EDUCATION AND HEALTH STANDING COMMITTEE

Follow up Questions from Public Hearing on 23 February 2011

1 *The maximum waiting time for "categories ones, twos, and threes" children, for each allied health discipline, for the metropolitan CDS as at 28 February 2011?*

In the Metropolitan Child Development Services (CDS) the components of assessment before commencement of treatment are:

- **Referral**: Broad information is gathered concerning the developmental needs of the client.
- **Intake meeting**: A multi-disciplinary team determines the priority (category) for developmental services. Clients are prioritised (categorised) according to age and complexity for clinical assessment. Each client is assessed on a case by case basis, with the majority of each of the categories comprised of the following:
  - Priority One (Category One): clients 0 – 3 years of age, with complex developmental needs requiring multidisciplinary intervention.
  - Priority Two (Category Two): clients aged 0-3 years with less complex developmental needs and clients aged 4-6 with complex developmental needs.
  - Priority Three (Category Three): clients aged 4-6 years with less complex developmental needs and clients aged 7-12 with complex developmental needs.

  There is further delineation of categories for clients aged 7 years and older, but as at 5 May 2011, categories one to three account for 94% of all requests for service.

- **Clinical assessment:** A full clinical assessment is undertaken to develop the clinical intervention plan and identification of required services. Many children have complex developmental needs and require services from more than one discipline.

The CDS aims to commence treatment within four weeks of clinical assessment.

Waiting times are clinician estimates of how long a client will need to wait for a clinical assessment, following acceptance of their intake meeting. This information is provided to parents. The time children wait for their clinical assessment varies significantly between centres in the Metropolitan area due to workforce and infrastructure issues.

The estimated maximum and average waiting times for children waiting for a clinical assessment in each category are as follows.

Priority One (Category One)

Child Development Services	Maximum waiting time	Average wait time
Speech pathology	12 months	6.6 months
Occupational therapy	6 months	3.9 months
Physiotherapy	4 months	2.5 months
Paediatric services	12 months	6.6 months
Clinical psychology	9 months	4.8 months
Social work	10 months	4.3 months

Priority Two (Category Two)

Child Development Services	Maximum waiting time	Average wait time
Speech pathology	15 months	10.0 months
Occupational therapy	10 months	6.8 months
Physiotherapy	7 months	5.5 months
Paediatric services	15 months	10.0 months
Clinical psychology	15 months	7.6 months
Social work	11 months	5.7 months

Priority Three (Category Three)

Child Development Services	Maximum waiting time	Average wait time
Speech pathology	18 months	12.6 months
Occupational therapy	14 months	9.7 months
Physiotherapy	10 months	7.7 months
Paediatric services	19 months	11.9 months
Clinical psychology	17 months	9.2 months
Social work	12 months	6.5 months

The majority of children are seen before the estimated maximum wait time.

2 *The maximum waiting time for "categories ones, twos, and threes" children, for each allied health discipline, for each WACHS region as at 28 February 2011?*

The general practice throughout WACHS is that all clients are assessed at the earliest possible time and prioritised accordingly. Lower prioritised clients are provided with options depending on geographical location including home programs or access to other services. Higher prioritised clients are seen at the earliest available appointment.

Clinicians reported average wait times from referral to clinical assessment for these clients is between 2-30 days in most locations.

3 *A clarification of what Mr Aylward meant by his comment the $49.7 million over the next four years "is certainly clearly tagged for the purpose of improving access for children to child development services"?*

Mr Aylward was referencing the published 2010/11 State Government Budget Papers statement regarding the Government's commitment to improve access to Child Development Services (2010/11 Budget WA Health, part 3, page 4) and was responding to a line of questioning whether the funds for clinical development services might be reallocated to other areas of Health. His response confirmed the funds were allocated clearly for this purpose and no other.

4 *Has any of the new $49.7 million in funds been spent on areas other than Community Child Health services? If so, can you please provide detailed information on what these funds have been spent on?*

No.

5 *The cost and the number of new staff employed by Child and Adolescent Health Service, for each allied health discipline, from the Government's additional funds of $49.5million provided in the 2010 State Budget as at 28 February 2011 for:*

a. each metropolitan area health service in community health settings?

$5.25 million was allocated to CDS for the establishment of 45 FTE in 2010/11. As at the end of February 2011, 44 FTE have been filled expending $2.7 million. Contracting of private providers to address high need areas, for example the Panel Contracts for speech pathology services, has also been implemented.

The metropolitan CDS is operated as a single service and staff are moved according to operational need. The metropolitan CDS is comprised of three regions, central, south and north.

