Community Affairs Committee

Examination of Additional Estimates 2007-2008

Additional Information Received

CONSOLIDATED VOLUME 2

HEALTH AND AGEING PORTFOLIO

Outcomes 4 to 15

27 MAY 2008

ADDITIONAL INFORMATION RELATING TO THE EXAMINATION OF ADDITIONAL EXPENDITURE FOR 2007-2008

Included in this volume are answers to written and oral questions taken on notice and tabled papers relating to the additional estimates hearings on 20 and 22 February 2008

*** Please note that 24 June 2008 is the proposed date for answers to be tabled in the Senate where this date is indicated**

HEALTH AND AGEING PORTFOLIO

Senator	Quest. No.	Outcome 4: Aged Care and Population Ageing	Vol. 2 Page No.	Date tabled in the Senate or presented out of session*
Colbeck	12	Applications for and allocation of aged care places by State	1	15.05.08
Colbeck	13	Accommodation bonds		15.05.08
Colbeck	16-17	Personal care workers		15.05.08
Colbeck	18	Allied workers		15.05.08
Colbeck	25	Rural and regional aged care		15.05.08
Colbeck	27-28	Aged care funding instrument (ACFI)		15.05.08
Colbeck	30	Dementia		15.05.08
Colbeck	31	Sanctions		15.05.08
Colbeck	71	Sanctions on nursing homes		15.05.08
Colbeck	72	Certification fire and safety standards		15.05.08
Moore	73-74	Release of protected information under the *Aged Care Act 1997*		15.05.08
Colbeck	75	HACC funding announcement for South Australia		15.05.08
Colbeck	76	HACC bonus pool funds		15.05.08
Patterson	79	2007 Aged care approvals round		15.05.08
Colbeck	29	Aged care funding instrument (ACFI)		15.05.08
Brown, Carol	46	Aged care approvals round 2007 - Tasmania		15.05.08
Colbeck	14	Aged care nurses		15.05.08
Colbeck	26	Rural and regional aged care		15.05.08
Colbeck	15	Aged care nurses		15.05.08
Colbeck	23	Rural and regional aged care		15.05.08
Boyce	78	Separate accommodation in aged-care facilities		15.05.08
Colbeck	80	Aged care operational and allocated places		15.05.08
Colbeck	81	Aged care operational and allocated ratios		15.05.08
Colbeck	11	Conditional Adjustment Payment Program (CAP)		15.05.08
Patterson	77	Separate accommodation in aged-care facilities		15.05.08
Colbeck	24, 22	Rural and regional aged care		24.06.08

Outcome 5: Primary Care

Outcome 6: Rural Health

Moore	83	Rural health hotline	60	15.05.08

Outcome 7: Hearing Services

Outcome 8: Indigenous Health

Siewert	64	Aboriginal health worker (AHW) training for the Northern Territory emergency	61	15.05.08
Bernardi	82	Northern Territory intervention		15.05.08
Siewert	87	Opal fuel		15.05.08
Siewert	45	Northern Territory emergency response		15.05.08

Outcome 9: Private Health

Cormann	61	Private health insurance membership trends	65	15.05.08

Outcome 10: Health System Capacity and Quality

Stott Despoja	5-9	NeHTA	67	15.05.08
Humphries	38-39	Diabetic retinopathy guidelines		15.05.08
Moore	52	Cancer Australia link with NHMRC		15.05.08
Stott Despoja	10	NeHTA – privacy impact assessments		15.05.08

Outcome 11: Mental Health

	T6 tabled at hearing	Australian Government's component of the COAG National Action Plan on Mental Health (2006-2011) December 2007/January 2008 Progress Report	78	20.03.08
	T7 tabled at hearing	COAG mental health: funding and expenditure		20.03.08

Outcome 12: Health Workforce Capacity

Colbeck	86	Newly qualified dentists	88	15.05.08
Moore	62	Dental students		15.05.08
Adams	63	Council of Remote Area Nurses of Australia (CRANA)		15.05.08

Outcome 13: Acute Care

Colbeck	84	National Health and Hospitals Reform Commission	91	15.05.08
Colbeck	53	Elective surgery		15.05.08

Outcome 14: Biosecurity and Emergency Response

Australian Sports Commission Agency

	Letter 03.03.08	Letter from Mr Mark Peters, CEO, Australian Sports Commission dated 3 Mar 08 correcting statements made at the estimates hearing on 20 Feb 08	94	20.03.08

Outcome 15:

Bernardi	32	Australian Sports Commission	98	15.05.08
Bernardi	33	ADADA meetings with Minister Ellis		15.05.08
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Bernardi	42	Indigenous Sport Unit – Indigenous employees		15.05.08
Brandis	55	Australian Rugby Union (ARU)		15.05.08
Bernardi	58	ASADA drug testing		15.05.08
Bernardi	60	ASADA hotlines		15.05.08
Fierravanti-Wells	40, 44	Taekwondo		15.05.08
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Bernardi	57	Australian Rugby Union		15.05.08

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 February 2008

Question: E08-012

OUTCOME 4: Aged Care and Population Ageing

Topic: APPLICATIONS FOR AND ALLOCATION OF AGED CARE PLACES BY STATE

Written Question on Notice

Senator Colebeck asked:

a) What proportion of the places allocated in the 2007 Aged Care Approvals Round (ACAR) were taken up in each State?

b) What was the ratio of applications to places in each State?

c) Were any places originally targeted for one state allocated to another?

Answer:

a) The following table shows the number of residential places available (advertised) in each state/territory for the 2007 Aged Care Approvals Round, and the proportion allocated of the places made available (advertised) in each state/territory for the 2007 Aged Care Approvals Round.

State/Territory	Residential places available	Residential places allocated	Proportion (%)
New South Wales	2,043	2,091	100
Victoria	1,472	1,490	100
Queensland	1,582	1,622	100
Western Australia	1,006	644	64
South Australia	372	375	100
Tasmania	167	63	38
Australian Capital Territory	158	175	100
Northern Territory	41	65	100

b) The following table shows the number of applications received and the ratio of applications to advertised places.

State/Territory	Number of applications for residential places	Ratio of applications to places available (number of applications per 100 places advertised.)
New South Wales	126	6.0
Victoria	118	8.0
Queensland	92	5.8
Western Australia	31	3.1
South Australia	53	14.2
Tasmania	10	6.0
Australian Capital Territory	7	4.4
Northern Territory	3	7.3
TOTALS	**440**	

c) No. Places must be allocated in the state for which they were created. However, 150 nationally available places were allocated across six states/territories.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 & 22 February 2008

Question: E08-013

OUTCOME 4: Aged Care and Population Ageing

Topic: ACCOMMODATION BONDS

Written Question on Notice

Senator Colbeck asked:

(a) Following on from the collapse of Lifecare Services Australia, what further steps will the Government take to safeguard residents' bonds?

(b) Will the Government strengthen prudential requirements to protect residents' bonds?

Answer:

(a) The Lifecare Gold Coast aged care facility was operated by Lifestyle Care Providers Pty Ltd (Lifestyle), a company related to Lifecare Services Australia. The Australian Government has ensured that all former residents owed refunds of their lump sum entry fees paid to Lifestyle will receive a refund. The Australian Government will consider whether any changes are required to further protect accommodation bonds.

(b) The Australian Government will also consider whether changes to the prudential requirements are necessary.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 20 & 22 February 2008

Question: E08-016

OUTCOME 4: Aged Care and Population Ageing

Topic: PERSONAL CARE WORKERS

Written Question on Notice

Senator Colbeck asked:

(a) How many vocational places for personal care workers will be rolled out?

(b) When will the vocational places be rolled out?

Answer:

(a & b)

The Department of Education, Employment and Workplace Relations (DEEWR) has responsibility for the implementation of the 450,000 vocational education training places, 20,000 of which will be allocated between 1 April and 30 June 2008.

The Department of Health and Ageing is currently liaising with DEEWR regarding workforce needs for the aged care sector.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, Wednesday, 20 & 22 February 2008

Question: E08-017

OUTCOME 4: Aged Care and Population Ageing

Topic: PERSONAL CARE WORKERS

Written Question on Notice

Senator Colbeck asked:

(a) People who gain aged care nursing scholarships – are they remaining in the aged care sector on completion of their scholarship?

(b) How does the Department monitor and measure the retention of staff?

Answer:

(a) A tracking project is in place to follow scholarship recipients who graduated in 2006 and 2007. As at December 2007, the majority of respondents (70%) were working either in residential aged care or in aged care in public hospitals.

(b) The Department conducts a Census and Survey of the aged care workforce which provides valuable information on issues around recruitment and retention of aged care staff.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 & 22 February 2008

Question: E08-018

OUTCOME 4: Aged Care and Population Ageing

Topic: ALLIED WORKERS

Written Question on Notice

Senator Colbeck asked:

A focus on using personal care workers rather than registered, qualified Allied Health Practitioners means that necessary treatment is often not provided by qualified practitioners.

(a) Can the Government please outline what funds it will make available to assess the impact this is having on quality of life for residents and aged care standards?

(b) Will government provide an assurance that patients are not being put at risk as a result of decreasing levels of treatment by qualified professionals?

Answer:

(a & b) The *Aged Care Act 1997* (the Act) requires that where residents of aged care homes require specific care by qualified staff, that this is provided. Under the Accreditation Standards (the Standards), Outcome – 1.6 Human Resources Management requires that there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards. The Specified Care and Services (3.8 Nursing Services) require that registered nurses manage high care residents' overall care and that where nursing services are required, they must be carried out by a registered nurse or other appropriate health professional.

This is monitored in a number of ways, to ensure residents received appropriate care.

The Aged Care Standards and Accreditation Agency (the Agency) has responsibility for carrying out a detailed evaluation of each aged care home against the Accreditation Standards on a regular basis. Providers receive advance notice of accreditation site audits, however, review audits and support contact visits are often unannounced. All homes receive at least one unannounced visit each year from the Agency.

The Aged Care Complaints Investigation Scheme (the CIS) enables the Department to investigate concerns and act quickly to require a home, where necessary, to improve the care and services to residents to meet its obligations under the Act. The CIS takes all information provided to it seriously and may, where need be, refer information to other areas of the Department and/or to external agencies, including

the Agency. The CIS assists residents, their families and friends or any other parties to resolve concerns about the care and services provided in aged care homes.

An Aged Care Commissioner has also been established to provide an alternative avenue of appeal about decisions made by the Office of Aged Care Quality and Compliance in relation to complaints.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 & 22 February 2008

Question: E08-025

OUTCOME 4: Aged Care and Population Ageing

Topic: RURAL AND REGIONAL AGED CARE

Written Question on Notice

Senator Colbeck asked:

The extension of the viability supplement to community (of institutional) care has been welcomed by the sector.

a) How is this going?
b) How much money has been spent?
c) Is information available about how (spatially) it has been distributed?

Answers:

a) Payment has been made to community care programs with effect from 1 January 2007 for the rural and remote viability supplement.

There are five community care programs through which this supplement is payable:

- Community Aged Care Package (CACP);
- Extended Aged Care at Home (EACH);
- Extended Aged Care at Home Dementia (EACHD);
- Multi-Purpose Service Program (MPS); and
- National Aboriginal and Torres Strait Islander Flexible Aged Care Program (ATSI Flexible)

b) For the 12 month period from 1 January 2007 to 31 December 2007, the community care viability supplement has provided a total of $4,174,934.35 via the following programs:

CACP:	$3,269,888.83
EACH:	109,771.53
EACHD:	34,327.50
MPS:	376,176.46
ATSI Flexible:	384,770.03
TOTAL:	**$4,174,934.35**

c) The table at Attachment A details the community care viability supplement paid to Community Care providers in 2007 by State and Aged Care Planning Region.

