




**Deputy Premier of Western Australia
Minister for Health; Indigenous Affairs**

Our Ref: 25-11595

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

Dear Dr  Woollard

Thank you for your letter of 11 March 2010 regarding the review of Western Australia's current and future hospital and community health care services.

Please find attached documents in response to your letter.

These documents address only those issues in Report No 5 that are related to the Health components of the report.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Kim Hames', written over a horizontal line.

Dr Kim Hames MLA
DEPUTY PREMIER
MINISTER FOR HEALTH

21 JUN 2010

Att:

Attachment

Re: Responses to The Education and Health Standing Committee interim report: *Invest now or pay later: Securing the Future of Western Australia's Children* tabled in the Legislative Assembly on 11 March 2010.

The Department of Health (DOH) welcomes the report and provides the following responses to the 11 recommendations which are applicable to the Department.

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.

Response:

Noted

Recommendation 2:

That the Government increases its expenditure on public health and prevention from its current level of 2.6% of the total healthcare budget to at least 4% in the 2011–12 budget with a plan to increase the level to 6% 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.

Response:

Investments are being made into community child health services in Western Australia (WA). Under the Council of Australian Governments' Indigenous Early Childhood Development (IECD) National Partnership agreement the WA Government has committed \$11.25 Million dollars of new money to improve access to maternal and child health services by Aboriginal families. A number of Area Health Services across WA will increase Full Time Equivalent (FTE) staffing in child health nurses and Aboriginal health workers to deliver a comprehensive schedule of targeted child health checks to children and their families with identified needs.

In the 2010-11 Budget the WA Government has committed \$49.7 million over four years to strengthen child development services in Western Australia. In the first year, staffing in the metropolitan Child Development Service will increase by 32 per cent.

The Commonwealth Government is also a funder of public health services. The Healthy Kids health check is funded through Medicare and is available to all four-year-olds at the request of parents or carers at the time of their four-year-old immunisation with a General Practitioner (GP). The program will promote early detection of lifestyle risk factors, delayed development and illness, and introduce guidance for healthy lifestyles and early intervention strategies.

Recommendation 3:

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

Response:

This recommendation cannot be accommodated in the current budget construction. Community health services receive block funding for services.

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.

Response:

This is a high priority for Child and Adolescent Community Health, funding has been identified and planning is well advanced.

Recommendation 5:

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

Response:

The Government will be appropriately funding health and will continue to assess its operations on a value for money basis. Its commitment to Community Child Health Services is best demonstrated by the significant recurrent investment made, as announced in the 2010/11 budget.

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).

Response:

The Department of Health will provide to the Minister for Health a comprehensive annual report on the performance of child development services.

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.

Response:

This matter will be considered by the Minister for Health.

The WA Government has committed \$49.7 million over four years to strengthen child development services in Western Australia. In the first year, staffing in the metropolitan Child Development Service will increase by 32 per cent.

In addition, under the Council of Australian Governments' Indigenous Early Childhood Development (IECD) National Partnership agreement the WA Government has committed \$11.25 Million dollars of new money to improve access to maternal and child health services by Aboriginal families. A number of Area Health Services across WA will increase Full Time Equivalent (FTE) staffing in child health nurses and Aboriginal health workers to deliver a comprehensive schedule of targeted child health checks to children and their families with identified needs.

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 2010-2011 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.

Response:

There has been no loss of established FTE in response to recent budget management measures.

Investments are being made into community child health services in Western Australia (WA). Under the Council of Australian Governments' Indigenous Early Childhood Development (IECD) National Partnership agreement the WA Government has committed \$11.25 Million dollars of new money to improve access to maternal and child health services by Aboriginal families.

The WA Government has committed \$49.7 million over four years to strengthen child development services in Western Australia.

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 (CALD) status, and Australian Early Development Index (AEDI) results.

Response:

In 2010-11 the Department of Health will implement a transitional activity based funding model. Stage one will include hospital funded activity only, whilst Community Health services will continue to be block funded.

With respect to Community Health, there is a need to build systems to more accurately report on activity, performance, manage demand and provide the capacity to bench mark against other comparable services in Australia, drawing linkages to population growth models. A new system has been implemented with the Child Development Service to improve the capturing of activity and other statistical data whilst a further review is underway to look at building information technology capabilities for school and child health services.

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 lists 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.

Response:

The Government is presently considering models for Early Years service integration to improve resource integration and ultimately outcomes for children.

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.

Response:

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