



**Deputy Premier of Western Australia  
Minister for Health; Tourism**

Our Ref: 25-16599  
Your Ref: EH303

Dr Janet Woollard MLA  
Chairman  
Education and Health Standing Committee  
Parliament House  
PERTH WA 6000



Dear Dr Woollard

Thank you for your letter of 16 November 2010 requesting information on the Government's progress for each recommendation noted in the Government response to the *Healthy Child – Healthy State: Improving Western Australia's Child Health Screening Programs* and the *Invest Now or Pay Later: Securing the Future of Western Australia's Children* reports.

The following responses are provided to recommendations for which the Minister for Health has responsibility and which the Department of Health (DOH) has made undertakings to progress.

*Healthy Child – Healthy State: Improving Western's Australia's Child Health Screening Programs Report*

Recommendation 1)

That the Department of Health and the Department of Education and Training improve the usefulness of their websites, in particular the ease of use for parents seeking information on child health screening issues and programs.

The DOH has addressed this recommendation through ensuring the DOH's website includes links to information on a range of relevant child health topics and child development assessments/screening resources. The DOH's home page has a hyperlink titled *Child Health* which when clicked takes the user to the relevant area (<http://www.health.wa.gov.au/home>).

The DOH has been reviewing its website needs with the object of developing a single, user friendly, customer focused portal and has identified the Victorian DOH and the UK National Health Strategy approaches as suitable. Development work will continue in 2011.

The principal means by which parents are informed of child health screening services and processes is through the "All About Me" parent held personal health record (the Purple Book). This is provided to parents by midwives after the birth of a baby. The Purple Book informs parents where additional information can be found on the DOH website and other approved sites.

Recommendation 2)

That the Department of Health review and compare Western Australia's current child health programs to the outcomes gained from overseas initiatives such as *Sure Start*, *Bright Futures* and *Healthy Child Manitoba* with a view to adapting and adopting those programs that bring together government, family and community stakeholders in well-integrated health and education processes commencing at birth.

The DOH is in the process of releasing the 2010 Child Health Policy and Rationale Document. Both of these documents are consistent with the Draft National Framework for Universal Child and Family Health Services, which has been developed through the Child Health and Wellbeing Subcommittee of the Australian Health Ministers' Advisory Council (AHMAC). This work is being undertaken under contract by the University of Western Sydney.

Recommendation 3)

That the Government provide additional funds for the Department of Health to fully meet its planned introduction of child developmental screening tools at the key developmental ages of 3-4 months, 8 months, 18 months, 3 years and school entry.

The DOH, through child and adolescent community health services state-wide, implemented parent-completed child developmental screening tools (PEDS) into the universal child health contact schedule in 2009. These tools now form part of the core business of child health service delivery. A review of the implementation was undertaken in 2010, involving parents and child health nurses. In general, it was found that parents were happy to complete the assessment and felt that it added value to the child health nurse developmental assessment.

Recommendation 4)

That the Government provide additional funds to support the introduction of the foetal alcohol spectrum disorder (FASD) 4-Digit Diagnostic Code to Western Australia's child health screening program.

The Metropolitan Child and Adolescent Health Service, Child Development Service staff have been trained in the FASD 4-digit code and are supporting the development of staff in the WA Country Health Service. At present, the Child Development Paediatricians in the WA Country Health Service have been trained. This approach is consistent with the directions outlined in the DOH FASD Model of Care (MOC) released in 2010, particularly section 7 of the MOC regarding approaches to diagnosis of FASD ([http://www.healthnetworks.health.wa.gov.au/modelsofcare/fetal\\_alcohol\\_spectrum\\_disorder.cfm](http://www.healthnetworks.health.wa.gov.au/modelsofcare/fetal_alcohol_spectrum_disorder.cfm)).

Recommendation 5)

The Department of Health should prepare a business case that would fund a six-monthly hearing test for all Aboriginal children in Western Australia.

As noted in the original response to the recommendation, a review of the evidence on universal and targeted hearing screening and assessments for all children 0-8 years of age was completed. The Telethon Institute of Child Health was engaged to consider the merits of targeted hearing screening. These reviews concluded that the evidence did not support the effectiveness of routine hearing testing for Aboriginal children, except where there is a high prevalence of otitis media and or parental/health professional concern, significant medical issues early in life or new born hearing screening had not been done. In light of this review and as a universal newborn screening service has been implemented in public hospitals across the State, this recommendation is not supported.