Sum of Community Care Viability Supplement paid to services in each Aged Care Planning Region
(1 January 2007 to 31 December 2007)

Aged Care Planning Region	Community Aged Care Packages (CACP) $	Extended Aged Care at Home (EACH) $	Extended Aged Care at Home Dementia (EACHD) $	National ATSI Flexible Aged Care Program $	Multi-Purpose Service Program $	Regional Totals $
NSW						
Central Coast	0.00	0.00	1,103.76	0.00	0.00	1,103.76
Central West	20,523.68	0.00	0.00	0.00	5,580.13	26,103.81
Mid North Coast	80.91	0.00	0.00	0.00	0.00	80.91
New England	90,781.42	4,906.74	3,817.33	0.00	0.00	99,505.49
Orana Far West	183,477.90	3,632.24	961.85	18,313.85	34,655.98	241,041.82
Riverina/Murray	20,617.93	830.60	0.00	0.00	0.00	21,448.53
South East Sydney	0.00	0.00	0.00	0.00	9,790.11	9,790.11
South West Sydney	0.00	58.52	0.00	0.00	0.00	58.52
Southern Highlands	84,771.67	14,364.03	8,923.71	0.00	1,923.70	109,983.11
NSW Totals	**$400,253.51**	**$23,792.13**	**$14,806.65**	**$18,313.85**	**$51,949.92**	**$509,116.06**
NT						
Alice Springs	315,584.52	18,869.53	4,743.55	38,943.72	0.00	378,141.32
Barkly	120,947.71	0.00	0.00	0.00	0.00	120,947.71
Darwin	112,359.31	5,118.77	2,372.90	100,668.00	0.00	220,518.98
East Arnhem	212,564.25	0.00	0.00	2,706.24	0.00	215,270.49
Katherine	120,972.78	0.00	0.00	78,012.27	0.00	198,985.05
NT Totals	**$882,428.57**	**$23,988.30**	**$7,116.45**	**$220,330.23**	**$0.00**	**$1,133,863.55**
Qld						
Brisbane South	1,943.79	0.00	0.00	0.00	0.00	1,943.79
Central West	88,495.41	72.24	0.00	0.00	55,477.29	144,044.94
Darling Downs	51,901.92	163.28	0.00	0.00	9,618.50	61,683.70
Far North	227,357.65	21,686.95	3,825.28	0.00	33,323.58	286,193.46
Fitzroy	78,648.44	706.23	0.00	0.00	24,626.00	103,980.67
Mackay	129,617.60	16,716.38	654.36	0.00	29,140.38	176,128.72

North West	144,516.24	2,333.77	0.00	3,219.90	0.00	150,069.91
Northern	97,386.04	2,664.77	1,057.18	0.00	0.00	101,107.99
South West	193,517.74	219.28	0.00	0.00	0.00	193,737.02
Wide Bay	46,397.42	0.00	0.00	0.00	623.34	47,020.76
Qld Totals	**$1,059,782.25**	**$44,562.90**	**$5,536.82**	**$3,219.90**	**$152,809.09**	**$1,265,910.96**
SA						
Eyre Peninsula	117,247.00	0.00	0.00	66,632.88	6,942.84	190,822.72
Hills, Mallee & Southern	8,366.17	0.00	0.00	0.00	15,550.32	23,916.49
Metropolitan East	603.02	1,084.38	1,711.44	0.00	0.00	3,398.84
Metropolitan South	0.00	812.89	0.00	0.00	0.00	812.89
Mid North	25,297.13	1,464.59	2,650.64	0.00	0.00	29,412.36
Riverland	70,131.34	0.00		0.00	0.00	70,131.34
South East	54,197.43	4,332.02	204.80	0.00	0.00	58,734.25
Whyalla, Flinders & Far North	49,270.59	0.00	0.00	55,170.27	0.00	104,440.86
Yorke, Lower North & Barossa	28,399.70	0.00	859.85	0.00	0.00	29,259.55
SA Totals	**$353,512.38**	**$7,693.88**	**$5,426.73**	**$121,803.15**	**$22,493.16**	**$510,929.30**
Tas						
North Western	28,791.75	0.00	773.93	0.00	0.00	29,565.68
Northern	24,728.90	0.00	0.00	17,815.98	0.00	42,544.88
Southern	9,299.30	0.00	0.00	0.00	0.00	9,299.30
Tas Totals	**$62,819.95**	**$0.00**	**$773.93**	**$17,815.98**	**$0.00**	**$81,409.86**
Vic						
Barwon-South Western	628.03	0.00	0.00	0.00	0.00	628.03
Eastern Metro	6,012.11	0.00	0.00	0.00	0.00	6,012.11
Gippsland	18,681.51	1,051.45	0.00	0.00	0.00	19,732.96
Grampians	40,427.18	1,263.14	0.00	0.00	0.00	41,690.32
Loddon Mallee	35,852.51	961.85	666.92	0.00	2,885.55	40,366.83
Vic Totals	**$101,601.34**	**$3,276.44**	**$666.92**	**$0.00**	**$2,885.55**	**$108,430.25**
WA						
Goldfields	75,830.73	1,570.61	0.00	0.00	14,250.80	91,652.14
Great Southern	14,991.02	180.88	0.00	0.00	41,122.33	56,294.23

Kimberley	177,951.88	4,509.85	0.00	3,286.92	0.00	185,748.65
Mid-West	58,502.11	0.00	0.00	0.00	42,131.66	100,633.77
Pilbara	65,587.68	0.00	0.00	0.00	0.00	65,587.68
South West	16,627.41	196.54	0.00	0.00	7,318.82	24,142.77
Wheatbelt	0.00	0.00	0.00	0.00	41,215.13	41,215.13
WA Totals	**$409,490.83**	**$6,457.88**	**$0.00**	**$3,286.92**	**$146,038.74**	**$565,274.37**

Program Totals	**$3,269,888.83**	**$109,771.53**	**$34,327.50**	**$384,770.03**	**$376,176.46**	**$4,174,934.35**

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 & 22 February 2008

Question: E08-027

OUTCOME 4: Population Ageing and Aged Care

Topic: AGED CARE FUNDING INSTRUMENT (ACFI)

Written Question on Notice

Senator Colbeck asked:

a) Has the Government made any moves to make more flexible the Aged Care Funding Instrument Business Rules relating to the need for a Clinical Report within three months to justify an Aged Care Funding Instrument assessment score of C or D for Questions 6 Cognitive Skills, 10 Depression and 12 Complex Health Care?

b) And in particular is the Government prepared to make this timeframe more flexible for rural and regional areas of Australia?

Answer:

a) Aged care homes will have three months in which to seek a diagnosis or provisional diagnosis of depression from a medical practitioner for ACFI 10 Depression. Time limits to obtain diagnoses do not apply for any other ACFI questions.

It is important for the health and safety of residents who display moderate or severe symptoms of depression that they be seen by a medical practitioner as soon as practicable.

b) No. As for the response to a) above it is important for the health and safety of aged care residents living in rural or regional areas who display moderate or severe symptoms of depression that they be seen by a medical practitioner as soon as practicable.

The Better Access to Psychiatrists and General Practitioners through the Medicare Benefits Schedule (MBS) program is increasing community access to mental health professionals and team-based mental health care, with general practitioners encouraged to work more closely and collaboratively with psychiatrists, clinical psychologists, psychologists, social workers and occupational therapists. The program forms part of the Commonwealth component of the Council of Australian Governments' (COAG) National Action Plan on Mental Health 2006-2011.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 & 22 February 2008

Question: E08-028

OUTCOME 4: Population Ageing and Aged Care

Topic: AGED CARE FUNDING INSTRUMENT (ACFI)

Written Question on Notice

Senator Colbeck asked:

Has the Government made any moves to make the proposed High Care/Low Care classification split more liberal as only 12 of the 64 funding levels under Aged Care Funding Instrument constitute Low Care?

Answer:

The High Care and Low Care classifications for the ACFI have been designed to mirror existing proportions of high care and low care residents at entry into care as well as in the current residential aged care population.

The ACFI is designed to be a better measure of the care needs of residents, and incorporates two new supplements; one for complex health care and one for challenging behaviour, each of which has three funded levels. As a result there are more levels of funding for high care residents, and indeed higher total payments for those with the very highest care needs, but the overall proportion of residents classified as high care is expected to be similar at the outset to the proportion under the current classification scale.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 & 22 February 2008

Question: E08-030

OUTCOME 4: Aged Care and Population Ageing

Topic: DEMENTIA

Written Question on Notice

Senator Colbeck asked:

a) Will this funding be guaranteed until 2009 as per the program's time frame 2005-2009?
b) What is the Government's plan for improving primary care for those dealing with the diagnosis and management of dementia?
c) What steps are being taken to improve services for dementia sufferers?

Answer:

a) On 18 September 2007, Senator Jan McLucas and Nicola Roxon MP confirmed Labor's ongoing support for the *Dementia Initiative*. Funding under the program is provided for, over the current Forward Estimates period.

b) The Dementia Initiative has a Primary Care Project which aims to identify opportunities to increase capacity for the diagnosis, assessment and management of dementia in primary care and increase the participation of GPs and practice nurses in dementia diagnosis and management. The first phase of the project identified opportunities. Directions for the next phase are being developed.

c) The Dementia Initiative supports a range of projects that deliver services and support aimed at improving the quality of care provided to people living with Dementia and those who care for them.

Key areas of focus are:

- dementia research;
- prevention activities;
- early intervention programs;
- improved care initiatives;
- support for the primary care sector to diagnose and better manage dementia;
- Extended Aged Care at Home Dementia packages; and
- dementia specific training for aged and community care staff and residential care workers, carers and community workers such as police and ambulance officers.

More information is available on the Department's website at http://www.health.gov.au/

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 & 22 February 2008

Question: E08-031

OUTCOME 4: Aged Care and Population Ageing

Topic: SANCTIONS

Written Question on Notice

Senator Colbeck asked:

(a) What is the process if a facility has sanctions against it?

(b) Are there degrees of non compliance?

(c) Is there a ranking system?

(d) If so, with the more serious breaches, what is the process for monitoring them?

Answer:

(a) The Department may impose sanctions on an Approved Provider if:

- the Approved Provider has not complied or is not complying with one or more of its responsibilities under Part 4.1, 4.2 or 4.3 of the *Aged Care Act 1997* (the Act); and
- the Department is satisfied that it is appropriate to impose sanctions on the Approved Provider; and
- the Department complies with the requirements of Division 67 of the Act.

Unless there is an immediate and severe risk to the safety, health or well-being of care recipients to whom the Approved Provider is providing care, the Department must not impose sanctions without completing the steps set out in section 67-1 (1) of the Act. These steps are:

- giving the Approved Provider a notice of non-compliance (section 67-2);
- giving the Approved Provider:
  - a notice of intention to impose sanctions (section 67-3); or
  - a notice to remedy the non-compliance (section 67-4); or
  - a notice of intention to impose sanctions in respect of a specified part of the on-compliance (section 67-3) and a notice to remedy the remainder of the non-compliance (section 67-4);
- giving the Approved Provider a notice of the Department's decision on whether to impose sanctions (section 67-5).

If the Department is satisfied that, because of the Approved Provider's non-compliance there is an immediate and severe risk to the safety, health or well-being of care recipients, it may go directly to a decision to impose sanctions without following the steps outlines above.

(b) There are no degrees. Under the Act, requirements are met or not. In respect of the Accreditation Standards, Approved Providers must meet 44 outcomes, and the degree of non-compliance relates to the number not met.

(c) No.

(d) The most serious breaches are those which represent an immediate and severe risk to the health, safety or well-being of care recipients, and the consequent imposition of sanctions.

The Department and the Aged Care Standards and Accreditation Agency (the Agency) closely monitor the progress of Approved Providers who have sanctions.

In instances where sanctions have been imposed because of the Agency identifying serious risk, the Agency will maintain a schedule of daily visits ("support contacts") to the service until serious risk is mitigated, and will continue to monitor the service until compliance with standards is achieved.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 February 2008

Question: E08-071

OUTCOME 4: Aged Care and Population Ageing

Topic: SANCTIONS ON NURSING HOMES

Hansard Page: CA 99

Senator Colbeck asked:

Did any facilities receive sanctions in more than one review during 2007?

Answer:

Yes.

Sanctions were imposed on Ridge Park Health Care Centre in South Australia on 6 June 2007 and 12 October 2007 as a result of separate review audits conducted between 4-12 June 2007 and 8-12 October 2007 respectively.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 February 2008

Question: E08-072

OUTCOME 4: Aged Care and Population Ageing

Topic: CERTIFICATION FIRE AND SAFETY STANDARDS

Hansard Page: CA 102

Senator Colbeck asked:

Given that you have told me that all facilities have given you programs to complete the works, can you give me a date when you expect the last of them will have completed the works? I cannot see how they would have given you a program that did not have an end date, because that is not a program.

Answer:

All homes, except for two, have indicated they will have completed building works by the end of 2008.

The two services programmed for completion post 2008 will both close after June 2009 and be replaced by one new facility, for which completion is scheduled by end June 2009.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 22 February 2008

Question: E08-073

OUTCOME 4: Aged Care and Population Ageing

Topic: RELEASE OF PROTECTED INFORMATION UNDER THE *AGED CARE ACT 1997*

Hansard Page: CA 25

Senator Moore asked:

Can we have a copy for our records of that guideline or the provision that actually makes that statement about how delegates can make that decision. It would be a useful thing for our committee to have in terms of process. Then we will follow up.

Answer:

Information on the use and disclosure of protected information under the *Aged Care Act 1997* is attached.

Protected Information

Protected information is defined in section 86-1 of the *Aged Care Act 1997* (the Act) as information that was acquired under or for the purposes of the Act; and either:

- is personal information; or
- relates to the affairs of an approved provider; or
- relates to the affairs of an applicant for an approval as a provider of aged care or for a grant under the Act.

