipate that will start shortly. During that time we will also be working on trying to develop the first three-year implementation plan based on that particular document so that by the end of the year we can try to produce a consolidated mental health policy and plan and a three-year implementation plan.

Hon LINDA SAVAGE: Can I take that to mean by the end of this year, 2010, there will be the state mental health policy?

Hon HELEN MORTON: I would expect that that would be so. A substantial amount of that work has already been done. I would be surprised if it did not happen earlier than that. But that, I think, is plenty of time.

Hon LINDA SAVAGE: It just says that "in the first six months" it will do it. We are saying now that it will not do it but it will do it by the end of the year.

Hon HELEN MORTON: Yes.

Hon ALISON XAMON: What has been the hold-up? This has been going on for a while now.

Hon HELEN MORTON: What is it that you particularly want to know; the hold-up with what?

Hon ALISON XAMON: There was a clear time line for the mental health strategy to be introduced. It is something that certainly everyone has been waiting on for quite some time. What has been the hold-up?

Hon HELEN MORTON: There have obviously been quite a few changes around mental health in the past few months, including the establishment of the commission and the role of the commission —

Hon ALISON XAMON: Everyone knew that was happening. Surely that was factored in in the first place.

Hon HELEN MORTON: The work commenced before the commission was established. Consequently, some of the work needs to be reorganised to take account of those changes. That is happening in consultation with the people who were heavily involved in that.

Hon LIZ BEHJAT: You cannot rush a masterpiece!

Hon ALISON XAMON: We cannot rush this minister either, on anything!

Hon LINDA SAVAGE: I do not want to labour the point, but the budget documents give the time line that I referred to as something that was going to occur. That is why I raised it.

In regard to a specific group that is well identified in terms of mental illness—that is, the prison population—there was a recent report of this Parliament colourfully named "Destined to Fail: Western Australia's Health System" that looked specifically at that area. It described our prisons as the largest psychiatric hospitals in the state. I understand that currently funding for that group is within the Department of Corrective Services. In the current planning for this state mental health policy, can you tell me what work has been done with the Department of Corrective Services in the development of policy?

Mr Guard: A development policy for the prison?

Hon LINDA SAVAGE: For the state mental health policy—what is the interaction with what is the single most-identified group, not only mental health issues but serious psychosis?

Hon LIZ BEHJAT: What page of the budget are we referring to here?

Hon LINDA SAVAGE: It is at page 749: "to reshape service delivery to better meet the needs of people with mental disorders". In the context of that is prisoners, which I assume you agree make up a significant cohort.

The CHAIR: This is in relation to a strategy to deal with mental health across the state.

Hon LINDA SAVAGE: I started talking about the policy and the strategic development.

The CHAIR: Yes, it is within the scope. I understand that from the detail in the budget you will not know but you might be able to indicate policy-wise how it accommodates the prison population.

Hon LINDA SAVAGE: Yes; given the significance of this group.

The CHAIR: Dr Hodge has indicated she is keen to answer, but I am happy to go wherever.

Dr Hodge: I can speak to the point. The statewide forensic mental health service is under the auspices of the North Metropolitan Area Health Service, Mental Health. Dr Edward Petch, forensic psychiatrist, has been appointed and has been here for almost 12 months now. In fact he has been very proactive in discussions with the corrective services department to define forward motions in

fact to increase the connection between the Department of Corrective Services and mental health because the provision of services for people with mental illness in the prison population occurs both within our site at the Frankland Centre and within the community services associated with that, as well as the prison population within the various prisons in the state.

[10.10 am]

It is hoped that within the next 12 months there will be significant changes that can be moved forward to actually improve how we manage, as you rightly say, a very difficult population within prisons and to see whether the figures, particularly of hospital orders, which require people to come from court to Frankland Centre for assessment for sometimes more minor offences, can be dealt with in a much fairer and more humane way, and we can move forward to the more serious and complex needs of patients who require treatment and who are currently long-term inmates of the prisons.

Hon LINDA SAVAGE: When we talk about the mental health needs of all people and their families, which was at the third dot point, am I correct in understanding that the people in prison will also be included in the state mental health policy, notwithstanding that they are currently dealt with under funding under the Department of Corrective Services budget and not the Health budget?

Hon HELEN MORTON: Can I just make a comment and say that the issue around prisoner mental health services is being discussed currently, and in terms of the strategic plan, it will be covered.

Hon LJILJANNA RAVLICH: Yes, but we can get some information now, honourable member, with due respect.

Hon HELEN MORTON: What information are you looking for?

Hon LJILJANNA RAVLICH: In relation to the question asked by the honourable member.

Hon HELEN MORTON: I think the question was: is it going to be picked up in the policy, and I am saying yes, it is.

Hon LINDA SAVAGE: In these consultations, there is someone representing the Department of Corrective Services, is there?

Mr Guard: In the process that we are now going to go through?

Hon LINDA SAVAGE: Yes.

Mr Guard: The corrective services area will, like other groups, be absolutely able to feed back.

Hon LINDA SAVAGE: Can you give the name of the specific person representing the Department of Corrective Services?

Mr Guard: My primary contact point in the Department of Corrective Services is Jackie Tang.

Hon LINDA SAVAGE: And is she part of a group that is meeting in this consultation to develop this state mental health policy? I am trying to get a sense of this. Do you have this peak group that meets in developing this?

Mr Guard: A peak group met as part of the original exercise undertaken by the Department of Health and PricewaterhouseCoopers. The Department of Corrective Services were not around that table as part of the project steering committee, but they were one of the other government agencies that was consulted back in November–December last year as part of the interagency group, as part of the development of the draft documentation.

Hon LINDA SAVAGE: Can I just express, then, a little bit of concern in regard to that? Given the evidence of the significance of that group, you are saying that they were involved in something prior to the commission commencing, which was on 8 March 2010, and they have not been

involved since that time—is that what you are saying—at the table with the group that is formulating the state mental health policy?

Mr Guard: The group that was—sorry, I am a little confused with the question, because the group that was in place driving the development of the consultation drafts that have been in place, that was the original project steering committee. That project steering committee has completed its work to deliver a document via PWC through to the Mental Health Commission, and now we are going through the final stage of that, which is to put that document out for community consultation, during which stage we will also be running a number of forums to make sure that we get the full range of views on vision, principles and others, and to make sure we have captured everything that the document needs to capture. So they will be involved in that.

Hon LINDA SAVAGE: Perhaps I am just not following. I understood you to mean that there was the last year process.

Mr Guard: Yes.

Hon LINDA SAVAGE: From the dot point in the budget papers, it says that it commenced operating on 8 March 2010, the actual Mental Health Commission, and in the first six months the commission will finalise the state mental health policy. I would just like a better sense of who is involved now since the commission has been set up. Who is finalising it? Can you give me a sense of that?

Mr Guard: The commission is now finalising the development of that policy.

Hon LINDA SAVAGE: And does it have someone from the Department of Corrective Services actively involved or in a group that meets, given that we are talking about an identifiable significant group?

Mr Guard: It does not have a specific group that meets, but in the process between now and the next 12 weeks, we will be engaging with each of the other departments too, including Jackie Tang—so that is my contact point in Corrective Services—to make sure that we get appropriate input from Corrective Services into the policy and plan document.

Hon LINDA SAVAGE: I am still a little bit confused about who is finalising this policy. I have asked this question because of that identifiable group. There are other identifiable groups, like young people, indigenous people.

Mr Guard: Yes.

Hon LINDA SAVAGE: Obviously, it would be of concern that those people representing or at the very forefront with those groups were not front and centre in the development and the finalising of this policy.

Mr Guard: Can I give an assurance that I will follow that through with Corrective Services to make sure that they have full opportunity to help us with finalisation of that policy and the plan.

Hon ALISON XAMON: I have a follow-up question.

Hon LJILJANNA RAVLICH: I have a follow-on question.

The CHAIR: Yes. Just before we continue, I know we had some feedback about the recording of this. If you can just pause to make sure that your microphone is on and try to do it one at a time, otherwise it makes it difficult for Hansard, and it also makes it difficult for the recording. Likewise, I will try to identify who is speaking; it helps with the visual coverage as well. Since we have the cameras, we might as well use them. I will go to Hon Ljiljanna Ravlich.

Hon LJILJANNA RAVLICH: I am just wondering whether you could actually provide to the committee a written response to what has been asked by Hon Linda Savage in terms of your consultation and what the outcome of that consultation with the relevant officer is in terms of your

follow-up. You have given an undertaking to follow that through. I am just wondering whether you could provide a written response.

Hon HELEN MORTON: I am just going to intervene here. I am asking Hon Linda Savage: was there any part of that information that was provided that you did not get clear or that you were not happy with?

Hon LINDA SAVAGE: I am interested to know—and I think I have expressed it strongly that it is particularly the Department of Corrective Services and, obviously, I am presuming, other agencies and other departments dealing with young people and indigenous people—the extent to which they have been involved in the consultation process, and actively in this six months. It says in the budget papers from 8 March until the finalising of the state mental health policy. What is their involvement? Who is involved and what is their level of involvement? I think, given what I have referred to, which is directly from a report of the government—I do not think anyone is disputing that—this is a critical area. It is critical also in that it says here that almost one-quarter of the 332 000 people on the Department of Health's mental health register have a record of arrest. That is why, I suppose, I do not feel that it is unreasonable to have clarified the role, the extent of the role, and when that has occurred.

The CHAIR: Perhaps I might suggest that that be taken on notice, and if there is additional information, that that be provided, unless anybody wants to give any additional information right now. It gives you that opportunity. If you feel like you have covered it, then —

Hon HELEN MORTON: No. I think if you are just looking for the names of the people and the type of contact or consultation that has taken place within the defined area of Corrective Services, that is fine.

Hon LINDA SAVAGE: I think I have made it clear that it is to do with the process since the commission's set-up and the involvement. Obviously, I know that you will give me as full an answer as possible.

[10.20 am]

[*Supplementary Information No A6.*]

Hon ALISON XAMON: Just to follow on from that point, this is a simple question: does the Mental Health Commission recognise that there is a higher proportion of prisoners with mental health illness than in the general community?

Mr Guard: Absolutely.

Hon ALISON XAMON: That is great, because the Attorney General had something very different to say. It is good to get that clarified.

Hon HELEN MORTON: I would just mention that I have had some discussions with the Attorney General and he was able to appreciate the point of view that we were putting to him.