Recommendation 6)

Additional community migrant health nurses and greater access to child development and language services should be provided in those Western Australian communities with high concentrations of refugees and Culturally and Linguistically Diverse (CALD) members.

Children who are suspected of having language difficulties in Year 1 should be able to access Department of Health speech and language services. Government services should also be available to address the needs of CALD children with language difficulties detected beyond Year 1.

The DOH provided Community Child and Adolescent Community Health and Child and Adolescent Mental Health Services are in partnership with the Office of Multicultural Interests and the non-Government Edmund Rice Centre to provide services to vulnerable refugee groups through Integrated Service Centres (ISC). The ISCs have been shown to be a viable service model and opportunities are being sought to continue their development and expansion to new sites.

In addition, Child and Adolescent Community Health are currently developing a policy to ensure all refugee children are screened for vision and hearing upon school enrolment. This is an additional service outside the normal screening program provided for all children at school entry, either kindergarten, pre-primary or Year 1.

Children from CALD backgrounds with identified needs are able to access Child Development Services and the capacity of these services are improving following the investment of an additional \$49.6 million over four years.

Recommendation 7)

That the Government increase the funding for the torture and trauma counselling services for children and young people provided by the Association for the Services of Torture and Trauma Survivors (ASeTTs).

This matter is the responsibility of the Mental Health Commission. I have referred your letter to the Minister for Mental Health for her consideration and direct reply.

Recommendation 8)

That the Government review the operation of the Memorandum of Understanding between the Department of Health and Department of Education and Training to address the shortcomings of Western Australia's child health screening programs identified by this Inquiry.

The DOH and the Department of Education (DOE) established a new MOU for the period of July 2010 to June 2013 for the Provision of School Health Services for Students Attending Public Schools. These services are provided by DOH Area Health Services, and are jointly funded by the DOH and DOE. The MOU provides a framework for negotiating school level agreements for the delivery of health services which allow greater flexibility to meet the needs of individual schools.

This MOU was developed in collaboration with DOH and DOE service providers and the Primary and Secondary School Principals Associations.

An evaluation of this MOU has been planned for 2011 as part of the ongoing review and development of the program.

A statewide evaluation of the school entry health assessment program in 2008 noted that 83.7 percent of students had received the assessment and of children who were known to be Aboriginal 69.8 percent received the assessment by the time they reached Year 1. Reasons for children not being screened include parents not wanting their child to be assessed, children not being at school when the assessment was conducted and not being able to be followed up and children moving between schools. Staff capacity issues also affect the ability for persistent follow-up.

The DOH school health services offers a school entry health assessment to all children starting school in WA but also provides services to students in public high schools. The MOU establishes the agreed service framework and to improve screening uptake at school entry would require agreement that the service model be changed and resources redirected into the early years. This issue is recognised by both Departments and alternative service provision strategies and realignment of resources is being considered.

Recommendation 9)

The evaluation of the School Entry Health Assessment Program undertaken by the Department of Health should focus on the effectiveness of identification, treatment and the evaluation of treatment programs, and compare these three components with similar programs undertaken in other jurisdictions.

The Government's response to this recommendation indicated conditional support. This is because screening programs are intended to identify health need and the pathways to services can be varied and the responsibility of parents. However, Child Development Services are part of the DOH provided child and adolescent health service system and are a key referral point from the school entry health assessment program.

In 2011 a project will evaluate outcomes for children referred to the metropolitan Child Development Service.

Recommendation 10)

As an urgent priority, the Government should increase the number of school nurses employed in the school health system and approve the proposed business case for additional school and child health nurses to be employed within the Department of Health's child development services.

This recommendation was originally given conditional support as within Government there are many competing priorities. However, the Government recognises the issue and has made significant investments. In 2008-09 the Government committed \$11.25 million over five years to improve access by Aboriginal families to community maternal and child health services as part of the Indigenous Early Childhood Development National Partnership.

Universal community child health and school health services remain in need of further investment and the Government will continue to consider these matters in the budget process.