General prohibition on using or disclosing protected information

Division 86 of the Act sets out a regime that must be followed for dealing with protected information. In particular, section 86-2 sets out a general rule which prohibits a person from using or disclosing protected information acquired by that person in the course of performing duties or exercising powers or functions under the Act. However, subsection 86-2(2) and section 86-3 allow protected information to be used in certain ways and disclosed in certain circumstances.

Circumstances where the general prohibition does not apply

Under subsection 86-2(2), the general prohibition on the use or disclosure of protected information does not apply to:

a) conduct that is carried out in the performance of a function or duty under the Act or the exercise of a power under, or in relation to, the Act.
b) the disclosure of information only to the person to whom it relates.
c) conduct carried out by an approved provider.
d) conduct that is authorised by the person to whom the information relates.
e) conduct that is otherwise authorised under this or any other Act.

Under section 86-3, the Secretary can disclose protected information if the Secretary certifies, in writing, that it is necessary in the public interest to do so in a particular case - to such people and for such purposes as the Secretary determines.

The parties to whom protected information may be disclosed include:

a) a person who is expressly or impliedly authorised by the person to whom the information relates to obtain it;
b) the Chief Executive Officer of Medicare Australia for the purposes of the *Health and Other Services (Compensation) Act 1995* or the *Health and Other Services (Compensation) Care Charges Act 1995*;
c) the Chief Executive Officer of Centrelink for the purpose of administering the social security law (within the meaning of the *Social Security Act 1991*);
d) the Secretary of the Department dealing with matters relating to the social security law (within the meaning of the *Social Security Act 1991*), for the purpose of administering that law;
e) a State or Territory for the purposes of facilitating the transition from the application of this Act in respect of aged care services in the State or Territory to regulation by the State or Territory in respect of those aged care services

f) if the Secretary believes, on reasonable grounds, that disclosure is necessary to prevent or lessen a serious risk to the safety, health or well-being of a care recipient—to such people as the Secretary determines, for the purpose of preventing or lessening the risk;
g) if the Secretary believes, on reasonable grounds, that:
   (i) a person's conduct breaches the standards of professional conduct of a profession of which the person is a member; and
   (ii) the person should be reported to a body responsible for standards of conduct in the profession;
   that body, for the purposes of maintaining standards of professional conduct in the profession;
h) if a person has temporarily taken over the provision of care through a particular service to care recipients to the person for the purposes of enabling the person properly to provide that care;
i) if the Secretary believes, on reasonable grounds, that disclosure of the information is reasonably necessary for:
   (i) enforcement of the criminal law; or
   (ii) enforcement of a law imposing a pecuniary penalty; or
   (iii) protection of the public revenue;
   an agency whose functions include that enforcement or protection, for the purposes of that enforcement or protection;
j) to the Secretary of the Department administered by the Minister who administers the *Veterans' Entitlements Act 1986*, for purposes connected with the provision of treatment under:
   (i) Part V of the *Veterans' Entitlements Act 1986*; or
   (ii) Chapter 6 of the *Military Rehabilitation and Compensation Act 2004*; or
   (iii) the *Australian Participants in British Nuclear Tests (Treatment) Act 2006*; and
k) to a person of a kind specified in the Information Principles, for the purposes specified in the Information Principles in relation to people of that kind.

Subsection 16.5(1) of the Information Principles 1997 specifies the kinds of persons to whom the Secretary may disclose protected information and for what purposes the information can be disclosed.

The persons specified are:

a) the Secretary of the Department of Family and Community Services for working out whether any amount is payable to a person as rent assistance under the *Social Security Act 1991*.
b) the Repatriation Commission and the Secretary of the Department of Veterans Affairs for working out whether any amount is payable to a person as rent assistance under the *Veterans' Entitlements Act 1986*.
c) the Chief Executive Officer of the accreditation body [ie the Aged Care Standards and Accreditation Agency (the Agency)] to assist the body to perform its functions under the Accreditation Grant Principles 1999.
d) if the information relates to fire safety to the Chief Executive Officer (however described) of a relevant authority to assist the authority to perform its functions.

<u>Limits on use of protected information disclosed under section 86-3 or 86-4</u>

If a delegate of the Secretary discloses protected information to a person under section 86-3 or 86-4 of the Act for a specific purpose, the letter disclosing the information should include

a warning that it may be an offence for the person to whom the information is disclosed to make a record of, disclose or otherwise use the information for any other purpose.

The Secretary can make certain information available about an aged care service

Under section 86-9 of the Act, the Secretary can make public the following information about an aged care service:

- the name, address and telephone number of the Service;
- the number of places included in the Service;
- the location of the Service and its proximity to community services such as public transport, shops, libraries and community centres;
- the services provided by the Service;
- the fees and charges connected with the Service including accommodation bonds and accommodation charges;
- the facilities and activities available to care recipients receiving care through the Service;
- the name of the approved provider of the Service and the names of directors, or members of the committee of management, of the approved provider;
- the amounts of funding received by the Service under the Act;
- information about the variety and type of service provided by approved providers;
- any action taken, or intended to be taken, under the Act to protect the welfare of care recipients at a particular service and the reasons for that action;
- information about the Service's status under the Act (for example the Service's accreditation record or whether it is certified);
- information about the approved provider's performance in relation to responsibilities and standards under the Act; and
- any other information of a kind specified in the Information Principles (currently there is no information specified in these Principles, however, any future changes may affect this section).

The key difference between disclosure under section 86-3 and public release under section 86-9 is that the former is to a select person or people and only for specific purposes, whereas if information is disclosed to anyone under section 86-9 the person to whom the information is disclosed is not restricted to using the information for a specific purpose.

Other cases where use or disclosure of protected information is permitted

In addition to the above-mentioned situations where protected information can be used or disclosed without breaching the Act, there are also a few other uses permitted:

- disclosure of information by people who are assessing care recipients' eligibility to receive aged care services (ie the Aged Care Assessment Teams) (section 86-4);
- disclosure to a court (section 86-8); and
- disclosure of information about the outcome of a complaint relating to an aged care service available to the complainant (subsection 86-9(3)).

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 22 February 2008

Question: E08-074

OUTCOME 4: Aged Care and Population Ageing

Topic: RELEASE OF PROTECTED INFORMATION UNDER THE *AGED CARE ACT 1997*

Hansard Page: CA 26

Senator Moore asked:

And I take it Senator Patterson has received this information? … about the process and to follow up on her questions the other evening. [Information regarding the process for release of protected information under the Aged Care Act]

Answer:

Information on the use and disclosure of protected information under the *Aged Care Act 1997* is attached.

Protected Information

Protected information is defined in section 86-1 of the *Aged Care Act 1997* (the Act) as information that was acquired under or for the purposes of the Act; and either:

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g) the disclosure of information only to the person to whom it relates.
h) conduct carried out by an approved provider.
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Under section 86-3, the Secretary can disclose protected information if the Secretary certifies, in writing, that it is necessary in the public interest to do so in a particular case - to such people and for such purposes as the Secretary determines.

The parties to whom protected information may be disclosed include:

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k) the Secretary of the Department dealing with matters relating to the social security law (within the meaning of the *Social Security Act 1991*), for the purpose of administering that law;
l) a State or Territory for the purposes of facilitating the transition from the application of this Act in respect of aged care services in the State or Territory to regulation by the State or Territory in respect of those aged care services

m) if the Secretary believes, on reasonable grounds, that disclosure is necessary to prevent or lessen a serious risk to the safety, health or well-being of a care recipient—to such people as the Secretary determines, for the purpose of preventing or lessening the risk;
n) if the Secretary believes, on reasonable grounds, that:
   (i) a person's conduct breaches the standards of professional conduct of a profession of which the person is a member; and
   (ii) the person should be reported to a body responsible for standards of conduct in the profession;
   that body, for the purposes of maintaining standards of professional conduct in the profession;
j) if a person has temporarily taken over the provision of care through a particular service to care recipients to the person for the purposes of enabling the person properly to provide that care;
k) if the Secretary believes, on reasonable grounds, that disclosure of the information is reasonably necessary for:
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The persons specified are:

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f) the Repatriation Commission and the Secretary of the Department of Veterans Affairs for working out whether any amount is payable to a person as rent assistance under the *Veterans' Entitlements Act 1986*.
g) the Chief Executive Officer of the accreditation body [ie the Aged Care Standards and Accreditation Agency (the Agency)] to assist the body to perform its functions under the Accreditation Grant Principles 1999.
h) if the information relates to fire safety to the Chief Executive Officer (however described) of a relevant authority to assist the authority to perform its functions.

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- the services provided by the Service;
- the fees and charges connected with the Service including accommodation bonds and accommodation charges;
- the facilities and activities available to care recipients receiving care through the Service;
- the name of the approved provider of the Service and the names of directors, or members of the committee of management, of the approved provider;
- the amounts of funding received by the Service under the Act;
- information about the variety and type of service provided by approved providers;
- any action taken, or intended to be taken, under the Act to protect the welfare of care recipients at a particular service and the reasons for that action;
- information about the Service's status under the Act (for example the Service's accreditation record or whether it is certified);
- information about the approved provider's performance in relation to responsibilities and standards under the Act; and
- any other information of a kind specified in the Information Principles (currently there is no information specified in these Principles, however, any future changes may affect this section).

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- disclosure to a court (section 86-8); and
- disclosure of information about the outcome of a complaint relating to an aged care service available to the complainant (subsection 86-9(3)).

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 February 2008

Question: E08-075

OUTCOME 4: Aged Care and Population Ageing

Topic: HACC funding announcement for South Australia

Hansard Page: CA 97

Senator Colbeck asked:

Has the announcement for the South Australian HACC funding package been made?

Answer:

Yes. The South Australian Minister for Ageing and Minister for Disability, The Hon Jay Weatherill MP, announced the South Australian 2007-08 HACC Funding Package on 5 November 2007.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 February 2008

Question: E08-076

OUTCOME 4: Aged Care and Population Ageing

Topic: HACC BONUS POOL FUNDS

Hansard Page: CA 98

Senator Colbeck asked:

What requirements and milestones must be met by states and territories in order for them to receive their allocation of the HACC Bonus Pool funds?

Answer:

The Australian Government is providing $30 million of unmatched funding under the Home and Community Care (HACC) Bonus Pool to assist in the adoption of consistent community care service delivery approaches (common arrangements) in the HACC Program. Common arrangements for service delivery in community care include the development of: a framework for HACC services that aligns with other community care programs; consistent eligibility requirements; a streamlined assessment process; common access points; improved planning and identification of priorities, a consistent fees policy; and a streamlined approach to quality reporting processes.

The bonus pool funding, made up of five equal payments (each of 20%), will be available to States and Territories that work cooperatively towards timely introduction of the common arrangements in the triennium 2008-09 to 2010-11.

States and Territories have agreed to the requirements for accessing bonus pool payments, as set out in Schedule 1 of the HACC Review Agreement, which came into effect on 1 July 2007.

To access the first bonus pool payment, jurisdictions need to submit an Implementation Plan to the Australian Government by 31 March 2008. Further bonus pool payments will be available to jurisdictions across the triennium when the Australian Government accepts that specified milestones have been met as set out below.

First Update

The first update to the Implementation Plan, due mid-2008, will include the first progress report, an implementation plan for common arrangements covering Quality Reporting and Fees, and details of the progress of implementation of the first stage of the Access Point and Assessment Demonstration projects.

Second Update

The second update to the Implementation Plan, due mid-2009, will include the second progress report, implementation plans for the remainder of the common arrangements including a plan for the roll out of Access Points, and needs to demonstrate satisfactory progress with implementation of common arrangements as previously agreed.

Third Progress Report

The third progress report, due mid-2010, will include details on progress against implementation milestones taking into account revisions agreed in the first and second updates.

Final Report

The final report, due mid-2011, needs to confirm that implementation has occurred on elements of the common arrangements.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 & 22 February 2008

Question: E08-079

OUTCOME 4: Aged Care and Population Ageing

Topic: 2007 AGED CARE APPROVALS ROUND

Hansard Page: CA 103

Senator Patterson asked:

d) What proportion of the places allocated in the 2007 Aged Care Approvals Round (ACAR) were taken up in each State?

e) What was the ratio of applications to places in each State?

f) Were any places originally targeted for one state allocated to another?

Answer:

a) The following table shows the number of residential places available (advertised) in each state/territory for the 2007 Aged Care Approvals Round, and the proportion allocated of the places made available in each state/territory for the 2007 Aged Care Approvals Round.