Hon ALISON XAMON: He knows what he is talking about now, does he?

Hon KEN TRAVERS: I just want to go to page 755. Has the Mental Health Commission come into existence? I thought it was created in March, or did it come into existence as of yesterday?

Hon HELEN MORTON: Is the member talking about the Mental Health Commission?

Hon KEN TRAVERS: Yes.

Hon HELEN MORTON: It came into existence on 8 March.

Hon KEN TRAVERS: If that is the case, why do we not have any reporting of the estimated actuals for the 2009–10 financial year?

Mr Salvage: If I may refer to the income statement, there is a statement there of estimated expenditure on the services that have now transferred to the budget of the Mental Health Commission, which is on page 754.

Hon KEN TRAVERS: That is the income statement. Did you as a commission not do a balance sheet for the end of the 2009–10 financial year?

Mr Salvage: The assets associated with the delivery of mental services have remained within the ownership, as it were, of the Department of Health, so in constructing the financial statements for the Mental Health Commission for the purposes of the budget statement, those are not reflected in this statement.

Hon KEN TRAVERS: So they would be recorded in the Department of Health's balance sheet for the 2009–10 financial year?

Mr Salvage: That is correct.

Hon KEN TRAVERS: As of yesterday, has that now been transferred over to the commission, so the commission operates and has its own accounts and its own assets, or are they still held by the Department of Health?

Hon HELEN MORTON: I will just make a comment. I think this gets to what the member is talking about. The Mental Health Commission is not the provider of any services. Therefore, it does not have any infrastructure outside of the commission's rented space that it is responsible for. Most of the service providers still remain within the Department Health. The assets of the facilities et cetera remain the assets of the service provider and not assets of the Mental Health Commission.

Hon KEN TRAVERS: I understand that in terms of the physical assets. I am more interested in the cash assets because, as the parliamentary secretary will know, the health department has not always been able to completely manage its cash assets, so I am more interested in its cash assets rather than its capital assets at this point. I am trying to understand how an organisation will operate without any equity injection from the state government. If the parliamentary secretary recalls, in the 2009–10 financial year, after the disgraceful performance by the minister and the board of the Metropolitan Area Health Service last year in terms of dipping their hands into the kitty of the kids, they made a capital injection. This is where I was going to with this: I do not know that there has been any significant sum of money for working cash for the Mental Health Commission. My next question was going to be: what is the working cash for Mental Health Commission and how will it manage its assets as it comes towards the end of the financial year, particularly considering that it is predicting it will have a deficit in its accumulated surplus by the end of the 2010–11 financial year?

Mr Salvage: Perhaps if I could take a bit of time to talk about how the budget apportionment between the department and the Mental Health Commission was constructed for the purposes of these statements. As the parliamentary secretary has mentioned, the Department of Health will continue to be the service provider for the majority of mental health services. If we look at the breakdown of the $508 million budget for the commission this year, roughly $408 million worth of that relates to services that will continue to be provided by the Department of Health. The balance relates to the issues that the commissioner referred to earlier on in response to a question from Hon Alison Xamon. In striking the budget for the commission in its purchasing role of the Department of Health's services, we took the estimated actual spending on mental health services by our area health services in 2009–10 and provided an escalation factor for that to arrive at the 2010–11 position. The 2009–10 position was struck at a time when the outcome for the Department of Health's budget as a whole in 2009–10 was clearer and included a proportion of the adjustment that was made to the department's budget in 2009–10.

Hon KEN TRAVERS: I understand that, but I assume that when it comes to the purposes of appropriation and incurring any cost against the government that will be drawn down from the

consolidated account, that will still be booked against the Mental Health Commission, not against the health department. Is that correct?

Mr Salvage: That is correct. The budget will sit with the Mental Health Commission. The appropriation will flow to the Mental Health Commission. If we look at the Department of Health's budget estimates for 2010–11, it includes an amount for contracted mental health services.

Hon KEN TRAVERS: That will be recorded as income.

Mr Salvage: That is own-sourced revenue that we will receive to incur the expenditure associated with the delivery of those services in 2010–11. That is the appropriation will sit with the Mental Health Commission.

Hon KEN TRAVERS: I come back to my question: how is the commission expecting to manage? Because we do not have the figures for a breakdown of the cash flow balance sheet of this year, at the end of the financial year, from my reading of it, the commission will have a total of $4 000 available. I refer to the cash flow. The commission is indicating cash assets at the end of the reporting period of $800 000. Will that be sufficient for the commission to manage its working requirements at the end of the financial year? The health department was given a capital injection this year for the purposes of managing. I expect that the commission does not have as big a budget as the Department of Health, but it still has a fairly significant budget. I would have thought for the day-to-day management of its appropriations that the commission would need to have a little bit more in its accumulated equity to be able to manage its cash requirements at the end of the financial year. I am therefore asking: has the commission thought about that and how it is going to manage it come the end of the financial year?

Mr Salvage: I come back to the point that the delivery of these services is still the responsibility of the Department of Health, so the Department of Health is managing —

Hon KEN TRAVERS: Yes; it cannot incur it if the commission does not have the appropriation for it. Is Mr Salvage indicating that it will just do its usual trick of raiding its own cash reserves, then appropriate to the commission the following year and then manipulate the appropriations?

Mr Salvage: No, certainly not. The question, if I understand the member correctly, is: how will cash flow be managed to mental health provider units in 20010–11, be completed that year and be part of the overall budget management of the Department of Health? The actual cash that the Mental Health Commission has available to it for discretionary purposes for this year is relatively small. Although the budget of $508 million is a large sum, most of that appropriation flows back to the Department of Health as own-sourced revenue, and the department in 2010–11 will manage that along with all other budget pressures.

Hon KEN TRAVERS: If the commission uses its full appropriation in this financial year, and it is estimating that it is actually going into deficit at this point, so it will spend more than it has been appropriated this year on a cash basis —

[10.30 am]

Hon HELEN MORTON: Can I interrupt? Are you asking a question of the Department of Health or the Mental Health Commission?

Hon KEN TRAVERS: No.

Hon HELEN MORTON: So, are you expecting that the Mental Health Commission will go into deficit?

Hon KEN TRAVERS: That is what it shows in their cash flow statement; that they are going to spend $950 000 more than they are getting appropriated for this financial year. It is on page 756.

The CHAIR: Mr Salvage?

Mr Salvage: If I could respond specifically on that item, again when we apportioned the budget between the Department of Health and the Mental Health Commission, we recognised in that apportionment that there were cash assets within the Department of Health that related to underspending on the mental health strategy in prior years. Those cash assets were estimated at $1.75 million. If you go to the cash flow statement on page 756, you will see that is identified as a net cash transfer from another agency, the $1.75 million. Of that amount, $950 000 has been recognised as expenditure in the Mental Health Commission's 2010–11 budget. So it has been applied as a funding source for expenditure by the Mental Health Commission.

The CHAIR: Does Hon Ken Travers want to ask another question?

Hon KEN TRAVERS: Yes, I do. That leaves you, even when you book in that $1.75 million, you are suggesting you are going to have cash assets at the end of the reporting period of $800 000. You are spending somewhere in the order of $500 million, so $800 000 is not going to be more than a couple of days' worth of expenditure. If you expend everything you have got, all of your appropriations, and get to the end of the financial year and with three days to go you have run out of money and the cabinet refuses to give you any more, it is not the health department that will be able to go into their cash reserves to continue to operate the services they provide for you on the provider model; it is your appropriation that will be required. That is why I am trying to find out how you manage it, because the health department was given some $90 million-odd to be able to manage those issues come the end of the financial year. I do not see that you have that capacity to manage those issues for your agency. Is that an issue that the government is aware of and how are you going to address it?

Hon HELEN MORTON: The majority of the service purchasing is done on block funding, I think. So, the exposure or the difficulty associated with the purchase arrangements within the commission are not as unpredictable perhaps as what Hon Ken Travers is suggesting. So, in terms of the commissioner's budget itself, it will be manageable in terms of providing block funding to service providers or contracting with service providers, mostly on block funding arrangements. And equally with the not-for-profit sector, they will be identifiable amounts. The risk associated with increased demand et cetera will be felt in that block funding arrangement by the service provider.

Hon KEN TRAVERS: So you are saying that the arrangements that the health commission will have with the health department is that they will just agree to a figure and then the health department has to carry the risk if the activity requirements within that service is over and above what is predicted at the time you agreed on the funding model.

Hon HELEN MORTON: We identified that this first 12 months would be called a steady as she goes year; that we would be unlikely to be changing any significant contractual arrangements against the current service provision arrangements; and, therefore, current arrangements would be along those lines.

Hon KEN TRAVERS: But who is carrying the risk? If your activity is over and above what you are estimating in your budget, who carries the risk for having to pick up that cost? Is it the commission or the department?

Hon HELEN MORTON: I would say my simple answer to that is that it is a government risk.

Hon KEN TRAVERS: No, no, from a financial point of view.

Hon HELEN MORTON: I know what you are saying, but I am of the understanding that that would be a negotiated outcome.

Hon KEN TRAVERS: But if you get an intransigent Treasurer and cabinet that refused to actually provide any additional money at the end of the year, it strikes me that the risk comes back to the commission, and the commission does not have any available cash reserves to draw on.

Hon HELEN MORTON: Can you tell me a year in the last 20 years that I have been involved in the health industry that that has not been negotiated by the government?

Hon KEN TRAVERS: Yes, last year. In the 2008–09 financial year, when the health department went to cabinet and said, "We need more money to operate", they were told on, I think, 8 June 2009 that they were not going to get any more money, they had to live within their means, and they went and raided the cookie jar. Do you not remember?

Hon HELEN MORTON: And that situation has been adjusted, as you know. All I am saying is —

Hon KEN TRAVERS: Yes, it has been adjusted for the health department because they got a capital equity injection last year. But the commission does not have that.

Hon HELEN MORTON: What I am saying is that the government will take that risk. You are asking me which part of the government; well, it is a negotiated settlement arrangement amongst a variety of agencies within government.

The CHAIR: Further questions on this area? Hon Philip Gardiner had a question.

Hon PHILIP GARDINER: I was going fine, I think, until the parliamentary secretary mentioned about going as we go or something.

The CHAIR: Steady as she goes.

Hon HELEN MORTON: Steady as she goes.

Hon PHILIP GARDINER: Steady as she goes; thank you.

Hon KEN TRAVERS: It is the *Titanic*, do not forget, though!