Recommendation 11)

That the Department of Health ensure the new Child Development Information System (CDIS) provides a management tool to assist in monitoring the numbers, employment status of, and future demand for, the allied health professionals it employs.

The recommendation was not supported by the DOH as CDIS is a clinical case management information system and was not been designed to be a Human Resources Information System. However, reports on service activity are produced from CDIS on a monthly basis and are used by management and senior clinicians to plan services and resource allocations.

Recommendation 12)

In light of increasing birth rates and long standing shortages of school and child health nurses, the Department of Health (DOH) should urgently find and adopt other options that might be used to carry out child health screening programs. In particular DOH should investigate moving some screening programs (such as speech and language) from pre-primary and primary school years to an earlier age and have simpler tests undertaken by appropriately trained childcare staff.

The Government conditionally supported this recommendation. The DOH, in consultation with other government agencies, is exploring the possibility of up-skilling other less qualified staff to support the work of community child health and school health nurses without a reduction in service quality. For example Aboriginal Health Workers are being trained to implement parent completed child developmental screening tools to Aboriginal parents across Western Australia (WA). Also, greater use is being made of therapy assistants in child development services, freeing up clinical specialist.

In some country areas, school staff are assisting in identifying children at risk of not being 'school ready' and facilitating group interaction with the children and their families and health staff to improve school readiness.

Recommendation 13)

That the Auditor General undertake a comprehensive review of the Department of Health, Child Development Service and School Health Services and table a report to Parliament. This report should detail figures and timeframes for all children awaiting services for early assessment and early intervention for health related issues and make recommendations on the numbers of additional personnel across the health professions that are required to tackle the current backlog and cater for the increased population in Western Australia.

The Office of the Auditor General has conducted a Performance Audit - Universal Child Health Checks and the report was tabled in Parliament on 24 November 2010.

Recommendation 14)

That the Department of Health review experiences in other jurisdictions with a view to adopting strategies aimed at reducing waiting lists and times for children requiring services in respect of early assessment and early intervention for health-related issues.

The DOH undertakes research on an ongoing basis regarding child development services. This includes representation on national committees, discussions with colleagues in other States/Territories as well as literature reviews.

It has been found that service models vary across different jurisdictions and it is not always possible to simply apply strategies from other states. In addition, most other States and Territories do not have publically funded integrated multi-disciplinary child development services and they are looking to WA for service models following the reform of child development services.

As part of the ongoing reform process and in the spirit of the Government's Economic Audit Committee Report *Putting the Public First*, DOH is exploring alternative service delivery models such as contracting and public/private partnerships. Child Development Services are engaging with and seeking the views of other government and non government providers and consumers through various strategies including 'roundtable' discussions. This process will continue through 2011.

Recommendation 15)

Given the importance of improving data sharing within Western Australia's child health system, the Minister for Health should provide the Parliament with regular reports on the status of the roll-out of the Child Development Information System, advising of any major alteration to the completion date and need for additional funding.

This recommendation was not supported by the DOH as CDIS is a system that is only operational in the Metropolitan Child Development Service where it has been fully implemented.

CDIS has not been rolled across the WA Country Health Service (WACHS) for operational and system factors. Within WACHS the allied health professionals who provide child development services also provide services to a number of other target groups such as the aged. It is not feasible to have such a dedicated information system in such settings.

Recommendation 16)

The Department of Health should publish the Child Development Information System (CDIS) data on waiting lists in a way that assists:

- (a) parents making decisions about their child's health; and
- (b) the professional allied health staff providing child health services in Western Australia.

The DOH supported this recommendation and undertook to analyse the capacity of CDIS to provide timely and reliable data on waiting times.

In 2010 the CDIS has been implemented and progressively enhanced to full functionality and staff acceptance. The Government recognises the need to produce clear and accurate information for parents regarding service availability and waiting times. However, the production of reliable waiting times at a clinical specialty and service outlet level, presents technical challenges. In the first half of 2011 technical enhancements will be made to CDIS to enable the testing of a proposed system in one site to commence in the second half of 2011.

Recommendation 17)

That the Government ensure that WA's future health and privacy legislation allows for the sharing between government agencies of data gathered by the Child Development Information Systems (CDIS), when it has been fully implemented.

The Government acknowledges the importance of interagency information sharing of data to improve the delivery and coordination of child health services and will factor this into any future changes to health and privacy legislation.