Number of staff allocated to each discipline in the metropolitan area

Allied Health discipline	Central	North	South	Total FTE in the metropolitan area
Speech pathology	4.00	4.00	9.00	17.00
Occupational therapy	1.50	5.00	2.50	9.00
Physiotherapy	0.00	5.00	0.00	5.00
Social work	0.40	0.40	1.20	2.00
Clinical psychology	0.50	1.00	0.50	2.00
Paediatrics	0.00	0.00	0.50*	0.50*
Audiology	0.00	0.50*	0.00	0.50*
Therapy assistants	0.50	1.00	1.50	3.00
Clinical nurse specialist	0.00	0.00	0.00	1.00**

*Positions not currently filled.
** The Clinical nurse specialist position is metropolitan wide.
Note: An additional 5.00 FTE metro wide have been appointed to streamline the intake process (the assessment of referrals), these FTE include nursing and clerical staff.

b. each metropolitan area in tertiary or secondary hospitals?

None of the $49.68 million additional funding has been spent in tertiary or secondary hospitals and was never intended to do so.

c. each WACHS Regional Area?

As at the 28 February 2011 a total of 10.25 FTE have been employed (some on short term contracts whilst recruitment is undertaken) across WACHS expending $804,540 of the $1.76 million allocated to WACHS. Recruitment is underway for the remaining 5.35 FTE.

Number of allocated staff to each discipline in the WACHS CDS, per region (as at 28 February 2011)

Allied Health discipline	Wheatbelt	Great Southern	South West	Midwest	Goldfields	Pilbara	Kimberley	Total FTE
Speech Pathologist	0.40	1.00	1.00	0.75	0.00	0.00	1.00	4.15
Occupational Therapist	0.60*	1.00	1.20**	0.00	1.00	0.00	1.00*	4.80
Audiologist	0.00	0.00	0.40*	0.00	0.00	0.00	0.00	0.40
Social Worker	0.00	0.00	0.00	1.00	1.00*	0.75**	0.00	2.75
Therapy Assist	0.00	0.00	1.00*	0.50	0.00	1.00*	0.00	2.50
Physiotherapist	0.00	0.00	0.00	0.00	1.00	0.00	0.00	1.00

*Positions allocated but not currently filled. ** Allocated positions which have been partially filled – 1.00 FTE of 1.20 FTE allocated has been filled of Occupational Therapist staff in the South West. 0.60 FTE of the 0.75 FTE allocated for Social Workers in the Pilbara has been filled.

6 *The health centre or location in Western Australia of the nearly 80 FTE new Allied Health therapy assistants that have been employed?*

The Therapy Assistant model has been operating in WACHS for many years and is well established. The model supports and enhances the allied health services across the continuum of care.

Location of Allied Health Therapy Assistants in WACHS

Location	Wheatbelt	Great Southern	South West	Midwest	Goldfields	Pilbara	Kimberley	Total FTE
Merredin District Hospital	3							
Wickepin Nursing Post	4							
Narrogin	3							
Northam	3							
Albany Hospital		7						
Albany Community Health		5						
Katanning Community Health		2						
Bunbury Community Health			10					
Busselton Community Health			6					
Harvey Health Service			1					
Augusta District Hospital			1					
South West Health Service			5					
Dongara Health Service				3				
Geraldton				12				
Kalbarri Health Service				1				
Morawa and District Hospital				2				
Mullewa Health Service				1				
North Midland Health Service				1				
Northampton Health Service				1				
Exmouth Hospital				1				
Carnarvon Hospital				1				
Esperance District Hospital					4			
Kalgoorlie					5			
Nickol Bay Hospital						5		
Port Hedland Regional Hospital						1		
Broome District Hospital							1	
Derby Regional Hospital							3	
Kununurra District Hospital							1	
Total								**93**

7 *What is DOH doing to address the issue identified by the Auditor General in terms of outdated health buildings and infrastructure?*

WA Health in conducting an infrastructure audit has entered into discussions with Local Government, the Department of Education and the Department of Communities to establish priority facilities requiring attention and seeking an appropriate funding source to establish required facilities.

In addition, WACHS is currently in the process of a $1.1 billion capital works program to update and refurbish a significant number of country health facilities. Part of this program is the inclusion of child health services into new ambulatory care facilities as and when new health campuses are developed. For example, child health services have been included in the new Kununurra Primary Health facility which is currently under construction.

8 *What population growth rate is the Child and Adolescent Health Service using in preparing its budget estimates for the 2011 State Budget from the Australian Bureau of Statistics low, medium or high projections for Western Australia?*

The budget setting for activity undertaken by WA Health, including CAHS, assumes population growth based on the 2008 Australian Bureau of Statistics (ABS) B+ population series projections. B+ series is a projected medium population growth.