Hon PHILIP GARDINER: What I was perceiving in these statements is that we are moving entirely differently to a service provider – funder model. I think I recall the acting commissioner said that each program, which I presume was going to be hired out of the health department, was going to have a separate service level agreement. Therefore, I was figuring that the amount in the budget papers of $446 million-odd, which is the other expenses or services you are going to hire or the programs you are going to hire from health. If I am correct on that, am I then —

Hon HELEN MORTON: Can you just indicate the page that you are referring to?

Hon PHILIP GARDINER: I am sorry; I beg your pardon. Page 754, income statement, cost of services at the top. So, am I correct then that in this particular financial year 2010–11 about which we are talking, that that $446 million is all going to be part of separate agreements from the service provider, being the different programs out of the health department, each of which will have service level agreements for the outcomes which, in effect, is going to tie up what your committed expenditure will be for that financial year up to 30 June 2011? So, the issue that Hon Ken Travers is talking about will be different then to what we had experienced in the health department last year when there was, I think, a pretty bad blue occurring. But in your case you can operate with a very low surplus cash, which is worrying Hon Ken Travers. Am I correct in this?

The CHAIR: Mr Guard?

Mr Guard: With each of the non-government organisations that we fund, there will be in the next 12 months a clear service level agreement. In fact some of them are actually running on because they are already part of contracts. The service level agreement stipulates the amount of funds that we will use to purchase that service and includes service level expectations, standards, anticipated activity levels and outcome measures. So, with each of these non-government organisations there is an individual service level agreement. For the next 12-month period we will more than likely develop a service level agreement with the Department of Health, which includes schedules of those services that we will be purchasing from the Department of Health, which go across the South Metropolitan Area Health Service, the North Metropolitan Area Health Service, the WA Country Health Service and the Women and Newborn Health Service too.

[10.40 am]

It would be a clear schedule, which is on what the budget transference was calculated in the first place. Within that are broad statements about what we expect the activity levels will be, as well as the care expectations, discharge planning expectations and other criteria. In future years the commission will try to take that further down to be able to purchase, in time, maybe to provider service level. It will take some time to do. It will probably be based on groups of services that we will be purchasing off the public health system rather than block funding through the Department of Health.

Hon PHILIP GARDINER: I was worried until you referred to the rigour that you might be applying to access the programs or services you are getting from health. Activity-based funding is also mentioned in the document. I know that in the health budget there is a significant allocation of funds to make this work through the health budget. In your case you have a very strong capacity here, as I see it, to extract efficiencies out of health as a result of activity-based funding that may not have been extracted in previous years. Are you really applying the rigour to that activity-based funding right now in the programs that you will hire out of health or will it be a phased-in process over the next 12 to 24 months?

Mr Guard: It will take a bit of phasing-in to get right down to the rigour that we want to get to. We have done as much as we can as quickly as we can to get as much information as we can that will stipulate what we anticipate purchasing in the 12 months, but there is more work to be done in conjunction with the Department of Health on clearly refining that over the next 12 months or more.

Hon PHILIP GARDINER: Given the phasing-in and the way in which I think you are saying you will hire these services from health, I have some sympathy with Hon Ken Travers in that the risk of blow-out is still a material risk that I would expect to become less as you get the activity-based funding tightened up.

Hon HELEN MORTON: I reiterate that the risk Hon Philip Gardiner referred to is a risk that would be managed at a whole-of-government level.

Hon PHILIP GARDINER: I know that is an option, but I am not sure whether it is the best option.

Hon HELEN MORTON: The development of activity-based funding in mental health is not as advanced as the activity-based funding in other areas of health. On my recent trip to the United Kingdom one of the areas of interest was in looking at activity-based funding and how it is being applied. The commissioning of activity-based funding in the UK has been underway for well over 10 years. In Western Australia, the commissioning has been up and running from only 8 March this year. We have a way to go to get to the level of contracting that we are aiming for, and it certainly will not happen in the first 12 months.

Hon PHILIP GARDINER: I understand and that reinforces that the risk of having insufficient cash in the phasing-in period is an issue. It is a risk as Hon Ken Travers said.

Hon HELEN MORTON: I would like Mr Salvage to make a further comment about the risk.

Mr Salvage: To pick up on the parliamentary secretary's comments, we have referred to 2010–11 as a steady state. We had to adjust both sides of the budget. We had to recognise in the health side of the budget that it would continue to be the service provider and we would need to capture that expense in our budget. Equally the commission needs to recognised as the purchaser of these services going forward. In terms of the 2010–11 position, our expectation is that the block funding arrangement will come across to Health and we would deliver the services as we have done this year. You are quite correct, under a full-bodied purchaser–provider arrangement you would expect a critical analysis by the commission of the cost structure underpinning those services and potentially a variation to the health budget going forward to reflect that.

Hon LJILJANNA RAVLICH: I have a sort of related question.

The CHAIR: Sort of related—we will give it a go!

Hon LJILJANNA RAVLICH: I think all of this must link to the national mental health plan. It is part of a federal government initiative and it would be part of the funding that comes to the Department of Health and then it is transferred across —

Hon HELEN MORTON: Are you talking about the national mental health plan that did not get any extra funding?

Hon LJILJANNA RAVLICH: I am talking about the national mental health agenda, which is listed on page 750 —

Hon KEN TRAVERS: Can we finish the other matter first?

The CHAIR: That is fair enough. Would you mind holding that question for a moment?

Hon LJILJANNA RAVLICH: Not at all.

The CHAIR: We will go to Hon Ken Travers to see whether we can complete this state-related matter.

Hon KEN TRAVERS: We are still on the income statement on page 754. You talked about the non-government sector. I am assuming that your expenditure to the non-government sector is some $55-odd million of your budget and the other $446 million is for purchasing from the health department. Is that correct?

Mr Salvage: Bearing in mind that I am director of finance for the health department, it probably puts me in a conflicting role here. In the health budget an amount of $440 million is recognised as coming in to operate mental health services in 2010–11.

Mr Guard: The $43.442 million under specialised community mental health is the estimated funding for non-government organisations.

Hon KEN TRAVERS: Under grants and subsidies you obviously have other expenditure. I go back to finish off on this point: the parliamentary secretary said the risk is carried by the government. The risk will be carried by the government in the sense of if it needs to make a further appropriation to manage mental health issues, it will make that appropriation. If, in early June it makes that final appropriation and through the Treasurer's advance authorisation bill provides a further appropriation to the commission, but as you get into the final days of the financial year there is for some reason a blow-out in the requirements that does not allow the time to get back to the Treasurer's advance authorisation bill, how will you manage those last few days of the financial year? You recognise that you are spending in the order of $1.22 million every day on mental health services; your total cash balance will be in the order of $800 000.

Hon HELEN MORTON: Are you asking how the Mental Health Commission will operate in last few days of the financial year?

Hon KEN TRAVERS: Yes. As soon as the health department has expended the money the government has provided it under the purchaser–provider model, it will not be able to provide any more services unless the government provides the commission with more money. That is the way in which it will operate. I cannot imagine that the health department will carry the cost of the commission if it is not guaranteed the money from the commission. If you have run out of your money before the end of the financial year, how will you manage it?

Hon HELEN MORTON: Again, because it is a block funding arrangement and the expectations are in terms of the level of activity and demand that will occur in that particular arrangement, it is expected that the service providers will be able to manage in that time. If there is some absolutely, untoward, unknown, unimaginable kind of scenario that has not been experienced before and therefore cannot be incorporated into the expectations included in these contacts—I cannot imagine what that might be—then I am sure it would be a government consideration.

[10.50 am]

The CHAIR: I had an indication that Hon Philip Gardiner had a further question in this area.

Hon PHILIP GARDINER: Thank you, Madam Chair, I do. It may be better than we are speculating about. I understand, deputy commissioner, that for the service arrangements for the programs you hire out of the Health, although the parliamentary secretary took that on a block basis, you are going to be phasing in contracts with Health for the delivery of particular programs you are going to hire out of Health.

Mr Guard: Yes.

Hon PHILIP GARDINER: Okay. The $446 million, is that a number that reflects the current costing of the provision of services that health is currently providing with health, or are you modifying that number based on efficiencies that you may well extract as you go into this activity-based funding process?

Mr Guard: The $440 million figure that Mr Salvage mentioned —

Hon PHILIP GARDINER: Sorry, on page 754.

Mr Guard: Yes. Mr Salvage mentioned just now that within the health budget, they are anticipating as own-source revenue around about $440 million coming across from the commission this year. As Mr Salvage was saying, that is based on the requirements over the past 12 months appropriately indexed, moving forward, and does not take account at that stage of any other efficiencies that we might be able to drive during that period.

Hon PHILIP GARDINER: Right, so there could well be surpluses arising as you put more rigour into the outcomes you expect to have and how you structure the programs accordingly purchased out of health. Is that a fair possibility?

Mr Guard: Yes, I guess I would say that. If, for example, we look at funding to the non-government sector organisations, we see a projection based on full services being provided over a 12-month time line, and the purchasing is generally done in three-month payment periods. We do occasionally have some slippage in some of those service agreements—for example, where they have not been able to recruit staff and have bodies on deck, so they have underspend in previous quarters. Occasionally, even within non-government organisations, we will end up with not necessarily having to pay out that full 12-month period because of some service slippage during that period.

Hon PHILIP GARDINER: Finally, could I ask whether you would consider, in the reporting for this time next year, that you are able to define the savings that you are able to make as a result of activity-based funding for the hire of the service delivery outcomes you want to achieve and what that would have been costing under the current arrangements of health—whether you can identify the savings as a result of the rigour that you apply through your activity-based funding for the particular programs you hire? Do you understand what I am saying?

Mr Guard: Yes, I do.

Hon PHILIP GARDINER: Okay. Can that be reported? Would you consider making that a reporting feature of the *Budget Statements* next year? I think it would be very interesting to demonstrate what a difference in budgeting process does.

Hon HELEN MORTON: I certainly understand and appreciate the sentiments that the member is looking for, and it was one of the purposes for the establishment of the Mental Health Commission—to gain those additional efficiencies and effectiveness in terms of mental health service delivery. Whether it can be achieved in the time line that the member is looking for and whether the contracting finesse will be such to deliver that in the first 12 months, I do not think we can commit the commission to that at this stage, but there is an absolute commitment to ensuring that we can capture that information and improve on it as the commission develops.

The CHAIR: I will go to Hon Alison Xamon; I have her next on the list.