Recommendation 18)

That the Department of Health ensure that the final version of the presentation of the clinical pathways is prepared in a way that makes them readily comprehensible to parents.

The DOH supported this recommendation and has addressed it through the production of a brochure for parents which contains information on child development services, referral options and other programs and assistance available. In addition, the Child Development Service has established Clinical Intake Coordinator positions to streamline referral pathways and provide follow up with parents/carers and referrers.

Recommendation 19)

That the Department of Health ensure that data on child health outcomes and resource shortfalls in Western Australia produced from the Australian Early Development Index is integrated with other data it collects, such as that held within the Child Development Information System.

The DOH conditionally supported this recommendation as the capacity of the identified data sources were not known. The Australian Early Development Index (AEDI) data is owned by Department of Education, Employment and Workplace Relations (DEEWR). The AEDI describes school health readiness for children as they enter their first year of full time schooling. The DOH uses the AEDI data to plan the allocation of Child Development and Community Nursing services and resources. The AEDI is also used to assist community stakeholders to understand the need for services for children. It is intended that the AEDI will be linked with the DOH's Child Development Information System and other data bases, however the AEDI data has not yet been released by DEEWR for linkage purposes. It is envisaged that this may occur in 2011.

Recommendation 20)

That the Government provide additional funds of approximately \$10 million for the Department of Health to implement a universal neonatal hearing screening program in Western Australia by 2013.

The DOH has implemented newborn hearing screening in all public maternity hospitals within existing resources and with assistance for the purchase of equipment from The Telethon Foundation. Implementation will be completed in 2010 and has included the development of a clinical pathway in need of further assessment or treatment, production of guidelines, training of midwives, nurses and specialist screeners, purchase of screening and diagnostic instruments and the creation of a state-wide coordination office located at Princess Margaret Hospital to monitor the delivery of the program, ensuring that a capture rate of 95 percent is achieved.

Recommendation 21)

That the Department of Health assess the ability of midwives, Child Health Nurses and maternity nurses to be trained to carry out the greater number of neonatal hearing screening tests that will be required under the new universal testing scheme being implemented in Western Australia.

Midwives and nurses in public maternity hospitals have been trained in the conduct of newborn hearing screening and the relevant administrative procedures to ensure the delivery of the screening program. Upon successful completion of screening training each practitioner is issued with a certificate of competency. The role of Community Child Health Nurses in the delivery of the program was considered but it was concluded that it was more effective to focus on midwives and hospital-based nurses as the principal providers.



Recommendation 22)

The Child Development Information System (CDIS) project should be urgently expanded so that data on the screening programs delivered to Indigenous children, especially hearing screening, can be gathered across the State.

DOH is currently considering an electronic community health information and client management system for child and school health services within Child and Adolescent Community Health and the WA Country Health Service. The system will be a comprehensive non-hospital patient management system and will include a range of primary health care modules including child and community health, child development services and immunisation. Such consideration will need to be balanced against all other information system priorities in the DOH.

Recommendation 23)

That the Department of Health review its decision to remove the vision screening test for three-year-olds, as such a test would give affected children a better chance of receiving remedial treatment prior to their commencing school.

The recommendation was not supported by the DOH. The decision to remove vision screening at the universal three year old contact was based on evidence from the *Final Report (May 2009)* of the *National Children's Vision Screening Project*, by the Murdoch Children's Research Institute for the Commonwealth Department of Health and Ageing, which recommends vision screening at four years of age. Expert and community consultation supported screening at four years of age as the best balance between reliability and accuracy as well as early diagnosis to aid successful treatment.

Child and adolescent community health services offer a visual acuity test using the Lea Symbol Chart to all children at school entry. While the Lea Symbol Chart is a highly sensitive and reliable test for children aged four years and over, its sensitivity and reliability is reduced when used on children aged three years.

Recommendation 24)

That the Department of Health and Department of Education and Training develop greater collaboration between service providers to review the possibility of multi-disciplinary teams, consisting of government and non-government organisations, to service the vision needs of children in rural and remote areas.

This recommendation was supported. The WACHS has ongoing development of partnerships as opportunities present or the need arises, including for example contracted audiology and paediatric services. Currently, children and their families living in rural and remote areas of WA have access to visiting ophthalmologists for specialist treatment.