State/Territory	Residential places advertised	Number of advertised places allocated	Proportion %	Additional places allocated from national pool (1)	Total places allocated
New South Wales	2,043	2,043	100	48	2,091
Victoria	1,472	1,472	100	18	1,490
Queensland	1,582	1,582	100	40	1,622
Western Australia	1,006	644	64	-	644
South Australia	372	372	100	3	375
Tasmania	167	63	38	-	38
Australian Capital Territory	158	158	100	17	175
Northern Territory	41	41	100	24	65

(1) In addition to places advertised for allocation in a particular state or territory, 150 places were advertised for application nation-wide.

b) The following table shows the number of applications received and the ratio of applications to advertised places.

State/Territory	Number of applications per State for residential places	Ratio of applications to places available (number of applications per 100 places advertised)
New South Wales	126	6.0
Victoria	118	8.0
Queensland	92	5.8
Western Australia	31	3.1
South Australia	53	14.2
Tasmania	10	6.0
Australian Capital Territory	7	4.4
Northern Territory	3	7.3
TOTALS	**440**	

c) No. Places must be allocated in the state for which they were created. However, 150 national places were allocated across six states/territories.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 & 22 February 2008

Question: E08-029

OUTCOME 4: Population Ageing and Aged Care

Topic: AGED CARE FUNDING INSTRUMENT (ACFI)

Written Question on Notice

Senator Colbeck asked:

What plans does the Government have for monitoring the impact of the Aged Care Funding Instrument not least on smaller and rural aged care services?
What will it do if services become unviable?

Answer:

The Department of Health and Ageing will be closely monitoring the impact of the ACFI on all aged care services.

KPMG has been selected in a tender process to provide independent business advice, at no charge, to assist aged care homes manage the change to the new funding arrangements. This assistance will be prioritised to those homes most needing support.

The Government has committed to reviewing the ACFI 18 months after its commencement. The ACFI Reference Group, which includes representatives from aged care associations, aged care providers and consumer groups, will continue to provide advice and information to the Department on the implementation of the ACFI until the review is finalised.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 20 & 22 February 2008

Question: E08-046

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE APPROVALS ROUND 2007 - TASMANIA

Written Question on Notice

Senator Brown asked:

a) What was the total number of places applied for in Tasmania?
b) How many of these were high care? Where in the state were they located by region?
c) How many of these were low care? Where in the state were they located by region?
d) How many of these were general rural and remote? Where were they located by region?
e) What was the total number of places actually allocated?
f) How many of these were high care? Where in the state were they located by region?
g) How many of these were low care? Where in the state were they located by region?
h) How many of these were general rural and remote? Where were they located by region?
i) What was the total number of places actually taken up?
j) By region
k) How many of these were low care by region?
l) How many of these were high care by region?
m) How many of these were general rural and remote by region?
n) It appears that there were a number of applications that were deemed unsuccessful. Could the Department provide an explanation as to why these application were deemed unsuccessful?
o) Has the Department analysis the outcome of the ACAR round in Tasmania and developed a response?
p) If so will they consult the sector?

Answer:

a), b), c), e), f), g), i), j), k), l)
The table at Attachment A details the number of places advertised, sought and allocated by aged care planning region in Tasmania in the 2007 Aged Care Approvals Round.
(A map of the regions is at Attachment B).

Attachment A

Number of Places Advertised, Sought and Allocated By Aged Care Planning Region in Tasmania in the 2007 Aged Care Approvals Round

Aged Care Planning Region	ADVERTISED		SOUGHT			ALLOCATED		
	Residential	Community Care*	Residential		Community Care*	Residential		Community Care*
			High Care	Low Care		High Care	Low Care	
Places available to all regions	30							
North Western	20	24	-	2	156	-	2	27
Northern	50	23	51	49	213	29	31	23
Southern	67	43	33	-	504	1	-	50
Total	**167**	**90**	**84**	**51**	**873**	**30**	**33**	**100**

* Community Care places include Community Aged Care Packages, Extended Aged Care at Home (EACH) packages, and EACH (Dementia) packages

d), h), & m)

All three aged care planning regions in Tasmania contain areas considered to be rural and/or remote.

n) Applications are submitted by providers on a confidential basis. In addition, the *Aged Care Act 1997* does not permit public disclosure of information relating to the affairs of a provider (S86-1). In general, applications are unsuccessful if the provider does not sufficiently address the legislated criteria, does not demonstrate the financial sustainability of the proposal or does so to a lesser extent than other providers with whom they are competing for places in particular areas.

o) The outcomes of the 2007 Aged Care Approvals Round showed that too few providers are applying to set up or expand residential aged care services in some undersupplied areas of Australia, including Tasmania. The Australian Government has committed to address this by providing up to $300 million in zero real interest loans to residential aged care providers to build or expand residential aged care and respite facilities in areas of high need (the Zero Real Interest Loans measure).

The Government recently announced the targeting for this measure. A copy of the Minister for Ageing's press release is provided at Attachment C for your information. It outlines the areas to be targeted. All of Tasmania is included in the targeted areas.

p) The Department has consulted with the industry peak organisations about options to implement the Zero Real Interest Loans measure.

Attachment B

Aged Care Planning Regions in Tasmania [see next page]


North Western
Northern
Southern

THE HON JUSTINE ELLIOT MP
Minister for Ageing
MEDIA RELEASE

22 March 2008 JE 08/21

$300 million zero real interest loans – attracting proven providers to Australia's areas of high need for aged care beds

The Federal Government today announced it will deliver on its election commitment to provide $300 million in zero real interest loans for aged care providers to build or expand aged care beds in areas of "high need".

The plan is expected to create 2,500 permanent residential aged care places in areas of "high need" such as regional and "undersupplied" areas.

This is about finding new ways to get proven providers – through low cost finance – to establish aged care services in areas where they were previously unlikely to invest.

It is also about preparing Australia for the challenges of the 21st century and our nation's long-term needs.

Australia is facing a demographic shift. Australians now have one of the world's longest life expectancy rates, outliving Swedes, Norwegians and Finns. Australia will change forever.

An Australian born today can expect to live to reach 80.9 years of age; it is 78.5 years for a man and 83.3 for a woman.

Currently, there are 1.9 million Australians aged 70 and over, comprising 9.3 per cent of the population. Within 40 years the number of people aged over 65 will almost triple, from 2.8 million today to around 7.2 million in 2047, or from around 13 per cent of the population today to over 25 per cent.

For the last 12 years, the previous Government neglected aged care and the needs of older Australians.

Federal Cabinet recently approved the delivery plan of the zero real interest loans.

The three-part delivery plan comprises:

• Stage One: An initial $150 million zero real interest loans for up to 1,250 residential aged care places provided by the Commonwealth;

• A review and evaluation within 18 months* – to determine the implementation arrangements for the remaining 1,250 places; and

• Stage Two: providing the second set of 1,250 places - $150 million zero real interest loans.

(*The 18 month review will take into account the effectiveness of the plan and the definition of areas of high need.)

In September 2007, Federal Labor made the pledge in its **New Directions for Older Australians: Zero Real Interest Loans for New Residential Aged Care Beds in Area of High Need** document.

The pledge was in response to the 12 years of neglect of aged care in Australia by the previous government and Australia's rapidly ageing population due to advances in health and medicine contributing to the longevity of those born between the world wars.

To ensure accountability and transparency, the Department of Health and Ageing will independently assess the applications and oversee the application process for the zero real interest loans.

Guidelines, definitions of "high need" and criteria for the zero real interest loans are recommended by the Department of Health and Ageing.

Applications for Stage One will begin next month and will be processed by the department's Ageing and Aged Care Division.

Department of Health and Ageing's eligibility criteria for the provider include:

• A good past record as an existing provider;

• A sound record of developing new services in a timely manner;

• Sound financial viability;

• A willingness to provide aged care services in the identified areas of high need and address any additional identified care needs; and
• The ability to access a suitable site.

State and territory government entities will be permitted to apply for the loans as in some small regional centres and rural and remote areas they are the only operators.

The loans are over 12 years and will target parts of Queensland, the Northern Territory, NSW, Victoria, Western Australia and South Australia. All of the Northern Territory (with special attention to Aboriginal needs) and Tasmania are targeted.

The department's areas of need are as follows:

• In general, areas selected are non-metropolitan regions with operational residential aged care ratios below the current national target ratio of 88 residential places per 1000 people aged 70 years and over and where there are not a large number of recently allocated places already under development;
• While in general metropolitan areas have been excluded, included are those metropolitan areas in Perth which failed to attract a sufficient number of quality applications in recent Aged Care Approvals Rounds (ACAR) to allocate all available places, and which have large indicative release in future years;
• All of Tasmania has been included because of the inability to allocate all available places in the previous ACAR;
• Some non-metropolitan regions with higher ratios have been included because of the high proportion of indigenous people who require care at an earlier age; and
• In some larger non-metropolitan regions, specific geographic locations within those regions have been targeted where there are particular areas of undersupply.

The department will not advertise set numbers of places in particular areas. Providers will be able to apply for both high and low care residential places and for community care places as part of an overall application to set up services in targeted locations.

Applications will open in early April and forms will be available from the Department of Health and Ageing and on the website.

Aged Care in Australia – the facts

The Department of Health and Ageing oversees more than 2870 accredited nursing homes with 167,070 aged care beds across Australia.

Details: Office of Justine Elliot – (02) 6277-7280 or Kylie Rose – 0447 492 206

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 & 22 February 2008

Question: E08-014

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE NURSES

Written Question on Notice

Senator Colbeck asked:

The Government has announced a plan to encourage 1,000 qualified nurses who have been out of the health workforce for more than 12 months to work in the aged care sector.

(a) How will the Government allocate the 400 nurses target for 2008 across the 3,000 approved services?

(b) How will the bonuses be treated when nurses move interstate, work part time in aged care and full time in a hospital, or move from aged care to a hospital?

(c) How will the Government guarantee nurses stay on longer than the 18 months to ensure the level of staff required for nursing homes?

(d) Will the government pay for re-registration training for qualified nurses whose registration has lapsed?

Answer:

(a) In 2008, the program will allocate places on a first come basis. Take up rates will be monitored against a notional State and Territory allocation.

(b) Nurses employed in residential aged care under this initiative may work for multiple eligible employers within residential aged care during the 18 month incentive period. To be eligible for the full $6,000, the returning nurse must be employed on a full-time basis. Nurses employed on a part-time basis will receive the pro rata equivalent.

(c) The objective of the measure is to encourage and support nurses to return to the aged care workforce.

(d) No. To be eligible for the program nurses must be registered or eligible to be registered with the appropriate State/Territory Nursing Board.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 & 22 February 2008

Question: E08-026

OUTCOME 4: Aged Care and Population Ageing

Topic: RURAL AND REGIONAL AGED CARE

Written Question on Notice

Senator Colbeck asked:

Does the Government accept that there is a chronic shortage of healthcare workers and care assistants in rural and remote aged care and what does it intend to do about it?

Answer:

Analysis of the 2007 National Aged Care Workforce Census and Survey is to be completed in August 2008 and will provide a useful picture of vacancies in residential and community aged care services across Australia, including in rural and remote areas.

The recently announced Bringing Nurses Back into the Workforce Program will provide places for 7,750 extra nurses and midwives in public and private hospitals and an extra 1,000 nurses in aged care. It will also deliver an additional 500 new undergraduate university places in 2008 and an extra 1,000 commencing students every year to 2011 to increase the future nursing/midwifery workforce.

Training for personal care workers is being delivered under the Better Skills for Better Care Program, the Support For Aged Care Training Program and the Community Aged Care Workforce Program.

Proposed reforms in Vocational Education and Training administered by the Department of Employment Education and Workplace Relations are designed to address skills shortages, including in the aged care sector, by ensuring that the future training system is responsive to the needs of Australian industry and the economy.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 & 22 February 2008

Question: E08-015

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE NURSES

Written Question on Notice

Senator Colbeck asked:

What plans does the government have to retain existing nurses in the aged care sector given there is currently a pay differential of over $200 a week for nurses working in the hospital system compared to the aged care system?

Answer:

There are disparities in base pay levels between hospital nurses and aged care nurses in some states and territories, although it is less than $200 in most. This is according to the figures published by the Australian Nursing Federation in *Nurses Paycheck*.

To assist with the recruitment and retention of nurses, the Australian Government recently announced a new program with funding of $6.9 million over five years from 2007-08 to increase the number of qualified nurses in aged care services by providing a cash bonus of $6,000 each for up to 1,000 nurses who return to work in the aged care sector after at least a 12 month absence. An additional $1,000 will be provided to aged care providers for each eligible nurse they employ to assist with the cost of re-training and re-skilling the nurse.