Hon ALISON XAMON: Thank you, Madam Chair. I am going to ask a question in reference to the health budget, because there are elements of mental health in there; perhaps it will still be able to be answered. I refer to page 179 of the budget papers, and in particular the line item, "Mental Health Commission Expense Adjustment". I want to have that explained, please. What is that money about? I realise that it is not within the mental health budget per se.

The CHAIR: It is related; I think that is fair enough. Parliamentary secretary, or Mr Salvage?

Hon HELEN MORTON: Basically, the Mental Health Commission will assume responsibility for the policy and payments of certain contracts from the Western Australian health system. I think that that is the adjustment that comes into that.

Hon ALISON XAMON: Is it possible to get a breakdown—I am happy to take the answer on notice—of what that money actually represents?

Mr Guard: Yes, we can provide a breakdown on that. The $16.701 million —

Hon ALISON XAMON: Sorry; what was that?

Mr Guard: The $16.701 million figure, for example, in that line was the budget that was transferred across to the Mental Health Commission to cover the period from 8 March to 30 June, which included an element, obviously, to pay the salaries and wages and other goods and services of the commission, but the most significant proportion of that was the final quarter instalment of non-government organisation payments—NGO contract payments.

Hon ALISON XAMON: This is why I would be really keen to get a breakdown, please, because obviously those figures do not directly correspond with the figures available in the mental health budget. I was really trying to figure out what that represented. I am happy to put that question on notice, Madam Chair, to get a breakdown of what those figures represent, unless we have them here, which would be fantastic.

Mr Salvage: I might be able to assist the honourable member. In broad terms, the $66 million is, as the parliamentary secretary mentioned, the difference between the $508 million that has gone across the Mental Health Commission in respect of services to be purchased through the Mental Health Commission, and the $440 million that will come back into the health budget as own-source revenue. The difference is accounted for by those components of expenditure to be incurred in 2010–11, which will no longer be part of the Department of Health service provision; it will be the direct responsibility of the Mental Health Commission. They relate broadly to funding for the Closing the Gap initiative of $6 million—these are rounded numbers; funding for grants to non-government organisations of about $43 million; corporate running costs of the Mental Health Commission of $6.2 million; unallocated funding under the mental health strategy of about $6 million; and the other large item there is the transfer of funding for the suicide prevention strategy of about $4 million. Those are expenditures that we are not anticipating will come back into the Department of Health in a provider sense; they will be the direct responsibility of the Mental Health Commission, and that accounts for the difference between the two numbers.

Hon ALISON XAMON: Okay. Again, I refer to the third dot point on page 749. I notice that there have been media releases referring to a move towards purchase of private arrangements for mental health services in Western Australia. What does that actually mean? What resources have been allocated to helping consumers and carers understand what that will mean?

Hon HELEN MORTON: Sorry, the third dot point?

Hon ALISON XAMON: Yes. That is the reference I am using. The move to purchase provider arrangements—what does that mean?

Hon HELEN MORTON: I will just give a general understanding. Prior to 8 March, Treasury would allocate all funding to the Department of Health, and the department would determine the

policy, who does what and how much of it, and for what price it would be delivered. It would be the service deliverer and would be accountable to aspects of the health department itself. Under these new arrangements, funds for people with a mental illness will be allocated directly from Treasury to the commission, and the commission will become the purchaser of services for people with a mental illness. The commission will purchase services from a range of operators, whether they are Department of Health operators, not-for-profit operators or private operators.

[11.00 am]

In doing that it will eventually get to a stage where some of these services will be tendered and there will be a competitive bidding in terms of the service delivery—who is going to be able to provide the best service, the most effective outcome at the appropriate price —

Hon ALISON XAMON: Lowest wages.

Hon HELEN MORTON: Not necessarily the lowest wages because I do not think that cheap means good necessarily —

Hon ALISON XAMON: I would agree with that.

Hon HELEN MORTON: But nevertheless through that process there will be incentive for innovation, improved efficiency and effectiveness of service delivery and, more importantly even, trying to achieve the mental health reforms that we have been seeking in mental health over a number of years. So, the idea of separating the funder, purchaser and provider means that you have different agencies accountable for extracting different levels of efficiency, effectiveness and reform in mental health services.

Hon ALISON XAMON: We will have to wait and see how that works in practice.

I refer to the fourth dot point on page 749 and the consumer advisory council. How much funding has been allocated to the advisory council? Also, will members of the advisory council or the peak consumer body receive fees for sitting?

Mr Guard: I will take the second question first, if I can—so, the consumer peak. There is an allocation within the budget of $250 000 to support the consumer peak body.

Hon ALISON XAMON: That means there will be no sitting fees, then—is that right?

Mr Guard: The intention is to provide that funding to a non-government organisation to host that peak body—so, independent of the commission. The work we are currently doing on that one is actually through engaging a consumer consultant to consult across the consumer bodies to provide advice back to us on the preferred model for that peak body from the point of view of consumers. We anticipate getting that advice back within the next couple of months and we will then have the procurement process to actually establish that particular peak body, but there is a $250 000 allocation within that.

As far as the advisory council is concerned, we are currently going through the process of consultation to develop the terms of reference, scope, functions and others of the advisory council. We anticipate that we will be able to provide advice on that one very shortly, too. That would include any indication of funding required to support that advisory council and appropriate sitting fees or fees for attending meetings, which we would need to agree through the normal process—Public Sector Commission and otherwise. A budget will then be found from within the Mental Health Commission to enable that to happen as well.

Hon ALISON XAMON: Are you leaning towards saying yes to sitting fees, then, or some sort of recognition of the amount of work that will be undertaken by these people?

Hon HELEN MORTON: I think it is probably appropriate to make a more general statement than that; that is, the mental health commission and the government recognise the value of consumer and carer involvement in a genuine, not tokenistic manner. The way that that is going to be incorporated

into either the Mental Health Commission advisory body or the peak consumer group has yet to be determined.

Hon ALISON XAMON: Thanks for the general comment. I will go back to my specific question—that is, are you leaning towards considering sitting fees for the people who will be sitting on this?

Hon HELEN MORTON: I am going to have to answer again for you because I do not think it is appropriate for the public sector agencies to be determining which way the government is leaning on anything at this moment.

Hon ALISON XAMON: I am happy to direct my question to you, parliamentary secretary, and if you could please answer my specific question as to whether the government is likely to agree to pay sitting fees for the consumers who will sit on the council?

Hon HELEN MORTON: As I have indicated, and I cannot be more explicit at this stage, there is certainly a renewed focus on consumer and carer participation in a very genuine and purposeful way. You find far more people with a mental illness or people who are caring for people with mental illnesses involved in quite specific areas of the commission and this is no exception.

Hon ALISON XAMON: I will take that as a no to sitting fees, then.

Hon KEN TRAVERS: Surely the minister gave you something to announce today!

Hon ALISON XAMON: I think it is a no.

I refer to the sixth dot point on page 749, going back to the mental health plan. We have obviously covered some of that already. Does the mental health plan include a review of all the current mental health policies?

Mr Guard: Can you give me an example so that I can —

Hon ALISON XAMON: Basically, all of them. What has been put to me and what, certainly, consumer groups are keen to know is whether it will make sure that everything gets put in and that it is comprehensive in terms of policies. I suppose people want to get some idea of how wide the scope is for the new plan; if it is actually going to be a thorough review or whether it is just going to pick up on bits and pieces within mental health. So, I am trying to get an indication of whether all relevant policies are going to be thrown in.

Hon HELEN MORTON: Once again, I do not know that this will give you quite the specific level of information you are looking for, but it is intended that it is a blueprint for mental health services in this state—it is a 10-year plan. There —

Hon ALISON XAMON: I think that actually answers my question, then: it sounds as though what you are going to be doing is putting in place the processes for it, but it is not actually going to be incorporating a review of the specific policies at this point.

Hon HELEN MORTON: There are hundreds of policies, not all of which are appropriate for a strategic plan. There are operational policies, for example; not all of them can be incorporated in a strategic plan. The plan would be many, many volumes and I think it would get bogged down with every single policy to do with mental health being incorporated in it. But in the same way that the Reid review undertook the review in the directions for the general health system, this policy and plan is expected to show the direction for mental health for the next 10 years, and it will include some of the policy areas that I am sure that the people you represent are concerned about, but you cannot possibly imagine that it would pick up every single policy.

Hon ALISON XAMON: Hopefully, there is a process for at least a review of the policies. Will it also includes support for the adoption and implementation of the new national mental health standards?

Mr Guard: Yes, it does.

Hon ALISON XAMON: Also, will the development of the plan have a bearing on the review of the Mental Health Act?

Mr Guard: Yes, it would be one of those documents in terms of directions that would need to be taken into account in terms of a review of the Mental Health Act.

Hon ALISON XAMON: Do you have an idea of when we can expect the review of the Mental Health Act to be finalised?

Mr Guard: We are currently looking at the work that has been done to date on drafting of the mental health bill based on the original recommendations, which have progressed a long way—there is still a little bit of work to be done on that. We are also trying to take into account the other administrative changes that have, obviously, recently happened, plus the creation of a Minister for Mental Health. We are doing a small piece of work, also, to try to take account of other best-practice mental health legislation that is available nationally and internationally to find out if there is anything that we can learn from that, that we would incorporate in a mental health bill. We are doing that in consultation with the Office of the Chief Psychiatrist and a range of other bodies as well, and aim to provide advice back to the minister on that before the end of the year to enable consideration of the future direction for the Mental Health Act at that time.

Hon LJILJANNA RAVLICH: I refer to the second dot point on page 750, going back to the national mental health reform agenda. I notice that the fourth national mental health plan 2009–14 operationalises a whole-of-government approach to achieve reform through 34 specified actions and 25 performance measures. I wonder—I will take this on notice—whether the 34 specified actions and 25 performance measures can be forwarded to the committee.

[11.10 am]

In view of the fact that this is the fourth national mental health plan, and I am assuming there was a third plan—the one prior to this one—I wonder whether the parliamentary secretary could provide the committee with the assessment of the extent to which WA met those 25 performance measures for the 2008–09 and the 2009–10 reporting period?

Mr Guard: The national mental health plan has been signed off. There are 34 action areas. An implementation plan has been developed and is being confirmed with responsibility for driving action against those particular action areas, which is not quite finalised yet but it should be soon. I will be happy, once that is completed, to provide the committee with a copy of that implementation plan. Individual actions within the plan have been allocated to particular jurisdictions to take the lead, but they are also involved in other areas of that as well.