There are proposed new initiatives, such as multidisciplinary chronic disease teams, being developed as part of WA's National Partnership for Closing the Gap in Indigenous Health Outcomes which will look to strengthen these services. Inclusive regional Aboriginal Health Planning Forums have been given a lead in implementing these strategies.

Recommendation 25)

That the Government give a high priority to provide additional staff and other resources to address the current inadequacies in Western Australia's speech and language services.

As part of the 2010 State Budget, the Government committed an additional \$49.6 million state-wide over four years to improve access to child development services (CDS). The Government made a number of specific commitments in relation to the metropolitan CDS in 2010-11 including recruitment of an additional 45 FTE and a 50 percent reduction in waiting times in the key clinical disciplines of speech pathology, occupational therapy and physiotherapy. As at the end of October 2010, a total of 40 additional FTE have been filled and recruitment for the remaining five positions is being finalised.

As part of this process, a total of 17 new speech pathology positions have been filled which is a 33 percent increase in speech pathology staff in the metropolitan area. There has been a 10 percent increase in clients in the CDS since January 2010 but waiting times have decreased by up to one third just six months after making the commitment in the 2010 budget.

The WA Country Health Service have employed four new FTE and a further 11.6 FTE are currently being recruited. At present, there are a number of vacancies in several rural areas and consideration is being given to alternative models of service delivery.

Recommendation 26)

That the Department of Health and Department of Education and Training develop a joint business case for government on the introduction of a standardised speech and language screening tool, such as *MELS* or *Catch Them Before They Fall*, to be used at pre-primary level throughout WA.

The DOH, School Health Services use standardised parent completed screening tools at school entry (Parents' Evaluation of Developmental Status questionnaire and the Ages and Stages Questionnaire) where the parent's or carer's knowledge of their child's speech and language development is used to identify concerns. Input from the teacher and/or nurse is also taken into account. The nurse then uses this combined information to make a formal assessment of the child, evaluating the need for further, more specialised assessment and intervention.

An investigation around a screening tool for children aged five years and older, that is, after school entry, is underway. The literature on the use of a specific standardised screening tool for speech and language is being considered and a suitable and valid evidence-based screening tool will be identified in consultation with key stakeholders. *MELS* and '*Catch Them Before They Fall*' will be considered in this process.

Recommendation 27)

That the Department of Health undertake a review of dental health services offered in rural and remote regions of Western Australia and report to the Ministers for Health and Indigenous Affairs on the dental health of children in regional and remote regions.

A functional assessment of public dental services in WA is being finalised. It is planned to submit this assessment for consideration by the DOH in 2011.

Recommendation 28)

The Department of Health should develop a business case for Government on a formal evaluation of programs to assist children entering school, such as *LEAF* and *A Smart Start*.

This recommendation was conditionally supported as the feasibility of such an evaluation needed to be considered. DOH has scoped the feasibility, cost and effectiveness of evaluating school readiness programs such as *LEAF* and *A Smart Start*. The results indicate that formal evaluations of these types of programs may not be feasible given the multiple factors impacting on the different domains of school readiness, the resource-intensive nature of evaluating such programs and the difficulty in generalising results to different communities. The DOH does not propose to conduct such an evaluation.

The DOH will consider the development of guiding principles for the successful implementation of school readiness programs. This approach has been used internationally in early years / school readiness initiatives. The evidence for such an approach will be reviewed to ensure it is applicable to the WA service system.

Recommendation 29)

That the Department of Health (DOH) and the Department of Education and Training (DET) ensure that resources from Federal health initiatives in the area of early child health be fully utilised and integrated into current services in Western Australia. DOH and DET should include information in their annual reports on what Federal funds were available, have been applied for, accessed, and how the funds were utilised.

This recommendation was supported and through the accountability arrangements under the National Partnership (NP) funding agreements the State Government reports on the expenditure of funds. The negotiation and establishment of the NPs has ensured that Federal funding is aligned with state funded initiatives. However, it is not possible for the DOH to report on the acquittal of Commonwealth funding in the way suggested.

Recommendation 30)

That the Department of Education and Training, the Department of Health and the Disability Services Commission formalise their work on improving the health of Western Australian children by establishing an across-government state-wide approach to a common child health and development strategy, including all screening programs.