9 *In 2009 the State Government was notified that there was a shortage of 135 FTE school health nurses, 126 FTE child development services staff and 105 FTE community child health nurses.*

a. How many of these FTE positions been filled since then in each category?

School health staff:

No new school health staff FTE have been established since 2009.

Child development services staff:

In the 2010/11 State Government budget funded the DOH as follows:

In 2010/11 funding was made available to establish 60 positions with a child development focus across the State.

In 2011/12 – 2013/14, the DOH will negotiate new service agreements with non-government agencies for the provision of services in partnership with the DOH. If 'market failure' is identified in a service type it is expected DOH will employ more staff along with implementing a plan to build 'market capacity' as per the directions set by the Economic Audit Committee.

Community child health staff:

6.7 FTE new child health nurse positions have been created for a four year period under Commonwealth and State funding of '*Closing the Gap in Indigenous Health'* initiatives.

b. In view of the State's high population growth rate, how many FTE positions are still required in each of these categories?

Nursing is the largest occupational group in child health and school health services and forms the basis for analysis but there are other occupational groups, such as Aboriginal Health Workers and therapy assistants.

School health staff:

The most recent workforce analysis indicates that the need for school health staff remains unchanged at 135 FTE or equivalent funding. The State Budget for 2011/12 includes additional funding for community health services through CAHS to cater for growth in population and demand of up to 7.0%.

Child development services staff:

At this time CDS staff is adequately resourced statewide with new services commencing in the next three years as announced in the State Budget 2010/11.

Community child health staff:

The most recent workforce analysis indicates that the need for community child health staff has increased due to population growth to 106 FTE still required in addition to the 6.7 FTE filled. The State Budget for 2011/12 includes additional funding for community health services through CAHS to cater for growth in population and demand of up to 7.0%.

10 *You suggested in the hearing that children and families in need in WA are visited by child/community health nurses as required. How does DOH identify children and families "in most need"?*

In WA, all parents of newborn babies are offered a universal postnatal contact usually as a home visit by the child health nurse, within 10 days of the birth of the baby.

Visiting the home allows the child health nurse to assess the home environment, understand the specific needs of the family and to tailor services to meet their needs. A family assessment is completed using the indicators of need as a guide; this involves an assessment of the risk and protective factors to identify areas of for example, drug and alcohol use, mental health issues, growth failure of the infant, family safety and/or family strengths including extended family support.

Once the universal assessment is completed, families may be identified as:

- needing the standard offer of services, that is appointments with the community health nurse at scheduled times;
- having some needs requiring some additional support; or
- having high needs requiring more intensive support and active engagement.

The child health nurse then develops a plan outlining frequency of visits and referral needs. For those families considered at risk, either additional contacts or a more intensive home visiting program can be offered.

The family assessment is completed at each of the universal health checks, or when a parent seeks assistance or advice as a family's circumstances may change and they may require additional support at any time over the three years.

11 *As at 30 December 2010, how many families were classified as "in most need" in:*
a. each metropolitan area health service in community health settings?

The DOH's current information system (HCARe) for child health does not have the capability to provide this information. This information is only recorded in the child health paper record which is kept at each site across the State.

In the metropolitan area work is currently underway to expand the existing Child Development Information System (CDIS) to include child health checks. Information from this system will allow some functionality for capturing numbers of families classified as 'most in need'. This is an interim measure until a community client management system for clients in metropolitan and country areas across WA Health is progressed.

b. each WACHS Regional Area?

As stated above the DOH's current information system is limited and does not have the capability to provide this information and is only recorded in the child health paper record.

12 As at 30 December 2010, how many visits were made to families classified as "in most need" in:
a. each metropolitan area health service in community health settings?

As above (Question 11)

b. each WACHS Regional Area?

As above (Question 11)

13 Can DOH provide the Committee a copy of documents referred to in the Minister's response:
- the new MOU for school health services between DOH and DOE?

A copy of the 'Memorandum of Understanding between the Department of Education and Department of Health for the provision of school health services for school students attending public schools during the period 1 July 2010 to 30 June 2013 (Attachment A).

- the functional assessment of public dental services in WA?

The draft 'Functional Assessment of Public Dental Services' document is not yet available for release.

- minutes of the roundtables held to explore new service delivery models?

The intent of the Child Development Services Roundtable held on 18 November 2010 and the Future Directions for Community Child Health Services Roundtable in WA on 1 December 2010 were to encourage exploration of future service models in an environment where all stakeholders could freely put their views. The meetings were not considered formal and no minutes were taken. Attendees were assured of this prior to the meetings.