Hon LJILJANNA RAVLICH: I am interested really in the 25 performance measures, because clearly the commonwealth will allocate moneys—whether it is to the Department of Health and through them to the commission, or to the commission, stating that you will get X amount of dollars—and the commission needs to meet these 25 performance measures. Given that this is the fourth mental health plan, this system should be entrenched and the reporting on these 25 performance measures must have been occurring for a number of years. If that is the case, I am asking for Western Australia's assessment of the extent to which those 25 performance measures have been met and what information it sent to the commonwealth about meeting those performance measures.

Mr Guard: My understanding is that the development of those performance measures is still being finalised; that is, some have been developed and some are in the process of being finalised.

Ms Pawelek: Some performance indicators were agreed at the national level sometime ago, and certainly Western Australia provided information to the commonwealth, and some of the PIs are recorded on the report for government services, as well as the national mental health report, but we can provide the listing.

The CHAIR: Maybe that can be supplementary information.

Hon HELEN MORTON: The information around the fourth national mental health plan 2009–14 and the specified actions are on the department's website. That is information that Hon Ljiljanna Ravlich can access off the web.

Hon LJILJANNA RAVLICH: Are waiting times for treatment one of those performance measures?

Ms Pawelek: I am not aware of that.

Mr Guard: We do not think so, but we can confirm or otherwise.

[*Supplementary Information No A7.*]

The CHAIR: Mr Guard, you suggested that when the report was completed, you could provide that.

Mr Guard: Yes, as soon as I have documents that I can release.

The CHAIR: That might be included in the supplementary information, if that is available within the time frame.

Mr Guard: Yes.

Hon LJILJANNA RAVLICH: On page 748 of budget paper No 2 in the column "Desired Outcome" is the statement "The best possible mental health and wellbeing for every Western Australian." I refer to the abolition of the 24-hour Bentley community emergency response team and ask why that was closed and how much money does the commission expect to save from that closure. And then I want to explore it a little further.

Hon HELEN MORTON: I will ask Dr Elizabeth Moore to comment on that.

Dr Moore: The emergency response team in the south metropolitan area is an area-wide service. This means that any of the pods can cover any of the emergencies or the acute responses in any part of the area. As the member knows, with acute and emergency response, there is no trend; we have to be able to respond wherever it is in the area. We looked at the figures. We found that we could, in fact, provide an emergency response from three pods rather than four. This allowed us to cover leave, sick leave and overtime in a much more efficient manner.

Hon LJILJANNA RAVLICH: How much money will be saved from this decision?

Dr Moore: We will be within allocated budget, rather than going over budget.

Hon LJILJANNA RAVLICH: No; I just asked how much money will be saved as a result of this decision.

Dr Moore: No money will be saved, because we will be in allocated budget rather than over budget.

Hon ALISON XAMON: I understand the decision means that the commission will stay within budget. Is Dr Moore referring to the budget that was subject to three per cent cuts and had she had to do this because of the previous cuts that had to be made to the budget?

Dr Moore: No. Unfortunately, when the emergency response team was set up, there was no allocation for the overtime, sick leave and leave. This was a mistake on our part.

Hon LJILJANNA RAVLICH: And this is how the commission is going to get the money to pay the additional sick leave and overtime?

Dr Moore: The point is —

Hon LJILJANNA RAVLICH: No. I am asking a straight question. It was fairly straightforward question and I want a straightforward answer. Was the closure of this facility a means by which

revenue could be transferred to pay for the overtime and additional other costs that Dr Moore has just spoken off?

Hon HELEN MORTON: I would like to intervene in that exchange. The response that has been given is that this was a measure to bring expenditure back in line with allocated funds. If Hon Ljiljanna Ravlich calls that a saving or a revenue—I do not know what the member was calling it—but whatever the member calls it, it is a measure of efficiency by which the service provider has had to take action to bring its expenditure back in line with its allocated funds to provide that service without affecting the frontline services.

Hon LJILJANNA RAVLICH: That is a nonsense, parliamentary secretary, and you know that!

Hon HELEN MORTON: It is not a nonsense, and the member knows it!

Hon LJILJANNA RAVLICH: I am asking, through the parliamentary secretary —

Hon HELEN MORTON: I would prefer that the member brings it through me in the first instance because I did not like the way or the tone in which Hon Ljiljanna Ravlich addressed Dr Elizabeth Moore.

Hon LJILJANNA RAVLICH: When I ask a straight question, I expect a straight answer.

Hon HELEN MORTON: Then ask it through me, and I will help the member with that.

The CHAIR: A question from Hon Ljiljanna Ravlich through the parliamentary secretary —

Hon KEN TRAVERS: With all due respect, I think we ask it through the Chair, and then through the Chair to the person.

Hon HELEN MORTON: You can do that if you like. I do not mind which way you do it.

Hon LJILJANNA RAVLICH: I think that I am hearing that a number of areas were not considered in terms of funding, including overtime and some additional costs. When that was recognised and so there was not a stepping over of the budget, savings had to be found, and a part of finding those savings was the abolition of the 24-hour Bentley community emergency response team. I am asking whether that is or is not correct.

Hon HELEN MORTON: To be precise, as I understand it, Hon Ljiljanna Ravlich is asking whether the changes that were made around the community emergency team related to finding the extra funding that was necessary to cover costs. I think Dr Elizabeth Moore has already indicated that is the case. However, it was done as a means of bringing expenditure back in line with the budget and to ensure there was no impact on frontline services.

[11.20 am]

Hon LJILJANNA RAVLICH: What happened to the staff from the Bentley team and how many were there? Through you, parliamentary secretary.

Dr Moore: As I said, it is an emergency response team for the whole of the area. The staff who were based at Bentley are currently based at Fremantle. The emergency staff move around the area so, at the moment, we have bases at Rockingham, Fremantle and Armadale.

Hon LJILJANNA RAVLICH: Did you record your response times prior to this change, and have you recorded your response times since these changes? Can you give me the outcome of your findings? Through, you, parliamentary secretary, naturally.

The CHAIR: I will go and have a cup of tea!

Dr Moore: Yes, we do. We have always recorded the KPI, and the KPI is "Response within two hours". That KPI has not changed.

Hon LJILJANNA RAVLICH: Will you provide that information to the committee?

Hon HELEN MORTON: I think, Hon Ljiljanna Ravlich, that information has just been provided

The CHAIR: I heard Dr Moore respond by saying that there has been no change in achieving that KPI. Perhaps, Hon Ljiljanna Ravlich, you can clarify what you would like.

Hon LJILJANNA RAVLICH: I would like the fine detail in respect of how this response time is actually calculated, the breakdown of the individual cases and the individual response time for each case.

Hon HELEN MORTON: With all due respect, are you asking the service provider to provide you with the response time for every single emergency case? I do not know what period you are talking about. It has been indicated that standards have been set for response times and an indication that there has been no change as a result of that. You started off wanting to know how it is calculated, every single case and over how many years. I think that is inappropriate use.

Hon LJILJANNA RAVLICH: That is not true; I have not referred to years.

Hon HELEN MORTON: I have not finished yet. That is an inappropriate use of the time of these very busy people. If you can get the assurance, which is what you were looking for, that the response time has not changed and is within the time that is set for requirements, I do not think it is appropriate to be asking for anything additional to that.

The CHAIR: I will take a position on this. It seems to me that asking for all that detail will require an excessive amount of resource. Is it possible to provide enough detail to indicate how you can give that answer? There must be an average. The need to get some more detail is understandable, but I agree with the parliamentary secretary that all the statistics for every case —

Hon LJILJANNA RAVLICH: I am terribly sorry; I have not asked for them over a number of years. I have not specified a time frame. I am quite happy to take a time frame of two to three weeks prior to the abolition of the 24-hour Bentley community service. I am asking about that time frame, together with two or three weeks after the abolition.

I have to say to you, parliamentary secretary, we are talking about the spending of taxpayers' money. This is the Standing Committee on Estimates and Financial Operations of this Parliament. The members of this committee have every right, on behalf of Western Australian taxpayers, to seek, and have confidence in, the information that is provided to them. Your say-so in terms of the answer that has been given by the departmental representative should adequately satisfy the member and she should be happy with that. I do not accept, as somebody who represents the taxpayer, that what I have asked for is excessive. I do not think it is unreasonable.

The CHAIR: With the clarification, I think the information you are seeking for a one-month period is a reasonable request and that is understood.

[Supplementary Information A8.]

Hon KEN TRAVERS: I would have thought the commission would have its own monitoring of response times.

The CHAIR: That is what I was suggesting.

Hon KEN TRAVERS: That is the information we should be provided with—not to create new information.

The CHAIR: What we would like is the figures for that one-month period—the two weeks before and the two weeks after—and whatever more detailed information is relied upon to be able to provide the answer that the response time has not changed. We are not seeking an individual case-by-case response time.

Hon KEN TRAVERS: We want copies of their own internal documents that they use to monitor response times.

The CHAIR: We can all take a deep breath and move to the next question.

Hon LJILJANNA RAVLICH: On the issue of staff, through you parliamentary secretary.

Hon HELEN MORTON: Can you tell me what page you are on again?

Hon LJILJANNA RAVLICH: I am referring to the desired outcome for the best possible mental health and wellbeing for every Western Australian, which is on that table at the bottom of page 748. I am keen to find out how many staff were employed at the 24-hour Bentley community emergency service, as part of the community emergency response team. Can you indicate to me where each one of those staff members has gone and where they might be? I will take that on notice, thank you.

Hon HELEN MORTON: My preference is to answer it now rather than take it on notice. I know that 16 staff members were employed. I ask Dr Moore to indicate where they have been relocated to.

Dr Moore: There are 16 FTE within the emergency services area. I would like to correct something, if I may. It is not an abolition of a service; it is a reallocation of those clinicians. That service is still being provided. The two clinicians that were based at the Bentley site are now at Fremantle.

Hon LJILJANNA RAVLICH: The two clinicians?

Dr Moore: We worked in pods of two. The two clinicians who were at the Bentley site for the afternoon shift are now at the Fremantle site.

Hon LJILJANNA RAVLICH: Where are the remainder of those people?

Dr Moore: The other FTEs are at the Rockingham and Armadale sites. There are two shifts—an afternoon shift and a night shift. The afternoon shift currently works from three pods. Armadale was chosen for the Armadale–Bentley corridor because, geographically, it is equidistant from the bottom of the Armadale catchment to the top of the Bentley catchment, as travel time is involved.