The Australian Government has also announced an additional 450,000 vocational education and training (VET) places as part of the *Skilling Australia for the Future* program being implemented by the Department of Education, Employment and Workplace Relations. In March 2008, the Council of Australian Governments agreed to deliver, over three years from 2008-09, up to 50,000 of the additional VET places for areas of national skills shortage in health occupations.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 & 22 February 2008

Question: E08-023

OUTCOME 4: Aged Care and Population Ageing

Topic: RURAL AND REGIONAL AGED CARE

Written Question on Notice

Senator Colbeck asked:

What is the situation facing aged care and aged care facilities in the booming mining regions of rural Australia where labour shortages are severe and the price of goods and services inflated?

Answer:

The Australian Government provides additional funding in the form of the viability supplement to assist aged care services in rural and remote areas with the extra cost of delivering services in those areas. Funding is available for residential and community care providers as well as services funded under the National Aboriginal and Torres Strait Islander Aged Care Strategy and Multi-purpose Services. In 2006-07, the Australian Government provided nearly $25 million for the viability supplement.

On 22 March, Minister Elliot announced that the Australian Government will deliver on its commitment to provide funding to support up to $300 million in zero real interest rate loans to residential aged care providers to build or expand aged care facilities, providing up to 2,500 residential aged care beds in areas of identified high need. This commitment will make aged care services available for older people sooner in areas of high need.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 February 2008

Question: E08-078

OUTCOME 4: Aged Care and Population Ageing

Topic: SEPARATE ACCOMMODATION IN AGED-CARE FACILITIES

Hansard Page: CA 102

Senator Boyce asked:

I would like as much information as possible about the number of residents in each one and the purpose of their being there et cetera. Where people are being congregated in a section, presumably, of a current nursing home?

Answer:

This question was raised in the context of the COAG program aimed at identifying people with disabilities at the younger end who are in aged-care homes and offering them alternative places of accommodation not in aged care.

As at January 2008 there are still about 900 people under 55 living in residential aged care facilities. The Department has been able to identify ten residential aged care facilities that cater for people with a specific disability or where they have grouped people with a similar disability or age group together. This does not mean that these facilities only cater for people with disabilities. For privacy reasons, it is not possible to disclose details of the numbers of residents and the nature of their disability.

STATE	**NAME OF FACILITY**	**DISABILITY TYPE**
NSW	Carrington Centennial Nursing Home	Acquired brain injury
NSW	Lottie Stewart Nursing Home	Huntington's Disease
WA	Brightwater – Onslow Gardens Care Facility	Head injuries
SA	Minda Nursing Home	Intellectual disability
SA	Disability SA - Highgate	Acquired brain injury
SA	Disability SA - Northgate	Intellectual disability
VIC	Mary Guthrie House Nursing Home	Acquired brain injury
VIC	Gardenview House	Acquired acute brain injury
VIC	Cyril Jewell House	Multiple Sclerosis
VIC	Good Shepherd Aged Serivces – Maryville Hostel	Intellectual diability

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 20 February 2008

Question: E08-080

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE OPERATIONAL & ALLOCATED PLACES

Hansard Page: CA 98

Senator Colbeck asked:

g) Could you give us a list of all the facilities that receive Commonwealth funding, please, and that have high-care, low-care and aged-care packages, including the provider's facility address and some contact information.
h) Also the number of high- and low-care beds allocated in each state and electorate.
i) We probably ought to have the operational beds plus the allocated ones, because I am aware that there is a time frame to get them up and running, after which they potentially can be forfeited.

Answer:

a) A list of the facilities and services that deliver Commonwealth funded aged care places is available from the following web address:

http://www.health.gov.au/internet/wcms/publishing.nsf/Content/ageing-rescare-servlist-download.htm

It provides the number of residential high and low care places, and community care packages, by facility and service. It also provides contact address information for each facility and service.

b) The number of high- and low care beds is shown in Attachment A below by state and aged care planning region. Aged care places are not planned or managed at the electorate level.

c) Attachment B shows the number of operational and allocated residential aged care places by state and aged care planning region.

Notes:

(1) The table includes Extended Aged Care at Home (EACH) and EACH Dementia, Multi-Purpose Services (MPS), permanently allocated Innovative Care (IC) places and places under the National Aboriginal and Torres Strait Islander Aged Care Strategy (ATSI).
(2) MPS, IC and ATSI flexible care places are notionally allocated as residential high care, residential low care and community care places.
(3) Community care includes Community Aged Care Packages (CACP), EACH and EACH Dementia places.
(4) Transition care places are not allocated to planning regions.

Attachment A

Total Number of Allocated Places							
As at 30 June 2007							
		Residential			*Community*	*Transition*	
State/Territory	*Planning Region*	*high*	*low*	*total*	*Care*	*Care*	*TOTAL*
NSW	Central Coast	1,663	2,014	3,677	957		4,634
	Central West	793	957	1,750	378		2,128
	Far North Coast	1,526	1,933	3,459	762		4,221
	Hunter	2,832	3,234	6,066	1,297		7,363
	Illawarra	1,815	2,483	4,298	1,031		5,329
	Inner West	3,297	1,685	4,982	824		5,806
	Mid North Coast	1,735	2,368	4,103	929		5,032
	Nepean	1,252	904	2,156	455		2,611
	New England	843	1,002	1,845	418		2,263
	Northern Sydney	4,639	4,280	8,919	1,635		10,554
	Orana Far West	594	898	1,492	401		1,893
	Riverina/Murray	1,248	1,498	2,746	579		3,325
	South East Sydney	3,898	3,755	7,653	1,746		9,399
	South West Sydney	2,890	3,137	6,027	1,325		7,352
	Southern Highlands	937	1,331	2,268	456		2,724
	Western Sydney	2,886	2,263	5,149	1,050		6,199
	State Totals	**32,848**	**33,742**	**66,590**	**14,243**	**703**	**81,536**
VIC	Barwon-South Western	1,824	2,233	4,057	909		4,966
	Eastern Metro	4,379	5,465	9,844	2,131		11,975
	Gippsland	1,213	1,533	2,746	648		3,394
	Grampians	1,027	1,263	2,290	537		2,827
	Hume	1,259	1,537	2,796	620		3,416
	Loddon-Mallee	1,414	1,851	3,265	742		4,007
	Northern Metro	3,497	3,589	7,086	1,628		8,714
	Southern Metro	5,936	6,179	12,115	2,508		14,623
	Western Metro	2,488	2,924	5,412	1,135		6,547
	State Totals	**23,037**	**26,574**	**49,611**	**10,858**	**502**	**60,971**
QLD	Brisbane North	2,191	2,075	4,266	780		5,046
	Brisbane South	2,789	2,822	5,611	1,168		6,779
	Cabool	1,189	1,428	2,617	571		3,188
	Central West	68	54	122	64		186
	Darling Downs	1,096	1,217	2,313	440		2,753
	Far North	666	850	1,516	432		1,948
	Fitzroy	666	796	1,462	339		1,801
	Logan River Valley	652	959	1,611	317		1,928
	Mackay	364	437	801	201		1,002
	North West	49	80	129	101		230
	Northern	807	783	1,590	334		1,924
	South Coast	1,971	2,416	4,387	909		5,296
	South West	74	155	229	97		326
	Sunshine Coast	1,553	2,124	3,677	811		4,488
	West Moreton	523	738	1,261	263		1,524
	Wide Bay	1,151	1,340	2,491	572		3,063
	State Totals	**15,809**	**18,274**	**34,083**	**7,399**	**351**	**41,833**
SA	Eyre Peninsula	129	182	311	88		399

Total Number of Allocated Places							
As at 30 June 2007							
		Residential			*Community*	*Transition*	
State/Territory	*Planning Region*	*high*	*low*	*total*	*Care*	*Care*	*TOTAL*
SA	Hills, Mallee & Southern	568	685	1,253	335		1,588
	Metropolitan East	2,254	1,882	4,136	591		4,727
	Metropolitan North	1,555	1,224	2,779	522		3,301
	Metropolitan South	1,799	1,879	3,678	849		4,527
	Metropolitan West	1,215	1,289	2,504	616		3,120
	Mid North	69	234	303	87		390
	Riverland	146	238	384	118		502
	South East	189	358	547	138		685
	Whyalla, Flinders & Far North	166	205	371	163		534
	Yorke, Lower North & Barossa	403	583	986	246		1,232
	State Totals	**8,493**	**8,759**	**17,252**	**3,753**	**176**	**21,181**
WA	Goldfields	143	127	270	81		351
	Great Southern	293	385	678	190		868
	Kimberley	68	92	160	67		227
	Metropolitan East	1,246	1,456	2,702	508		3,210
	Metropolitan North	1,853	2,384	4,237	971		5,208
	Metropolitan South East	1,622	1,496	3,118	576		3,694
	Metropolitan South West	1,634	1,836	3,470	781		4,251
	Mid West	178	278	456	149		605
	Pilbara	27	53	80	50		130
	South West	495	725	1,220	282		1,502
	Wheatbelt	161	200	361	145		506
	State Totals	**7,720**	**9,032**	**16,752**	**3,800**	**160**	**20,712**
TAS	North Western	514	553	1,067	258		1,325
	Northern	784	625	1,409	348		1,757
	Southern	1,209	1,245	2,454	547		3,001
	State Totals	**2,507**	**2,423**	**4,930**	**1,153**	**57**	**6,140**
NT	Alice Springs	110	56	166	201		367
	Barkly	17	2	19	42		61
	Darwin	179	144	323	332		655
	East Arnhem	9	6	15	72		87
	Katherine	28	41	69	84		153
	State Totals	**343**	**249**	**592**	**731**	**16**	**1,339**
ACT	**Australian Capital Territory**	**1,002**	**1,393**	**2,395**	**606**	**35**	**3,036**

Attachment B

Total Number Of Operational Places							
As at 30 June 2007							
				Residential	*Community*	*Transition*	
State/Territory	*Planning Region*	*high*	*low*	*total*	*Care*	*Care*	*TOTAL*
NSW	Central Coast	1,578	1,693	3,271	957		4,228
	Central West	785	933	1,718	370		2,088
	Far North Coast	1,365	1,665	3,030	762		3,792
	Hunter	2,612	2,818	5,430	1,297		6,727
	Illawarra	1,443	1,633	3,076	1,031		4,107
	Inner West	3,151	1,473	4,624	824		5,448
	Mid North Coast	1,401	1,833	3,234	929		4,163
	Nepean	1,228	734	1,962	440		2,402
	New England	746	872	1,618	418		2,036
	Northern Sydney	4,482	3,943	8,425	1,635		10,060
	Orana Far West	572	850	1,422	400		1,822
	Riverina/Murray	1,041	1,332	2,373	579		2,952
	South East Sydney	3,552	2,882	6,434	1,746		8,180
	South West Sydney	2,722	2,325	5,047	1,325		6,372
	Southern Highlands	710	1,104	1,814	456		2,270
	Western Sydney	2,813	1,782	4,595	1,050		5,645
	State Totals	**30,201**	**27,872**	**58,073**	**14,219**	**571**	**72,863**
VIC	Barwon-South Western	1,653	2,099	3,752	889		4,641
	Eastern Metro	3,795	4,913	8,708	2,131		10,839
	Gippsland	1,027	1,367	2,394	618		3,012
	Grampians	939	1,121	2,060	512		2,572
	Hume	1,145	1,447	2,592	620		3,212
	Loddon-Mallee	1,338	1,705	3,043	742		3,785
	Northern Metro	3,001	3,044	6,045	1,628		7,673
	Southern Metro	5,142	5,473	10,615	2,508		13,123
	Western Metro	2,109	2,429	4,538	1,120		5,658
	State Totals	**20,149**	**23,598**	**43,747**	**10,768**	**424**	**54,939**
QLD	Brisbane North	2,045	1,986	4,031	780		4,811
	Brisbane South	2,469	2,615	5,084	1,153		6,237
	Cabool	1,019	1,221	2,240	571		2,811
	Central West	68	54	122	64		186
	Darling Downs	1,011	1,128	2,139	437		2,576
	Far North	613	808	1,421	423		1,844
	Fitzroy	643	779	1,422	339		1,761
	Logan River Valley	505	694	1,199	317		1,516
	Mackay	364	421	785	201		986
	North West	49	80	129	101		230
	Northern	785	775	1,560	334		1,894
	South Coast	1,604	2,034	3,638	907		4,545
	South West	74	151	225	97		322
	Sunshine Coast	1,368	1,741	3,109	806		3,915
	West Moreton	491	675	1,166	263		1,429