This recommendation was conditionally supported.

The DOH, through its state-wide universal child health contact schedule, is the principal provider of child health surveillance and screening services. These services are provided in close collaboration with the Department of Education (DOE). For example, the provision of the school entry health assessments is enabled through a Memorandum of Understanding with the DOE. There is also close collaboration between the DOH and the Disability Services Commission (DSC) in the provision of services to children with higher needs. For example in country areas of WA the WACHS is the sole provider to children who in the Perth Metropolitan area would be clients of DSC.

All agencies seek to improve responses to children and families. For example, DSC and DOH are currently developing an approach to ensure a coordinated and streamlined process for Autism Spectrum Disorder assessments, which are currently undertaken by both the DSC and the metropolitan Child Development Service. Similarly DOH and DOE have recently negotiated a more efficient and streamlined process for referral to, and completion of assessments by the Child Development Service to enable children to access the DOE Language Development Centres.

Improved collaborative and integrated approaches to early childhood development and learning in WA is the subject of an across government initiative. A collaborative project has been initiated to explore new ways of working with an ultimate view to achieving demonstrable improvements in the wellbeing of Western Australian children in selected communities.

The project will bring together varied knowledge and experience from relevant public sector agencies, community sector organisations and research organisations with broad experience across key areas of policy, planning, delivery, engagement and evaluation.

Recommendation 31)

In her role promoting public awareness of matters relating to the wellbeing of children and young people, the Commissioner for Children and Young People should annually maintain a child health identification and treatment register which collects and reports data.

The DOH does not have responsibility for this recommendation but is aware that the Commissioner has initiated a project to develop a monitoring framework of wellbeing indicators for children and young people.

Recommendation 32)

That the Government continue to pursue the benefits of having one Minister with portfolio responsibility for early childhood education and development.

On 14 December 2010, the Premier announced a new Cabinet. This has not included a Ministerial portfolio with responsibility for early childhood education and development.

Recommendation 33)

The Government should ensure that any new Public Health Act address the identification, prevention, treatment and evaluation of contemporary and emerging health issues.

The Public Health Bill 2008 remains in the consultation stage.

Recommendation 34)

The number of school health nurses, community child health nurses and allied health professionals employed within Western Australia's child health services should be urgently increased as per the business cases developed by the Department of Health. The new staff required are 126 full-time-equivalent (FTE) in the Child Development Services, 105 FTE for Community Child Health Nurses and 135 FTE for school nurses.

This recommendation was conditionally supported as the DOH would require additional funding and this is subject to Budget processes. In the 2010 the Government invested an additional \$49.6 million over four years to strengthen community child development services. A commitment has been made to create an additional 45 positions in metropolitan Child Development Service in the first year of funding.

Universal community child health and school health services remain in need of further investment and the Government will continue to consider these matters in the budget process.

Recommendation 35)

That the Government conduct a review to assess what early childhood services can be transferred to, and resourced within, the Department of Education and Training.

The DOH does not support the transfer of child health services to DOE, rather it will continue to develop collaborative strategies that improve the health outcomes of children.

Recommendation 36)

That both the Department for Education and Training and the Department of Health report separately their allocations for school and early childhood health programs (including screening) in their annual budgets. This should show costs for screening, costs for treatment and waiting times *for* each program by age group.

The DOH conditionally supported this recommendation pending further detailed analysis. This analysis occurred and it was concluded that it was not possible to separate out child health programs and maintain the Outcome Structure and integrity of the budget papers as agreed with the Department of Treasury and Finance and the lack of adequate information systems did not allow for the reporting of necessary Key Performance Indicators (KPIs) that would be required and approved by the Auditor General.

Recommendation 37)

The Department of Education and Training should adopt evidence-based language and literacy teaching for use in Western Australian schools to mandate the increased use of phonemic awareness (phonetics) in the pre-primary and primary curricula.

The DOH does not have responsibility for this recommendation but is aware that DET are responding to this matter following correspondence from the Chairperson of the Education and Health Standing Committee to the Minister for Education.