Hon LJILJANNA RAVLICH: I want to know the names of those people and where they are.

The CHAIR: I imagine that is not a difficult question to take on notice.

Dr Moore: It is possible now. The two people based at Bentley are Mr Bernard Margan and Miss Chris Courtney. Both of those people are now at Fremantle.

Hon LJILJANNA RAVLICH: Where are the other FTEs?

Dr Moore: The other FTEs are at Rockingham and Armadale. We need 16 FTE to ensure there is service for the afternoon shift and the overnight shift.

Hon LJILJANNA RAVLICH: So far you have told us that two have gone to Rockingham.

Dr Moore: There were always two people based at Rockingham, two at Fremantle, two at Armadale and two at Bentley. In order to fill the roster lines and to ensure the service is still being provided, we have moved them to three pods.

The CHAIR: I am mindful of the time. We have been running now for approximately two hours. I am mindful of people's mental health and comfort. I wonder whether we might take a five-minute break or perhaps even a few minutes longer. My sense is that members have questions they would like to ask. I propose we take a break until 11.40 am and come back perhaps for another half an hour. It seems that there is quite a lot of interest in this area. If people are okay with that I will adjourn the proceedings for roughly 10 minutes.

Hearing suspended from 11.29 to 11.45 am

The CHAIR: I think Hon Ken Travers was next on the list.

Hon KEN TRAVERS: Thank you. Within mental health, what are the respective service models that you have in place for areas outside the Perth metropolitan area? Within that, I am looking for how a person with a mental health illness in a regional centre accesses inpatient and community-

based health services and how a person with a mental health illness in a small country town accesses inpatient and community-based health services.

Hon HELEN MORTON: I ask Richard Menasse to speak to that.

Mr Menasse: WA Country Health Service is broken up into seven regions. There are community mental health services based in those seven regional resource centres, including at Albany, Bunbury, Port Hedland, Broome Geraldton and Kalgoorlie. Kalgoorlie, Albany and Bunbury have authorised inpatient units co-located within the hospitals on the hospital grounds. Community mental health services and inpatient services in those regional centres provide both inpatient and community mental health services. For the regions that do not have inpatient facilities, they are also co-located on hospital grounds, except for Northam, where they are situated in the main street of Northam. An individual can access community mental health services by walking into any of the community mental health services situated in those towns and they will receive a triage assessment and be referred to whichever service they need. If they require inpatient services where there are no authorised inpatient services in those country towns, they will be transferred, more often than not, to the metropolitan services. If possible, we will use beds that are available in the country authorised facilities where transporting them is a feasible option. People can access our services via GPs. GPs are the first port of call, essentially. Then they liaise with our community mental health services to receive further treatment. We also work with the non-government organisations in our country towns, using the MBS items, where that is possible, to increase access for people requiring mental health services.

[11.50 am]

Hon KEN TRAVERS: What services are available in areas outside those regional centres—for example, in Narrogin? Or even a smaller town than that.

Mr Menasse: Principally, the model of care is a hub-and-spoke model. The regional centres are generally the biggest areas and then we have satellite sites. And it varies in numbers—depending on the population et cetera. However, we try to facilitate care in some of those smaller centres. For example, in Narrogin, we have a multidisciplinary community mental health team comprising nurses, social workers, psychologists et cetera. Consultant psychiatrists travel through the region; we try to ensure a regional approach for consultant psychiatrists to travel through some of those satellite sites. The smaller satellite sites then outreach into the smaller communities. For example, in the Kimberley, we have a site in Derby and another one in Kununurra, and then, wherever we possibly can, we place a clinician into a smaller site. For example, in Fitzroy Crossing we have a senior child and adolescent mental health clinician who resides in the town. We try to encourage that and support that wherever possible.

Hon KEN TRAVERS: All right. In terms of drugs and alcohol, I am interested in the same questions about accessing drugs and alcohol services in country regional centres in country towns. Is that something that comes within the commission?

Hon HELEN MORTON: I will ask Mr Dillon to respond.

Mr Dillon: I will start talking and hopefully you can hear me until the microphone comes on.

The CHAIR: It is Mr Dillon!

Mr Dillon: We have a similar sort of arrangement for how people can access services. They can either self-refer to local services, go via a GP, or, maybe, be referred from a mainstream health service or through a mental health service—depending on how they entered any part of the health system. There are a range of alcohol and drug services available in each of the regions. They are not all identical. They can span anything from counselling services available through a community drug service team to an Aboriginal controlled organisation that offers counselling services generally, and other things as well. Or it might be that they are looking for residential rehabilitation. Those services are available in a number of regions and also in the metropolitan area. People have

different pathways into the system. In terms of comorbidity, where people have a mental health problem as well as an alcohol and drug issue, there is a lot of liaison between mental health services and alcohol and drug services. There are memoranda of understanding—which are basically agreements—between the local mental health services and alcohol and drug services, particularly the community drug service teams. They liaise and are able to case-manage people according to the degree of severity of their problems. That is very much a work in progress. Nationally, that is identified as a significant issue that needs ongoing work to ensure strong linkages between alcohol and drug services and mental health services, and the people are appropriately case-managed and can get the right sort of care for their particular needs.

Hon KEN TRAVERS: For both of those areas, is there a consolidated list of the mental health inpatient and community services available across regional Western Australia—and also for the alcohol and drug services? Is there somewhere we can actually get a list of all the different services available and in which towns?

Mr Dillon: Yes; there is. Certainly, in terms of the alcohol and drug services, lists are available from the alcohol and drug office. It is also available on our website. People can also contact the alcohol and drug information service. They can talk to someone and be guided as to what services are available.

Hon KEN TRAVERS: But is there a consolidated list? And if so, maybe we can get it taken as supplementary information—a consolidated list of all of the available services either directly provided by government or through community organisations funded through the commission. Is it possible to get that as supplementary information?

Mr Dillon: It is.

[*Supplementary Information No A9.*]

Hon KEN TRAVERS: Following on from that, I am aware that at least two pieces of legislation in the child protection area will be coming through this year. One relates to permanent guardianship, where basically children can be removed from parents within a one to two-year period if those parents are not able to care for their children in a proper way. The other piece of legislation relates to the mandatory reporting of sexual abuse. Has the department had any discussions with the Department for Child Protection about what implication that will have in both mental health services and drug and alcohol services and the impact that may have on your budget as both of those legislative measures are impacted? Have you already identified what the potential impact would be on the financial side of your organisation in terms of providing additional services? I would have thought that both those areas will create an increased demand for your services, particularly the permanent guardianship people. I am sure you would agree that the parents who might be subjected to permanent guardianship legislation which comes under child protection may have either mental health or alcohol and drug problems that need to be sorted out so they do not lose their children.

Mr Guard: Both the Mental Health Commission and the Drug and Alcohol Office are in discussions and working closely with the Department for Child Protection on both of those issues you are talking about to try to identify implications, processes and so on that would underpin those. I do not have a figure to give you of the knock-on implication. I can tell you that the structures are in place to ensure that that dialogue and consultation happens properly. The Drug and Alcohol Office has a meeting with the executive team of Child Protection, as does the Mental Health Commission. We will be taking account of the potential implications through those discussions.

Hon KEN TRAVERS: Do we have a time line for when you expect to have identified what additional resources you require? Can I confirm from what I think you have said to me that at the moment there is nothing in the budget to provide additional services, you are still scoping the nature

of the demand and therefore you will need to go back to government to get additional resources to deal with both of those pieces of legislation?

Mr Guard: There is not a line specifically identified within the Mental Health Commission budget for that. Whether that would require us to go back to government for more would depend on what the scoping actually comes out and says we need to be able to deal with that. I cannot specifically say which direction it would end up going because that work around quantifying implications is still happening.

Hon KEN TRAVERS: Do you have a time line for when you expect to complete the quantification? Is there a commitment to have it quantified in plenty of time to have something in place before those pieces of legislation are enacted?

Mr Guard: I cannot give a date because I do not have a date. I do not know what the time line is for the introduction of that legislation.

Hon ALISON XAMON: This year, I think.

Hon KEN TRAVERS: My understanding is that the permanent guardianship legislation is in the Parliament so I would imagine that the government intends to implement that once it has passed through the Parliament.

Hon HELEN MORTON: I do not know the time frame for that. As you know, sometimes things get held up and priorities change et cetera. We really do not know the expected operational date for this. I am aware that those discussions are taking place.

Hon PHILIP GARDINER: I refer to the issue of service delivery, which Hon Ken Travers referred to earlier. In both the regional areas and the city areas there is latent depression, especially in the country areas, as we all know, with the seasons and so on. Is your service an outreach service that tries to go out and find these people? In most cases I doubt people will come to a service that is located in a town or a city or a suburb. I know there is a men's health service coming out of the Department of Agriculture and Food. Is your service an outreach service or does it wait for people to come in?

[12.00 noon]

Mr Menasse: It is a combination of both. We work in partnership with all the service providers around the primary area, which is primarily, I think, what your question is relating to, so the early intervention and prevention programs. The mental health services that we provide are targeting people with mental illness primarily, but that is not to say in the country that our staff do not go out into communities and do some of the preventative work wherever it is possible, and particularly where there are identified issues such as the downturn in the rural farming communities et cetera, or indeed if there is a major event such as a cyclone for instance et cetera. We engage with all of the services that are all there to be able to provide that preventative work. It is a combination of both, and then we support those services—population health, for instance—to target the mental health issues wherever possible.

Hon LJILJANNA RAVLICH: I have a question about adult community mental health—I cannot find reference to them in the *Budget Statements*. You would be aware that the Auditor General provided report 10 in October 2009, and the Auditor General made 12 very clear recommendations in relation to the adult community mental health teams. I am just wondering whether it is possible to get an update from the department in relation to the implementation of those recommendations that were put forth by the Auditor General. Rather than dealing with it now, I am happy to take it on notice, but I am looking to see whether progress is being made in response to these 12 recommendations.

Hon HELEN MORTON: Rather than take it on notice, the information is available so we will provide it to you now through Mr Neil Guard.

Mr Guard: We are required to provide a response to those recommendations back to the Public Accounts Committee by 19 November—I think the Department of Health has carriage of actually pulling that response together—and the work is in train against each of those recommendations to enable that response to be provided.

Hon LJILJANNA RAVLICH: Is that going back to the Auditor General?