Total Number Of Operational Places							
As at 30 June 2007							
				Residential	*Community*	*Transition*	
State/Territory	*Planning Region*	*high*	*low*	*total*	*Care*	*Care*	*TOTAL*
	Wide Bay	912	1,106	2,018	572		2,590
QLD	**State Totals**	**14,020**	**16,268**	**30,288**	**7,365**	**257**	**37,910**
SA	Eyre Peninsula	129	182	311	88		399
	Hills, Mallee & Southern	538	594	1,132	335		1,467
	Metropolitan East	2,234	1,876	4,110	591		4,701
	Metropolitan North	1,406	1,046	2,452	522		2,974
	Metropolitan South	1,671	1,663	3,334	849		4,183
	Metropolitan West	1,215	1,259	2,474	616		3,090
	Mid North	69	220	289	87		376
	Riverland	146	238	384	118		502
	South East	189	358	547	138		685
	Whyalla, Flinders & Far North	146	187	333	158		491
	Yorke, Lower North & Barossa	403	583	986	246		1,232
	State Totals	**8,146**	**8,206**	**16,352**	**3,748**	**147**	**20,247**
WA	Goldfields	143	127	270	81		351
	Great Southern	293	372	665	190		855
	Kimberley	48	82	130	67		197
	Metropolitan East	1,098	1,301	2,399	488		2,887
	Metropolitan North	1,496	1,982	3,478	951		4,429
	Metropolitan South East	1,499	1,375	2,874	576		3,450
	Metropolitan South West	1,269	1,613	2,882	781		3,663
	Mid West	173	192	365	149		514
	Pilbara	27	38	65	50		115
	South West	431	604	1,035	282		1,317
	Wheatbelt	161	180	341	128		469
	State Totals	**6,638**	**7,866**	**14,504**	**3,743**	**100**	**18,347**
TAS	North Western	489	461	950	243		1,193
	Northern	731	573	1,304	348		1,652
	Southern	1,083	1,104	2,187	545		2,732
	State Totals	**2,303**	**2,138**	**4,441**	**1,136**	**52**	**5,629**
NT	Alice Springs	110	56	166	201		367
	Barkly	17	2	19	42		61
	Darwin	159	129	288	332		620
	East Arnhem	5	6	11	72		83
	Katherine	28	41	69	84		153
	State Totals	**319**	**234**	**553**	**731**	**8**	**1,292**
ACT	**Australian Capital Territory**	**668**	**968**	**1,636**	**606**	**35**	**2,277**

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 20 February 2008

Question: E08-081

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE OPERATIONAL & ALLOCATED RATIO'S

Hansard Page: CA 98

Senator Colbeck asked:

Have you got a document that describes the areas of bed shortage?

Answer:

The Australian Government's needs based planning arrangements aim to provide 113 operational aged care places for every 1000 people aged at least 70 by December 2011, equitably distributed across Australia. Within this overall level of provision they also aim to provide an appropriate balance of care types, including 44 high care residential places, 44 low care residential places, 21 low care community packages and 4 high care community packages.

The following Table illustrates the current operational ratios in each planning region and each state and territory.

Notes**:**

(5) The table includes Extended Aged Care at Home (EACH) and EACH Dementia, Multi-Purpose Services (MPS), permanently allocated Innovative Care (IC) places and places under the National Aboriginal and Torres Strait Islander Aged Care Strategy (ATSI).
(6) MPS, IC and ATSI flexible care places are notionally allocated as residential high care, residential low care and community care places.
(7) Community care includes Community Aged Care Packages (CACP), EACH and EACH Dementia places.
(8) Transition care places are not allocated to planning regions.
(9) The state/territory ratios are derived from the Australian Bureau of Statistics (ABS) 2006 Population Census projections for June 2007.

(10) The Planning Region Ratios in this table are derived from the ABS 2001 Population Census projections for June 2007. Population Census projections for June 2007 based on the 2006 Population Census are not yet available from the ABS at the aged care planning region level. Population projections based on Census 2001 data are now thought by the Australian Bureau of Statistics to overestimate the population of people aged 70 or over by about 29,000. This has the effect of reducing the reported operational ratios.

(11) As the ACT is a Territory as well as also an aged care planning region, the Department has been able to use ABS data from the 2006 Census for the ACT planning region.

Number of Operational aged care places for every 1000 people aged at least 70 as at 30 June 2007							
		Residential			*Community*	*Transition*	
State/Territory	***Planning Region***	***high***	***low***	***Total***	***Care***	***Care***	***TOTAL***
NSW	Central Coast	37.0	39.7	76.7	22.4		99.1
	Central West	42.3	50.3	92.6	19.9		112.5
	Far North Coast	36.4	44.4	80.9	20.3		101.2
	Hunter	40.6	43.8	84.4	20.1		104.5
	Illawarra	32.5	36.7	69.2	23.2		92.4
	Inner West	75.1	35.1	110.3	19.6		129.9
	Mid North Coast	32.9	43.1	76.0	21.8		97.9
	Nepean	57.3	34.2	91.5	20.5		112.0
	New England	38.8	45.4	84.2	21.7		105.9
	Northern Sydney	53.2	46.8	100.0	19.4		119.4
	Orana Far West	36.2	53.9	90.1	25.3		115.4
	Riverina/Murray	36.0	46.1	82.1	20.0		102.1
	South East Sydney	42.0	34.1	76.2	20.7		96.8
	South West Sydney	42.9	36.6	79.5	20.9		100.4
	Southern Highlands	30.5	47.4	77.9	19.6		97.5
	Western Sydney	51.4	32.6	84.0	19.2		103.2
	State Totals	**45.0**	**41.5**	**86.4**	**21.2**	**0.8**	**108.5**
VIC	Barwon-South Western	39.4	50.0	89.4	21.2		110.5
	Eastern Metro	37.3	48.3	85.7	21.0		106.7
	Gippsland	35.2	46.8	82.0	21.2		103.1
	Grampians	39.4	47.0	86.4	21.5		107.9
	Hume	40.8	51.6	92.5	22.1		114.6
	Loddon-Mallee	38.7	49.3	88.1	21.5		109.6
	Northern Metro	41.5	42.1	83.5	22.5		106.0
	Southern Metro	42.0	44.7	86.7	20.5		107.1
	Western Metro	39.3	45.3	84.6	20.9		105.5
	State Totals	**40.3**	**47.2**	**87.4**	**21.5**	**0.8**	**109.8**
QLD	Brisbane North	48.8	47.4	96.2	18.6		114.9
	Brisbane South	43.1	45.7	88.8	20.1		108.9
	Cabool	37.1	44.4	81.5	20.8		102.2
	Central West	69.1	54.9	124.0	65.0		189.0
	Darling Downs	43.6	48.7	92.3	18.9		111.1
	Far North	35.1	46.3	81.4	24.2		105.6
	Fitzroy	41.5	50.2	91.7	21.9		113.6
	Logan River Valley	31.3	43.0	74.4	19.7		94.0
	Mackay	38.6	44.7	83.3	21.3		104.7

Number of Operational aged care places for every 1000 people aged at least 70 as at 30 June 2007							
		Residential			*Community*	*Transition*	
State/Territory	***Planning Region***	***high***	***low***	***Total***	***Care***	***Care***	***TOTAL***
	North West	30.5	49.8	80.2	62.8		143.0
	Northern	48.3	47.7	96.0	20.6		116.6
	South Coast	34.2	43.4	77.6	19.4		97.0
	South West	35.9	73.3	109.2	47.1		156.3
QLD	Sunshine Coast	34.6	44.1	78.7	20.4		99.1
	West Moreton	36.5	50.2	86.7	19.5		106.2
	Wide Bay	34.6	41.9	76.5	21.7		98.2
	State Totals	**39.7**	**46.0**	**85.7**	**20.8**	**0.7**	**107.3**
SA	Eyre Peninsula	35.8	50.5	86.3	24.4		110.8
	Hills, Mallee & Southern	40.2	44.3	84.5	25.0		109.5
	Metropolitan East	62.7	52.7	115.4	16.6		132.0
	Metropolitan North	53.3	39.6	92.9	19.8		112.7
	Metropolitan South	42.1	41.9	84.0	21.4		105.5
	Metropolitan West	41.6	43.1	84.6	21.1		105.7
	Mid North	19.1	61.0	80.1	24.1		104.2
	Riverland	31.1	50.7	81.9	25.2		107.0
	South East	29.3	55.5	84.8	21.4		106.2
	Whyalla, Flinders & Far North	36.2	46.3	82.5	39.1		121.7
	Yorke, Lower North & Barossa	38.5	55.7	94.2	23.5		117.7
	State Totals	**46.5**	**46.9**	**93.4**	**21.4**	**0.8**	**115.7**
WA	Goldfields	53.5	47.5	101.0	30.3		131.3
	Great Southern	39.1	49.6	88.7	25.3		114.0
	Kimberley	39.8	68.0	107.9	55.6		163.5
	Metropolitan East	41.5	49.2	90.7	18.5		109.2
	Metropolitan North	33.3	44.2	77.5	21.2		98.7
	Metropolitan South East	52.3	47.9	100.2	20.1		120.3
	Metropolitan South West	32.0	40.6	72.6	19.7		92.3
	Mid West	34.7	38.5	73.3	29.9		103.2
	Pilbara	37.6	52.9	90.4	69.5		159.9
	South West	34.4	48.3	82.7	22.5		105.3
	Wheatbelt	31.0	34.7	65.7	24.6		90.3
	State Totals	**38.4**	**45.4**	**83.8**	**21.6**	**0.6**	**106.0**
TAS	North Western	40.9	38.6	79.4	20.3		99.8
	Northern	48.9	38.4	87.3	23.3		110.6
	Southern	43.5	44.3	87.9	21.9		109.7

Number of Operational aged care places for every 1000 people aged at least 70 as at 30 June 2007							
		Residential			*Community*	*Transition*	
State/Territory	***Planning Region***	***high***	***low***	***Total***	***Care***	***Care***	***TOTAL***
	State Totals	**44.8**	**41.6**	**86.4**	**22.1**	**1.0**	**109.6**
NT	Alice Springs	111.1	56.6	167.7	203.0		370.7
	Barkly	140.5	16.5	157.0	347.1		504.1
	Darwin	43.8	35.5	79.4	91.5		170.8
	East Arnhem	31.3	37.5	68.8	450.0		518.8
	Katherine	66.8	97.9	164.7	200.5		365.2
	State Totals	**56.0**	**41.1**	**97.0**	**128.3**	**1.4**	**226.7**
ACT	**Australian Capital Territory**	**29.6**	**42.9**	**72.5**	**26.8**	**1.6**	**99.3**
AUSTRALIA	**TOTAL**	**42.2**	**44.6**	**86.8**	**21.7**	**0.8**	**109.3**

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 & 22 February 2008

Question: E08-011

OUTCOME 4: Aged Care and Population Ageing

Topic: CONDITIONAL ADJUSTMENT PAYMENT PROGRAM (CAP)

Written Question on Notice

Senator Colbeck asked:

In 2004 the then Government introduced the Conditional Adjustment Payment (CAP) on the basis of a 1.75% additional subsidy per year compounding over four years with the initiative to be reviewed prior to the funding lapsing at the end of the four year period.

(a) Will the current Government continue with the 1.75% subsidy per annum beyond 30th June 2008?

(b) Is the Government introducing a similar payment for community care programs which are subject to the same labour costs?

Answer:

(a and b)

Any change to the future funding of the Conditional Adjustment Payment (CAP) is a matter for consideration by the Government in the context of the Budget.

The Federal Government is committed to the long-term viability of Australia's aged care sector and the protection of the nation's frail and elderly.

Changes to the funding of aged care in Australia on 20 March 2008, which includes the Aged Care Funding Instrument (ACFI), will see additional funding of more than $1.13 billion over four years to the sector. The increases in payments, once phased in, will deliver more than $350 million a year in additional revenue, mostly for high care.

In addition, the Federal Government announced on 22 March 2008 the provision of $300 million in zero real interest loans to help the aged care sector create beds in areas designated as high need.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 February 2008

Question: E08-077

OUTCOME 4: Aged Care and Population Ageing

Topic: SEPARATE ACCOMMODATION IN AGED-CARE FACILITIES

Hansard Page: CA 100

Senator Patterson asked:

I want to ask some questions about young people in nursing homes…There is one in Brighton for people with Huntington's chorea. Does that come under this department or under FaHCSIA? I think it comes under this department, doesn't it?

Answer:

The Department of Health and Ageing is not aware of any residential aged care facility in Brighton that has a special unit or wing for people with Huntington's chorea.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 & 22 February 2008

Question: E08-E08-024

OUTCOME 4: Aged Care and Population Ageing

Topic: RURAL AND REGIONAL AGED CARE

Written Question on Notice

Senator Colbeck asked:

What is the situation facing elderly people in areas that have been drought affected for many years and have consequently lost services and vitality. Has any special consideration being given to the quality of life for elderly people in areas long drought-affected?