*Invest Now or Pay Later Securing the Future of Western Australia's Children:*

Recommendation 1)

That the Government request the Auditor General to prepare a report that outlines the numerous costs to families when their children are unable to receive timely therapy services in the public health system. This should include the cost of accessing private services as well as the costs associated with the poor social, emotional, health, educational and employment outcomes experienced by other members of the family. The report should be completed and tabled in Parliament by the end of 2010.

The DOH does not have responsibility for this recommendation.

Recommendation 2)

That the Government increases its expenditure on public health and prevention from its current level of 2.6 percent of the total healthcare budget to at least 4 percent in the 2011-12 budget with a plan to increase the level to 6 percent by 2014 -15. This investment is imperative in order to create strong, healthy communities by increasing the number of children who are school-ready, reducing the burden of chronic diseases, reducing the rate of infant mortality, and limiting the future burden on Western Australia's hospitals.

As part of WA Health's investment in the Indigenous Early Childhood Development National Partnership Agreement, additional funding for child health nurse and Aboriginal Health Worker FTE was gained in the metropolitan and Wheatbelt areas. The aim is to increase access to maternal and child health services for Aboriginal children and their families, in particular those with identified needs.

Investment in prevention and early intervention is critical to ensure the health and wellbeing of children and the community. This was recognised by the Government through its recent investment of \$49.6 million state-wide over four years to improve access to child development services. As part of this process, the DOH has committed to employing an additional 45 FTE in the first year in the Metropolitan Child Development Service. The WA Country Health Service has been funded for an additional 15 FTE in the first year. In December 2010 these recruitment processes were well advanced.

Recommendation 3)

That the Department of Health report separately in its annual budget on the total allocation for community health services, including a detailed breakdown of program funds.

The DOH cannot accommodate this recommendation. As noted in the DOH response to Recommendation 36 of the *Healthy Child – Healthy State: Improving Western’s Australia’s Child Health Screening Programs* Report, this matter has been explored and it is not possible to separate out child health programs and maintain the Outcome Structure and integrity of the budget papers as agreed with the Department of Treasury and Finance. The lack of adequate information systems did not allow for the reporting of necessary KPIs that would be required and approved by the Auditor General.

This is particularly difficult at the program level as in WA Country Health Services community child health services are entwined with community health services to other target groups.

Recommendation 4)

That the Department of Health approve the business case for the development of a database for child health nurses and school health nurses and that the project is progressed as a matter of urgency.

The Information and Communication Technology Sub-Committee of the State Health Executive Forum are currently considering an electronic community health information and client management system for child and school health services within Child and Adolescent Community Health and WA Country Health Service. The system will be a comprehensive non-hospital patient management system and will include a range of primary health care modules including child and community health, child development services and immunisation. In addition, work has commenced to expand the Child Development Information System (CDIS) that supports client management in the Metropolitan Child Development Service to enable collection of data in relation to universal child health contacts.

Recommendation 5)

In light of increasing demand and an already under-resourced service, the Government’s 3 percent efficiency dividend should not continue to be applied to community child health services.

The DOH manages the budget provided to it and the Department will continue to assess its operations on a value for money basis. The Government has made additional investments to community child health services in addition to normal escalators as demonstrated by the significant recurrent investment made, as announced in the 2010/11 budget.

To ensure that current resources are being deployed and utilised cost effectively within the strategic intent of the WA Government, the DOH and the Area Health Service (AHS), a management reporting framework is in place, for both internal reporting to the Executive Director CACH and Chief Executive Officer CAHS as well as reporting to the Director General of Health. These reports focus on performance management to ensure that financial, FTE and activity deliverables continue to be met as agreed with the DOH.

Given the increasing demand for services in this sector and the significant pressures around workforce availability and the escalating costs of accessing infrastructure, there is already considerable financial pressure on the ability to provide services. However the AHS continually assesses the manner in which it deploys its resources with the aim of maximising its outputs with the resources at its disposal.

The Government has made additional investments in community child health services, as announced in the 2010/11 budget in recognition of the service requirements of this sector.

#### Recommendation 6)

The Department of Health provide an annual report on child development service waiting lists for each discipline including the waiting time between referral and assessment, and the waiting time between assessment and treatment by age group (such as 0-3 year-olds, 3-6 year-olds, 7-12 year-olds, 12-16 year-olds).