Mr Guard: The response will go to the Public Accounts Committee.

Hon LJILJANNA RAVLICH: If you could provide us with a copy when you provide it to the Public Accounts Committee.

Mr Guard: The Director General of the Department of Health is required to respond to that report by providing the Public Accounts Committee with a response that includes details of the progress towards the implementation of those recommendations and a proposed timetable for their implementation. That is required to be with the Public Accounts Committee by 19 November.

Hon LJILJANNA RAVLICH: Is it possible for you to provide us with where you are up to as of today in relation to these recommendations? That will save us waiting four months.

Mr Guard: That is the date that we are intending to hit, so not all of them, necessarily, would be in place at this stage, but work is in progress to enable us to be able to pull it together by November.

Hon LJILJANNA RAVLICH: If you can provide us how much you have got in relation to where you are at in terms of the implementation of those 12 recommendations.

Mr Guard: We will pull something together.

[*Supplementary Information No A10.*]

Hon ALISON XAMON: I refer to page 756 "Net Appropriation Determination", the last table. Why is there no continuation of funding for the people with exceptionally complex needs program; and, is the minister continuing the program past 2011-12? Certainly the feedback I get is that it is a very successful program.

Mr Guard: I respond in terms of that work at the moment. The people with exceptionally complex needs, there is an evaluation that is being undertaken at the moment about that program with a pilot group of five or six, or whatever the number of people, who have been supported through that program. That should be available fairly soon. It will enable us to work across the different organisations that are involved in that particular project to determine the direction beyond there. My guess would be that will continue because it has been so successful and we have the money within the budget to be able to deal with that at the current scale.

Hon ALISON XAMON: There is an intention to continue the funding? Obviously I do not have that formal assessment, you have not completed it, but anecdotally people are saying it is really working.

Mr Guard: The extent and how it proceeds will depend on the evaluation which, as you have said, most of the indications are it has been a very successful program. At the moment the sense is we would like to try to expand it, but understanding how you do that and how much you do that to make sure it is still manageable and delivering the outcomes is the piece of work that will come following that evaluation.

Hon ALISON XAMON: I will put that on my list to keep tracking. Why is there only $303 000 provided for the street to home program in 2010–14? It is a pretty important program.

Mr Guard: Which one is that? Is that on the same page?

Hon ALISON XAMON: Yes, it is in the same table—$620 000, $620 000, $620 000 and $303 000. It is the bottom table. It is the line item directly below "People with Exceptionally Complex Needs Program".

Mr Guard: The funds allocated by the Department for Child Protection is $2.64 million over four years, which is $635 000 per annum indexed.

Hon ALISON XAMON: Is there a federal funding component there? Is it because you are anticipating no future federal funding that you have gone from $620 000 to $303 000? I am trying to figure that out. I hope it is not indicating a long-term intention to drop the program.

Mr Guard: It is federal funding through DCP. I can only assume the reason it has gone that way is because that is the commitment we have from the federal government at the moment. I can check that out and come back.

[*Supplementary Information No A11*.]

Hon ALISON XAMON: I refer to the second table on page 751 titled "Rate of suicide in Western Australia". When will the 2008 suicide figures be available?

Mr Guard: Generally there is about an 18-month lag time. It is 18 months before they do the confirmation, then it is built into reports. You are probably talking 18 months to two years.

Hon ALISON XAMON: I refer to the first table on page 752. You started talking about this earlier in the session but I would like to pick it out a bit more. Is there a turn-away indicator? Do we know how many people have tried to access community-based public mental health non-admitted services but were turned away? Do we know how many people are seeking admission as inpatients but are never able to make it into the system? Is there any attempt to record these statistics?

Hon HELEN MORTON: Are you looking at the top table on page 752?

Hon ALISON XAMON: Yes.

Hon HELEN MORTON: This is the percentage of people who have had contact with a community-based service provider following their discharge from an inpatient unit.

Hon ALISON XAMON: By the way, how do you define "contact"? Is it a letter, is it seeing people physically—how do you define "contact"?

Mr Guard: Face to face, telephone —

Hon ALISON XAMON: So it is anything and everything, there is not necessarily a minimum standard that is determined for what is a contact?

[12.10 pm]

I am interested in this idea, because you can actually have pretty fabulous figures that say, "We always have contact post-admission", but it might just be two months later sending a letter saying, "Hey; hope you're well."

Mr Guard: I do not think it is by letter.

Dr Moore: Contact is defined as either face to face or telephonic. A letter would not be contact, because we would not know if the letter was received.

Hon ALISON XAMON: Through the parliamentary secretary, is that a set standard across all services, or is it pretty much up to each service to determine what they deem to be an appropriate level of contact?

Mr Guard: It is across services.

Hon ALISON XAMON: Okay. I am just clarifying, then, that all services are expected to make two-way contact, because that is effectively what you have just defined—within a particular time frame?

Dr Moore: For this KPI, within seven days.

Hon ALISON XAMON: Within seven days, by telephone or face to face. Thank you. I am sorry, Madam Chair, I did actually still want to see if I could unpick that first point about the turn-away

indicator, though—that is, the number of people who have attempted to access services. If it is not referring to that particular one, the principle is still the same. I want to know: is there any attempt to capture the data—to capture the number of people who attempt to access mental health services and who are not able to access them for whatever reason?

Hon HELEN MORTON: Obviously, it is not part of this table that you are referring to.

Hon ALISON XAMON: No.

Hon HELEN MORTON: So I would like to ask each of the service providers to comment on that, because I am imagining that anybody who attempts, as in makes a phone call or turns up, is recorded, but if you are talking about people who do not even get to that stage in terms of trying to make access —

Hon ALISON XAMON: I am not expecting that service providers are mind-readers who can sit down and just imagine who out there may need help. It is about that issue of whether the initial phone call was actually captured; it is about people who have at least made some initial contact, have not been able to access services, and who effectively are being turned away.

Hon HELEN MORTON: I am assuming that all of that information is captured, so I would like to speak directly to the service providers.

Mr Menasse: From the country's perspective, and I think it is across the metropolitan area, our information system has got an identity that refers to referrals, so anyone who makes contact to a mental health service is recorded. If they are referred on, they are referred to as a referral, and that is recorded, and then they either get admitted or referred to another service. So there is data available.

Dr Moore: Similarly, within south metro there is a triage function. It may be that people are best served by alternative services. For instance, we use Relationships Australia and other grief services. But usually the outcome is determined in the triage function, and people who fulfil our criteria get access to services, as appropriate.

Hon ALISON XAMON: Would it be possible to get hold of just broad percentages of people who do access services, and then get an idea percentage-wise of how many people end up within the mental health system as opposed to ending up in alternative services? Is that possible? You are saying you have got the data that says how many people contact you.

Mr Guard: I think I am understanding. What you are after, then, is around when somebody approaches a service and there is a referral made, what proportion of those referrals is to another mental health service.

Hon ALISON XAMON: I am aware that there will still be a considerable number of people who will never get captured within mental health, and I am thinking of people who go to their GPs and may be told, "Okay; here's a referral" but who never take it up, or do not even get referred but simply get medicated. So I am already aware that there are a number of people out there who never touch the mental health system and who actually need to have assistance.

Hon HELEN MORTON: That information is captured under the information system for psychiatric services. The information is available on those people who make contact with a health facility when seeking those services and who are referred elsewhere. I am just interested to know whether the member is looking for percentages for a month or 12 months or some other period.

Hon ALISON XAMON: I was certainly not after case-by-case information. I wanted to get just a general percentage of people who are —

Hon HELEN MORTON: Over 12 months, a general idea?

Hon ALISON XAMON: A general idea of what percentage of people who seek assistance through that sector end up being referred to other areas.

Hon HELEN MORTON: We can provide that.

[*Supplementary Information No A12.*]

Hon KEN TRAVERS: I refer to page 754 and the details of controlled grants and subsidies. I am trying to reconcile the details of controlled grants and subsidies for this year with the Department of Health's controlled grants and subsidies for last year. I am happy for this to be by way of supplementary information: I was wondering whether we could seek a more detailed breakdown of the details of controlled grants and subsidies that identifies what has been transferred over from the Department of Health's budget into the Mental Health Commission's budget. Within that I would also like an explanation, because I note that WA Health still has a controlled grants and subsidies line item for contracted mental health provision. I am not sure I completely understand why it would still be having that under its budget allocation of some $15 million. It actually had last year $27 million for community mental health—if we can get that explanation. The final issue I am also interested in is that there would appear to have been a $2.8 million or thereabouts underspend between what was budgeted for the commission's specialised community mental health in 2009–10 and what the commission actually spent in 2009–10, and why there was that underspend would be the third element of that question. As I say, I am happy to take the detailed information as a question on notice, if the commission can provide us with a complete breakdown that reconciles the two sets of controlled grants and subsidies for this year for both the Metal Health Commission and the Department of Health compared to the WA Department of Health's controlled grants and subsidies for last year.

Hon HELEN MORTON: A combination of Mr Wayne Salvage and Danuta will give us the information that the member is seeking.

Mr Salvage: It is quite a detailed question. We are very happy to provide that by way of supplementary information if we can.

[*Supplementary Information No A13.*]

The CHAIR: Ms Pawelek.

Ms Pawelek: The underspend of controlled mental health grants of $2.8 million was a result of delays in the construction of homeless and community-support accommodation projects in 2009–10.

Hon KEN TRAVERS: That is just that the accommodation projects were not completed?

Ms Pawelek: They were not completed. Their construction was delayed, so there was over funding to support residents and that had not been spent.

Hon KEN TRAVERS: I am not sure whether this relates to the commission or to the department. Which is the appropriate body to tell us the commission's current FTE allocations for nursing and professional positions within the department providing the services that you contract for? How many FTEs and how many positions are currently filled; is that something the commission has details on or will the Department of Health have that detail?

Hon HELEN MORTON: Obviously, that information would be the Department of Health's responsibility.

Hon KEN TRAVERS: Okay, and things like the number of beds that are available and the number of actual staffed beds; will the Department of Health be able to answer that for us or the commission?

Hon HELEN MORTON: We have some information here that might satisfy the member, but I would just reiterate that how the Department of Health chooses to staff its services and the numbers of beds that it wants to provide et cetera will be the Department of Health's responsibility. The commission is going to be purchasing outcomes and services.