Answer:

This question would be more appropriately responded to by the Portfolio of Families, Housing, Community Services & Indigenous Affairs.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 & 22 February 2008

Question: E08-022

OUTCOME 4: Aged Care and Population Ageing

Topic: ALLOCATION OF BEDS TO THE ELECTORATE OF GREY

Written Question on Notice

Senator Colbeck asked:

a) Does the Government accept that the commercial realities for aged care facilities in rural areas are quite different from those that pertain in the major cities? For example, average income is lower, and real estate prices much lower, therefore the capacity to pay bonds is also lower. In aggregate older people in rural areas have poorer health and are more likely to have a disability.
b) In the latest funding round, South Australia received an allocation of 375 beds but regional South Australia had been largely ignored.
c) The electorate of Grey covers 92 percent of the geographical area of South Australia and is home to 22,500 residents aged 65 years and over yet Grey missed out altogether in the latest round.
d) Why was rural and regional South Australia ignored in the latest round?
e) How many applications did the Department receive for the electorate of Grey?

Answer:

a) The Government provides a viability supplement to eligible residential aged care services in rural and remote areas of Australia in recognition of the higher costs they face.

b, c, d and e)

The planning and allocation of aged care places is undertaken by the Department in accordance with aged care legislation, and is based on aged care planning regions, not electorates. In the 2007 Aged Care Approvals Round, 372 residential aged care places, including 72 in non-metropolitan regions, were advertised as being available for allocation throughout the State. No applications were received for the planning regions of Whyalla, Flinders and Far North, or the Eyre Peninsula, and only one application each were received for the Mid North Planning Region and the South East Planning Region. These planning regions largely comprise regional South Australia. In addition to the advertised places, a further three residential places were allocated.

Under the Government's $300 million zero real interest loans measure announced by the Minister for Ageing on 12 April 2008, the targeted regions in South Australia are Eyre Peninsula, Hills, Mallee and Southern, Mid North, Riverland, South East, Whyalla, Flinders and Far North.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 February 2008

Question: E08-083

OUTCOME 6: Rural Health

Topic: RURAL HEALTH HOTLINE

Hansard Page: CA76

Senator Moore asked:

> Are you keeping records on the number of calls that are going through the Rural Health Hotline and what they are about? Is there any mechanism through the record keeping process to find out what are the issues that people are wanting to talk about?

Answer:

> Calls to the rural health information line are informally recorded, on a Microsoft Access database. Although records of calls are not used for formal reporting purposes, the records do enable staff to monitor the nature of the calls, ensure that queries have been fully dealt with, and that any necessary follow up action has taken place.
>
> Calls largely relate to information on specific Commonwealth programs such as the Medical Specialist Outreach Assistance and the More Allied Health Services programs as well as more general information on issues such as financial incentives available for rural doctors and rural health scholarship queries.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 22 February 2008

Question: E08-064

OUTCOME 8: Indigenous Health

Topic: ABORIGINAL HEALTH WORKER (AHW) TRAINING FOR THE NORTHERN TERRITORY EMERGENCY

Hansard Page: CA 30

Senator Siewert asked:

What are the additional resources that are going into training? I appreciate that there are existing Aboriginal health workers. I also understand that there is a need for a large increase.

Answer:

The Department of Health and Ageing funds AHW training in the Aboriginal community controlled sector through a number of registered training organisations (RTOs). AHW training is also provided by TAFEs funded by the States and Territories (including the NT).

There are around 300 registered AHWs in the NT. The number has fallen from around 350 over the last seven years. The Department is working with the Aboriginal Community controlled sector and the States and Territories (including the NT) to address AHW shortages.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 & 22 February 2008

Question: E08-082

OUTCOME 8: Indigenous Health

Topic: NORTHERN TERRITORY INTERVENTION

Written Question on Notice

Senator Bernardi asked:

a) Are any health checks leading to child abuse investigations?

b) If so, how many.

Answer:

a) The Child Health Check is a preventive health assessment which exists to ensure that Aboriginal and Torres Strait Islander children receive the optimum level of health care by encouraging prevention, early detection, diagnosis and intervention for common and treatable conditions that cause considerable morbidity and early mortality.

   The Child Health Check is not designed to be a screening tool for detection of abuse. If in the course of a Child Health Check, indicators of abuse or neglect are apparent, clinicians are required to report to NT Department of Family and Children's Services (FaCS). These mandatory reporting requirements relate to a wide range of possible abuse and/or neglect situations and reporting to FaCS therefore relates to a spectrum of child safety and wellbeing issues.

b) Data from the Child Health Checks includes referrals to FaCS, but does not include information regarding the outcomes of these referrals. Action taken by FaCS after a referral has been made through the Child Health Checks is therefore not available to the Department.

   Analysis of the first 5,598 Child Health Checks shows that 0.5% of children were referred to FaCS.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 & 22 February 2008

Question: E08-087

OUTCOME 8: Indigenous Health

Topic: OPAL FUEL

Written Question On Notice

Senator Siewart asked:

a) Can you provide an update on the uptake figures for Opal and the transfer to Premium unleaded since the roll-out of Opal in Alice Springs?

b) What plans are there for further communication/education initiatives to tackle the mistrust of Opal fuel issues?

Answer:

a) As of 20 March 2008 there are 109 sites across remote Australia supplying *Opal* fuel including 75 communities, 31 service stations and 3 pastoral properties. The Department of Health and Ageing does not collect data on the difference in actual usage between *Opal* fuel (91 octane) and premium fuel (95 octane). Anecdotal information provided to the Department by retail sites in Alice Springs suggests that premium sales vary between 40 % and 60 % of total unleaded sales depending on the site.

b) The Department of Health and Ageing intends to review the current suite of communication materials to update the material in light of the comments made by the NT Coroner regarding the death at Hermannsburg in April 2007. The review will be guided by a national audit of communications material for petrol sniffing that is currently underway. The audit will inform the development of a broad communication strategy for all aspects of the comprehensive 8 Point Plan to reduce petrol sniffing. The audit is expected to be completed by June 2008. Key non-government organisations will be invited to contribute to any new material targeting key messages for *Opal* fuel and petrol sniffing.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 22 February 2008

Question: E08-045

OUTCOME 8: Indigenous Health

Topic: NORTHERN TERRITORY EMERGENCY RESPONSE

Hansard Page: CA 28

Senator Siewert asked:

That the Department provide further information regarding referrals from Child Health Checks as offered by Ms Podesta, First Assistant Secretary, Office of Aboriginal and Torres Strait Islander Health in her statement:
"I think FaHCSIA gave you the information yesterday in broad categories but we are happy to give you additional information on that"

Answer:

Child Health Check data collections have been established and the Australian Institute of Health and Welfare (AIHW) has been contracted to undertake data entry and analysis. This analysis is undertaken in batches upon AIHW receipt of Child Health Check data forms.

Analysis of the first 5,598 Child Health Checks shows:

- 62.4% of children have received one or more referrals;
- 35.5% of children have been referred for further primary health care;
- 28.3% of children have been referred for dental care;
- 10.7% of children have been referred to a paediatrician;
- 8.4% of children have been referred for tympanometry and audiology services;
- 7.4% of children have been referred for specialist ear, nose and throat (ENT) services;
- 0.7% of children have been referred for Optometry or Ophthalmology services; and
- 0.5% of children have been referred to the Department of Family and Children's Services.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 February 2008

Question: E08-061

OUTCOME 9: Private Health

Topic: PRIVATE HEALTH INSURANCE MEMBERSHIP TRENDS

Hansard Page: CA 82

Senator Cormann asked:

Maybe I could ask a question of PHIAC. Would PHIAC be able to give us an indication as to how private health insurance membership has trended between 1996 and the last quarter of 2007 – it may be in broad terms – and then provide on notice the exact figures at a later stage?

Answer:

See Attachment A.

Attachment A

Private Health Insurance membership

Quarter	% of popn	Persons
Mar-96	33.9%	6,180,148
Jun-96	33.6%	6,149,493
Sep-96	33.5%	6,148,416
Dec-96	33.2%	6,114,477
Mar-97	32.5%	6,007,168
Jun-97	32.0%	5,915,922
Sep-97	32.1%	5,950,519
Dec-97	31.6%	5,884,624
Mar-98	31.1%	5,814,293
Jun-98	30.6%	5,727,971
Sep-98	30.4%	5,698,740
Dec-98	30.2%	5,675,621
Mar-99	30.4%	5,732,636
Jun-99	30.6%	5,792,961
Sep-99	31.0%	5,889,518
Dec-99	31.4%	5,969,672
Mar-00	32.2%	6,156,732
Jun-00	43.0%	8,236,124
Sep-00	45.8%	8,791,273
Dec-00	45.4%	8,742,878
Mar-01	45.0%	8,719,893
Jun-01	44.9%	8,712,342
Sep-01	44.9%	8,732,917
Dec-01	44.9%	8,758,814
Mar-02	44.6%	8,744,905
Jun-02	44.3%	8,704,665
Sep-02	44.2%	8,708,933
Dec-02	44.1%	8,717,151
Mar-03	43.9%	8,696,817
Jun-03	43.5%	8,638,527
Sep-03	43.4%	8,654,863
Dec-03	43.4%	8,679,790
Mar-04	43.1%	8,661,172
Jun-04	42.9%	8,627,330
Sep-04	42.9%	8,669,664
Dec-04	43.0%	8,703,521
Mar-05	42.8%	8,706,367
Jun-05	42.6%	8,699,075
Sep-05	42.8%	8,756,788
Dec-05	42.9%	8,805,364
Mar-06	42.8%	8,829,427
Jun-06	42.7%	8,846,011
Sep-06	43.0%	8,928,081
Dec-06	43.2%	8,999,434
Mar-07	43.3%	9,068,467
Jun-07	43.5%	9,144,645
Sep-07	44.1%	9,292,209
Dec-07	44.4%	9,391,489

Source: PHIAC Trend Statistics http://www.phiac.gov.au/statistics/trends/index.htm

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 & 22 February 2008

Question: E08-005

OUTCOME 10: Health System Capacity and Quality

Topic: NeHTA

Written Question on Notice

Senator Stott Despoja asked:

> Who is responsible for making national policy, strategy and initiating legislation regarding eHealth?

Answer:

The Commonwealth Government works in conjunction with the governments of the States and Territories to develop national eHealth policy and strategy. The Australian Health Ministers Conference (AHMC) is responsible for determining broad national health policy objectives which in turn are implemented through the Australian Health Ministers Advisory Council (AHMAC). AHMAC is comprised of the Chief Executive Officers of the Commonwealth, and State and Territory Health Departments. Specific to the eHealth sector, the newly reconstituted National eHealth and Information Principal Committee (NEHIPC) of AHMAC implement specific policies and strategies relating to eHealth. NEHIPC is developing the National eHealth Strategy, expected to be completed in the second half of 2008.

Legislation regarding eHealth may be initiated by the Commonwealth or by the States and Territories. Where nationally consistent uniform legislation is required, the Commonwealth often takes the lead.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 & 22 February 2008

Question: E08-006

OUTCOME 10: Health System Capacity and Quality

Topic: NeHTA

Written Question on Notice

Senator Stott Despoja asked:

How is the National e-Health Transition Authority (NeHTA) accountable to the Federal Government, given that it is a company limited by guarantee?

Answer:

NeHTA is accountable to the Commonwealth Government in two ways:

- The Commonwealth Government is an equal shareholder in the company, along with the Australian States and Territories. At the end of each financial year, NeHTA is required to provide its shareholders with Annual Statements, Financial Statements and Reports, prior to these documents being provided to the Australian Securities and Investment Commission.

- NeHTA is also accountable to the Commonwealth Government through a funding agreement. Under the terms of the agreement, NeHTA is required to provide the Commonwealth with a detailed, independently audited financial statement, as well as reports on agreed key deliverables.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 & 22 February 2008

Question: E08-007

OUTCOME 10: Health System Capacity and Quality

Topic: NeHTA

Written Question on Notice

Senator Stott Despoja asked:

Can the Department compel NeHTA to be represented at estimates hearings?

Answer:

The Department cannot compel NeHTA to be represented at Senate Estimates hearings as it is not a Commonwealth Agency.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 & 22 February 2008

Question: E08-008

OUTCOME 10: Health System Capacity and Quality

Topic: NeHTA

Written Question on Notice

Senator Stott Despoja asked:

What role(s) will NeHTA play in implementing both publicly funded and privately funded eHealth initiatives?

Answer:

NeHTA is a not for profit company limited by guarantee which was established by the Commonwealth, and State and Territory Governments on 5 July 2005 to develop the critical standards, infrastructure, software and systems required to support the connectivity and interoperability of electronic health information systems across Australia.

NeHTA will engage with clinicians, hospitals, software vendors and jurisdictional health authorities to promote adherence to its specifications and standards, so as to maximise interoperability across the health sector.