As a result of the Government's investment in child development services in the 2010 budget, waiting times in key clinical disciplines have decreased by up to one third. As of August 2010, the Metropolitan Child Development Service has provided monthly reports to me including information on the number of clients in the Service and waiting times for each of the core disciplines. I made a media statement on waiting times on 18 November 2010 which can be found at:

<http://www.mediastatements.wa.gov.au/Pages/WACabinetMinistersSearch.aspx?ItemId=134261&minister=Hames&admin=Barnett>.

#### Recommendation 7)

That a copy of the updated business cases for child health nurses, school health nurses and child development staff submitted by the Department of Health as part of the 2010-11 State Budget process, be tabled in Parliament when the budget is presented in May 2010.

The DOH child development services were successful in the 2010-11 budget process outcome. Implementation of the 2010 child development services budget allocation is currently underway.



Recommendation 8)

There should be no further attrition of community child health staff employed by the Department of Health, and the Government should provide funding in the 2010-11 State Budget for the additional 105 child health nurses, 135 school health nurses and 126 child development staff identified in 2008. The funding needs to be in addition to existing staffing levels and quarantined for community child health services.

In May 2010 the Government committed \$49.6 million over four years to improve access to child development services state-wide. The issue of increased resources to community child health and school health services will be considered as part of the 2011-12 budget process.

Recommendation 9)

That the Department of Health develop and implement a resource allocation model for community child health services within 12 months. The model should be based on established benchmarks for staff to client ratios and informed by population based planning that is weighted for a range of factors including age, Aboriginality, socio-economic status, culturally and linguistically diverse status, and Australian Early Development Index results.

A key element of the Department's Strategic Intent 2010-2015 is to *Make Best Use of Funds and Resources*. A key strategy in this is developing and rolling out a system of Activity Based Funding (ABF) and Management (ABM) for WA health services and hospitals, providing a clearer link between the dollars spent and the services provided to patients and the community.

ABF commenced on 1 July 2010 and is aligned to the Council of Australian Governments (COAG) Activity Based Funding (ABF) initiative under the National Partnership Agreement (NPA). The application of ABF in WA has been complemented by a performance management framework (PMF) for the 2010-11 financial year.

At this time the focus is upon the development of KPIs as part of the PMF for the acute sector. A more comprehensive suite of indicators tailored to outpatient and community based services along with other areas of health intervention, health policy objectives and state-wide health system efficiency, will need to be determined for 2011-12 and beyond.

Recommendation 10)

In the absence of a single early years' agency, the Departments of Health, Education, Communities and Child Protection, and the Disability Services Commission should provide an annual report to Parliament on children's health and wellbeing in Western Australia. The report, should provide an update on Western Australia's performance against established benchmarks and identified targets in relation to at least the following:

- The national headline indicators for children's health, development and wellbeing;
- Australian Early Development Index (AEDI) results;
- The Department of Health's resource allocation model for community child health services; and

- A range of key performance indicators including waiting list and waiting times, the number of health care plans completed for children in care, and the number of child health home visits completed within 10 days of birth.

Information should be presented for all Western Australian children as well as focusing more specifically on groups at risk of poorer outcomes including indigenous children, children living in rural and remote areas, and newly arrived refugees. The first report should be tabled by the end of 2010.

The Economic Audit Committee's final report – *Putting the Public First: Partnering with the Community and Business to Deliver Outcomes 2009* provides the basis for a new strategic direction for the planning, design and delivery of community services in WA.

An Early Years Collaborative Project is being developed through the Department of Premier and Cabinet. Relevant public sector agencies and community organisations are involved. The DOH has representation on this group. Refer to comments under Recommendation 30 above.

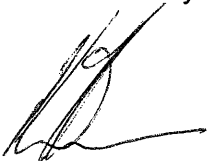
Recommendation 11)

That a process is established by the end of 2010 to monitor and report on a government's implementation of the recommendations arising from a parliamentary inquiry. This should include a requirement for governments to provide a subsequent annual update on the progress of implementing recommendations, along with an explanation for any delay or incomplete actions.

The DOH monitors the implementation of recommendations relevant to its areas of responsibility.

Thank you for your correspondence on these important issues.

Yours sincerely



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DEPUTY PREMIER  
MINISTER FOR HEALTH

10 JAN 2011