Hon KEN TRAVERS: I understand that. I just want to make it clear, because when we get the Department of Health in here, I do not want witnesses to say, "We are told that is what we can

spend, and if there are any extra beds, you have got to go and talk to the Mental Health Commission." Can the parliamentary secretary assure me that I will get answers from the Department of Health?

[12.20 pm]

Hon HELEN MORTON: Nevertheless we have got some information here, so I will ask Neil Guard to provide what we have got. But I just want to make the point that it would be my intention or my suggestion and recommendation to the minister that we try hard not to get into answering questions around the service provider inputs into delivering an outcome that we are seeking. I mean, for all sorts of reasons we do not want to be responsible for how the service provider chooses to man their work.

Hon KEN TRAVERS: I would agree with that up to a point, but there is a point when you start contracting out services, and whether it to the department or to a non-government entity, the actual quality of the provision of those services and —

Hon HELEN MORTON: There is no question about the quality.

Hon KEN TRAVERS: And issues about the ratio of clinical staff to patient ratios and all those sorts of things, I would have thought you would want to keep complete control of.

Hon HELEN MORTON: There is no question about quality and quality assurance.

The CHAIR: Mr Guard?

Mr Guard: I can give you this as at a spot point in time, so maybe that is the point I can do. So currently there are 47 approved full-time equivalents in the Mental Health Commission, so that is at this point in time. As at April 2010, which is the figure I had at that stage, there were 3 092.2 FTE filled in our area mental health services.

Hon KEN TRAVERS: Right, and do you know the number of positions that were vacant for those periods?

Mr Guard: No, I do not have that.

Hon KEN TRAVERS: So there was allocation for positions but you did not have them currently filled?

Mr Guard: I do not have that information. I am just giving you the spot point up here.

Hon KEN TRAVERS: Maybe if you could take it on notice and I will ask the same of the health department, and I am sure between you we can work out who is going to answer it.

[*Supplementary Information No A14.*]

The CHAIR: Again I am aware of time, I will give one question here and one question here and then —

Hon KEN TRAVERS: I am sorry, can I have one last one?

The CHAIR: One last one? All right.

Hon KEN TRAVERS: Just pretend I am Alison for a moment!

The CHAIR: Since you asked so nicely! Hon Ken Travers.

Hon KEN TRAVERS: Just in terms of that reconciliation between last year's budget of the health department and the new split, can you give us some explanation as to the reasons for the change in the KPIs and why you have changed them? I note they do not seem to have included a note in there. Again, you are not an orphan in that regard; not too many agencies seem to use the note provisions any longer.

The CHAIR: Could you just give the page, please?

Hon KEN TRAVERS: There is a range of KPIs that start on page 751 and they go through. I am just trying to get an understanding of why you have changed them and how they were determined and set. I know you probably provide some more detail in your annual report, but just so that we can understand the budget papers as to what the reasons for the change in the KPIs was. So I can finish my question, I am also just a bit intrigued as to the rate of suicide—and I know there has to be a bit of a lag—but your target seems to be for 2008, which seems very retrospective.

Mr Guard: Just that lag of 18 months generally for the proper analysis of the information to come back based on the coroner's report and then the period after that for writing up those reports.

Hon HELEN MORTON: Just to clarify that a little bit further, the coroner determines whether a death has been a suicide or otherwise; and the coroner's database is available to us in that time lag that you are referring to.

Hon ALISON XAMON: But because of their gross underfunding, there is a backlog.

The CHAIR: Okay. Has Hon Ken Travers completed his question there?

Hon KEN TRAVERS: Yes. I am happy if it can be taken on notice to give us an explanation of the variations between the KPIs. I mean, like last year you had the average cost per patient receiving care, and now it is per episode. So if we can get a reconciliation, I am happy for it to be taken on notice, if that is the easiest way of doing it.

The CHAIR: So my understanding is that is supplementary information regarding the changes in the key performance indicators.

Hon KEN TRAVERS: Can I just clarify?

The CHAIR: Yes.

Hon KEN TRAVERS: I should say the KPIs and the efficiency indicators across the agency.

Mr Guard: We will look out for it. We will give it a go; shall we?

The CHAIR: Ms Pawelek?

Ms Pawelek: The KPI average cost per episode of community care provided by public mental services is a nationally agreed indicator and is published in the report on government services; and the state indicator was amended last year to align with the national indicator and hence the unit of measurement is now per episode.

Hon LJILJANNA RAVLICH: I cannot find any reference to funding for the mental health consumer advocacy service. Is it somewhere in the budget?

Mr Guard: Yes, it is. It is included in the line item for specialist community mental health. It includes $250 000 towards that consumer peak body.

Hon LJILJANNA RAVLICH: Is it already established?

Mr Guard: No.

Hon LJILJANNA RAVLICH: I will come back to that.

Hon PHILIP GARDINER: I refer to what is the success story out of these papers, and it is quite interesting. The rate of suicide in Western Australia is referred to on page 751. The outcome in the rate of suicides from the 1988 actual to the 2007 actual and 2008 target is a 33 per cent reduction. The way this is set out suggests that you have had a significant input into that reduction. Can you outline the critical factors that have contributed to that reduction in suicide?

Hon KEN TRAVERS: If the parliamentary secretary wants me to, I will pass on the government's congratulations to Hon Jim McGinty for that, I am more than happy to do so.

Hon HELEN MORTON: Obviously the state suicide prevention strategy has not been in place for the duration of these figures. There is nothing in these figures that relates to a specific suicide

strategy that has been implemented at a state level and that is notwithstanding that there has been suicide prevention taking place across the state through a previously established Ministerial Council for Suicide Prevention. I refer to the work that has been down by the Telethon Institute for Child Health Research around suicide prevention and the work done by emergency departments in following up people who have presented for attempted suicide. There is a range of things but we cannot capture it all in what might be suggested is a suicide prevention strategy. I will ask some of the service providers whether they would like to talk on this.

Mr Menasse: I reiterate what the parliamentary secretary said; that is, that most of our services are cognisant of this issue. We work in partnership with all the other agencies to prevent this occurring. Suicide prevention is a high priority for us. We recognise that it is not only a community issue, but also a mental health issue and mental health plays a big part in it.

Hon PHILIP GARDINER: The relevance of the table is that it is an outcome. It is a key effectiveness indicator. I expected that because it is there you must be collectively driving this outcome. If I am correct, I would be very happy. If the situation is different and the trend is that it is without any particular accountability, then I am not so happy.

Hon HELEN MORTON: I did not want to imply that there was not any direct action taking place.

Hon PHILIP GARDINER: I did not say that. I referred to accountability. I know the direct action. The accountability is the issue that I am driving at. It suggests here that the Mental Health Commission is accountable for this problem.

Hon HELEN MORTON: There has been a Ministerial Council for Suicide Prevention in place for many years—I do not know for how long. The strategies and programs undertaken by the Ministerial Council for Suicide Prevention under previous governments as well as the current government have been driving the range of services, but the whole of community service, not only mental health service delivery, has impacted on the changes you are referring to.

[12.30 pm]

The specific mental health suicide prevention strategy that we are about to embark upon is going to hopefully bring those numbers down even further in quite a defined way. But the services that have been provided within mental health and in other areas of government, the not-for-profit sector, the commonwealth government, all the Aboriginal health communities, for example—there is a whole range of service providers that are all collectively working towards bringing down the rate of suicide in Western Australia. Collectively, that work is being seen to have that result that you are referring to.

Hon KEN TRAVERS: Can I clarify something about a question I asked earlier on the KPIs? I know I got an answer for one issue of the KPIs but I am still not sure whether we are actually taking on notice the others. For instance, as an example, your KPI for the rate of unplanned hospital readmissions within 28 days has an estimated actual of 5.9 per cent and your budget target is just to keep it below seven per cent.

Hon HELEN MORTON: What page is that on?

Hon KEN TRAVERS: That is on page 751. I am just not sure whether we are going to be given an explanation as to why the target has been increased to seven per cent. Maybe just to also help the parliamentary secretary, in 2007–08, the last full year of the Labor government, the readmission rate was 5.24 per cent. As I recall it, in your election commitment you attacked Labor's careless discharge of seriously ill patients, the staggering rate of readmission and readmission rates within 28 days of discharge that were up to eight times higher for mental health patients than for recipients of other health services. Your election commitment, parliamentary secretary, was that you were going to bring down that readmission rate, yet not only have the actual figures been climbing under your government, you have now increased the target. It is things like that that I want to get an explanation for.

Hon HELEN MORTON: I absolutely welcome your scrutiny of that because even when I saw the figure "7" myself, I actually considered that it would be too high and it is not an incentive for the agency to improve its current performance sufficiently. I think we have a few comments here over and above that to make.

Mr Guard: First, in terms of the indicator itself, it is the first time that it has been published in the budget papers; it has previously been published, I think, in annual reports and otherwise. The target—I agree we should revisit what that target should be going forward—that was set when taking into consideration the range from about five per cent in the metropolitan services to about 7.6 per cent in WA country. The aim is obviously to keep that rate low, so we will revisit the seven per cent. That target, though, and the rate is below the actual national average rate, which is about 8.5 per cent as per the Australian Council on Healthcare Standards clinical indicator report, but we can absolutely revisit the seven per cent moving forward.

Hon KEN TRAVERS: The government was elected with a commitment that it was going to reduce that rate of readmission, so I am still not sure. I understand that you share my concerns, parliamentary secretary, but I suspect you have a fairly intimate knowledge of the election commitments of your government on this matter and I am still flabbergasted that we are accepting—even though you were quite attacking in opposition of the careless discharge—the actual figures have increased under your government and you have the target even higher. What are you actually going to do to bring it down?

Hon HELEN MORTON: Change the figure.

Hon KEN TRAVERS: Hmm?

Hon HELEN MORTON: Change the figure.

Hon KEN TRAVERS: Change the minister, sorry?

Hon HELEN MORTON: Change the figure.

The CHAIR: Members, we have gone over time again but I did let it run on because I think there have been some useful questions. Now we do need to finish; I can see people pacing around outside ready to come in.

Thank you very much for your participation; I just have a few closing words. The committee will forward any additional questions that it has to you via the minister in writing in the next couple of days, together with the transcript of evidence, which includes the questions you have taken on notice. If members have any unasked questions, I ask them to submit these to the committee clerk at the close of this hearing. Responses to these questions will be requested within 10 working days of receipt of the questions. Should the agency 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. Finally, on behalf of the committee, I once again thank you for your attendance and participation this morning.

Hearing concluded at 12.35 pm