NeHTA will develop specifications for e-pathology, e-discharge summaries, e-referrals and e-medications management, which span both the public and private sectors. In addition, NeHTA will continue to focus on the delivery of national infrastructure programs including the unique healthcare identifiers services and Clinical Terminologies as funded by the Australian Council of Governments (COAG), which again span both the public and private sectors.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 & 22 February 2008

Question: E08-009

OUTCOME 10: Health System Capacity and Quality

Topic: NeHTA

Written Question on Notice

Senator Stott Despoja asked:

> Beyond its present role, will NeHTA continue to be 'transitional' or will it take on the ongoing maintenance of standards or infrastructure?

Answer:

> NeHTA is a not for profit company, limited by guarantee, which was established by the Commonwealth, and State and Territory Governments on 5 July 2005 to develop the
> critical standards, infrastructure, software and systems required to support the connectivity and interoperability of electronic health information systems across Australia.
>
> While there will be an ongoing requirement for the development and management of eHealth standards and infrastructure, the form of any body which may undertake these functions is yet to be determined. Australian Health Ministers will consider future options after the development of the National eHealth Strategy, which is due to be completed in the second half of 2008.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 22 February 2008

Question: E08-038

OUTCOME 10: Health System Capacity and Quality

Topic: DIABETIC RETINOPATHY GUIDELINES

Written Question on Notice & Hansard Page: CA 43-44

Senator Humphries asked:

I note the current diabetic retinopathy guidelines were first published in 1997 and their current status according to the NHMRC website is "under review". I understand there is an external committee that is reviewing the 1997 diabetic retinopathy guidelines. My questions are:
a) When is it expected that the final version of the guidelines will be published?
b) When was the review process for these particular guidelines first commissioned?
c) How much funding has been allocated to this review so far? And how much of that allocation was spent on the literature review?
d) Were the committee members paid?
e) What are the names, and areas of expertise/qualifications of the chair and each of members of the review panel, and writing team?
f) Is it true that the guidelines review committee first met in August 2003?
g) How many meetings have they had since then?
h) How many meetings did each panel member take part in?

Answer:

a) Subject to the draft guidelines receiving approval of the CEO of the National Health and Medical Research Council (NHMRC), it is expected that the revised guidelines will be published before the end of the 2007-08 Financial Year.

b) The initial procurement contract was signed on 26 November 2002.

c) A total of $43,520.00 (GST inclusive) has been allocated to the project to date. Of this, $18,875.00 was allocated to the literature review which involved the employment of a Grade 2 Research Fellow to undertake literature searches, grading and summarising relevant abstracts.

d) The contract between the Department of Health and Ageing and the Australian Diabetes Society did not include remuneration of committee members.

e) The membership and expertise of the Retinopathy Subcommittee and technical writers are provided in the tables below.

Retinopathy Subcommittee Membership and Expertise

Name	Expertise	Role
A/Prof Justin O'Day	Opthalmologist (Chair of the original NHMRC Guidelines Committee) VIC	Chair, Retinopathy Subcommittee
Dr Ralph Audehm	GP; Member of National Diabetes Implementation Program VIC	Member, Retinopathy Subcommittee
Mr Daryl Guest	Optometrist – TAS	Member, Retinopathy Subcommittee
Mr Robert Guthrie	Consumer Representative (Board member Diabetes Australia) NSW	Member, Retinopathy Subcommittee
Prof Janet Hiller	Head, Dept of Public Health, University of Adelaide	NHMRC Guideline Assessment Register (GAR) consultant
A/Prof Jill Keeffe	Health Economics (principal researcher Centre for Eye Research Australia) VIC	Member, Retinopathy Subcommittee
Mr John Kilmartin	Diabetes educator, Diabetes Australia VIC	Member, Retinopathy Subcommittee
Dr Andrew Magennis	GP – VIC	Member, Retinopathy Subcommittee
Dr Mark McCoombe	Opthalmologist - Melbourne: Federal Council Member Royal Australia and New Zealand College of Ophthalmologists VIC	Member, Retinopathy Subcommittee
Ms Tracey Merlin	Masters Degree in Public Health (epidemiology and biostatistics stream), University of Adelaide	NHMRC Guideline Assessment Register (GAR) consultant
Prof Paul Mitchell	Opthalmologist – Research supervisor Westmead Hospital NSW	Member, Retinopathy Subcommittee Principal technical writer, reviewer
Mr Peter Montgomery	Optometrist - Council Member Optometrist Association of Australia QLD	Member, Retinopathy Subcommittee
Dr Pat Phillips	Endocrinologist (Chair of the Australian Diabetes Society Retinopathy Sub-Committee) SA	Member, Retinopathy Subcommittee

Retinopathy Writing Team and Expertise

Name	Expertise	Role
Dr Brian Chua	Ophthalmologist BSc, MBBS, MPH	Technical Writer, reviewer
Dr Jim Foran		Editing assistance
Dr Suriya Foran	Ophthalmic Epidemiologist Clinical Ophthalmology & Eye Health, Western Clinical School, University of Sydney NSW	Principal technical writer, reviewer
Dr Elvis Ojaimi	Clinical Lecturer - Clinical Ophthalmology & Eye Health, Central Clinical School University of Sydney	Technical Writer, reviewer
Dr Ilesh Patel	Clinical Lecturer - Clinical Ophthalmology & Eye Health, Central Clinical School University of Sydney	Technical writer, reviewer
Prof Tien Wong	Managing Director of the Centre for Eye Reserach Australia and Head of the Department of Ophthalmology, University of Melbourne Vic	Technical writer, reviewer

f) The Retinopathy Subcommittee first met on 6 February 2003.

g) Since its first meeting, the Retinopathy Subcommittee have met a total of ten times. Of these, three meetings were face-to-face and seven were via teleconference.

h) Departmental records provide attendance details for two face-to-face meetings and two teleconferences. Of these, the table below indicates the number of meetings attended by each member:

Member	Number of Meetings Attended
A/Prof Justin O'Day, Chair	4
Dr Ralph Audehm	2
Mr Daryl Guest	3
Mr Robert Guthrie	2
Prof Janet Hiller	2
A/Prof Jill Keeffe	2
Mr John Kilmartin	1
Dr Andrew Magennis	3
Dr Mark McCoombe	3
Ms Tracey Merlin	3
Prof Paul Mitchell	3
Mr Peter Montgomery	2
Dr Pat Phillips	2

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 & 22 February 2008

Question: E08-039

OUTCOME 10: Health System Capacity and Quality

Topic: DIABETIC RETINOPATHY GUIDELINES

Written Question on Notice

Senator Humphries asked:

I note that the NHMRC publication "A guide to the development, implementation and evaluation of clinical practice guidelines, Appendix 3 National Health and Medical Research Council Standards For Externally Developed Guidelines, point 7 Revising" states that

> There should be regular monitoring for health outcomes and new information. The need for review should be stated explicitly, noting that a guideline should be revised at least once every three years. Preferably, the guidelines should be reviewed annually.

The original guidelines were first published twelve years ago and, according to the NHMRC guidelines review process, at least one review should have been conducted by now.
a) Is this correct?
b) Given that it has been more than 4 1/2 years since this review committee first met, is the NHMRC satisfied with the progress of the review process for the 1997 Diabetic Retinopathy Guidelines?
c) What steps has the NHMRC taken to monitor progress the review?
d) What date can we expect these guidelines to be published?

Answer:

a) Yes.

b) The review process has been slower than would have been preferred. Some of the delay has been occasioned by the need to update the draft guideline that was provided in 2006. The Department of Health and Ageing is working with the National Health and Medical Research Council (NHMRC) and the contractor to ensure the guidelines are completed to the standards required to enable NHMRC CEO approval before the end of the 2007-08 Financial Year.

c) The NHMRC has monitored the progress of the review through regular reports from its Guideline Assessment Register (GAR) consultant.

d) Subject to the draft guidelines receiving approval of the CEO of the NHMRC, it is expected that the revised guidelines will be published before the end of the 2007-08 Financial Year.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 22 February 2008

Question: E08-052

OUTCOME 10: National Health and Medical Research Council

Topic: CANCER AUSTRALIA LINK WITH NHMRC

Hansard Page: CA 44

Senator Moore asked:

Is there any cross-membership in terms of your board and people who work in the NHMRC umbrella and the various specialist groups that Cancer Australia have?

Answer:

As at 18 March 2008 there are 34 members in common between Cancer Australia's specialist groups, including Advisory Council, National Advisory Groups and National Reference Groups, and the National Health and Medical Research Council's (NHMRC's) Principal, Expert and Working Committees.

Cancer Australia's specialist groups have been formed to specifically advise on the work of Cancer Australia. Membership of these groups covers the cancer continuum from prevention and early detection efforts, through diagnosis and treatment, to rehabilitation and support services for people living with cancer and/or palliative care.

Members of the NHMRC's Principal, Expert and Working Committees are appointed for their expertise and experience across a diverse range of health related professions and fields. The NHMRC's committees provide advice to the NHMRC Chief Executive Officer on a wide range of matters relating to public health and medical research; public health and clinical advice; ethics in research using humans and in health care; social, ethical and legal implications of human genetics and related technologies; Aboriginal and Torres Strait Islander health and research; licensing of research on human embryos; and workforce training and development.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 & 22 February 2008

Question: E08-010

OUTCOME 10: Health System Capacity and Quality

Topic: NeHTA - PRIVACY IMPACT ASSESSMENTS

Written Question on Notice

Senator Stott Despoja asked:

In announcing the signing of a contract between Medicare Australia and NeHTA for the development of a Unique Helath(sic) Identifier (UHI) service, Human Services Minister Joe Ludwig stated that NeHTA will 'undertake a formal privacy impact assessment once the final design has been developed and accepted by State and Federal Governments':

a) Why is NeHTA waiting for the final design to be developed and accepted before undertaking a Privacy Impact Assessment?
b) If the PIA reveals privacy concerns in the design or development of the UHI service, will NeHTA commit to redesign or redevelopment to eliminate those concerns?

Answer:

a) NeHTA has not waited for the final design to be developed and accepted before undertaking a privacy impact assessment (PIA).

   A full independent PIA of the proposed Unique Health Identifier (UHI) service is being undertaken to analyse privacy issues to be addressed in the development and implementation of the service. NeHTA has said that this external PIA, including recommendations will be made available for public consultation.

   This PIA was one of a series of internal and external assessments committed to by NeHTA in developing the UHI service.

   It is anticipated that a further independent assessment will be undertaken once the final design has been accepted by state and federal governments.

b) A PIA is undertaken to identify and recommend options for managing, minimising or eradicating privacy impacts. NeHTA has said that it will consult on, and publicly respond to, the recommendations raised in the independent PIA report.

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Australian Government's component of the

COAG National Action Plan on Mental Health (2006 – 2011)

December 2007/January 2008 Progress Report

Department of Health of Ageing

BRIEF OVERALL STATUS

The Department of Health and Ageing (DoHA) is continuing to implement a range of the initiatives as outlined in the *COAG National Action Plan on Mental Health 2006-2011*; progress on each of these initiatives is detailed in this report. Further information is available at www.mentalhealth.gov.au

SPECIFIC ACTIONS/PROGRESS ON INITIATIVES

Expanding Suicide Prevention Programs *initiative provides* ***$62.4 million*** *(over 5 years) to expand and enhance national and community-based projects under the National Suicide Prevention Strategy.*

Who Benefits

- The *National Suicide Prevention Strategy (NSPS)* focuses on people of all age groups and those identified as being at risk of suicide in the community (men, rural residents, people with mental illness, Aboriginal and Torres Strait Islander people, and people bereaved by suicide).

Recent Progress

- Consistent with the revised Living is For Everyone (LiFE) Framework released in October 2007, the current emphasis is on building the evidence base and development of measures surrounding high-risk groups including people with a mental illness, Indigenous Australians, those who are bereaved, men and those who self-harm.
- A consideration of options for more effective targeting of future community suicide prevention activities and ways of addressing the interface between suicide prevention and primary care is currently underway.

Alerting the Community to the Links between Illicit Drugs and Mental Illness *initiative provides* ***$21.6 million***
(over 5 years) to help people better understand the links between drug use and the development of mental illness, and to encourage individuals and their families to seek help or treatment.

Who Benefits

- This initiative proposes to target those people with, or at risk of, mental illness and substance abuse issues, and their families and encourage prevention, early detection and treatment.

Recent Progress

- Research and consultative work has been undertaken to inform strategic development.

Additional Education Places, Scholarships and Clinical Training in Mental Health *initiative provides* ***$103.5 million***
(over 5 years) to increase the supply and quality of the mental health workforce. Additional mental health nursing and post-graduate psychology places will be provided, as well as full-time and part-time post-graduate scholarships to nurses and psychologists. Mental health competencies and mental health clinical training will be increased across the health workforce, including medicine, psychiatry, nursing, psychology, occupational therapy and social work.

Who Benefits

- The initiative will benefit the Australian health system through an increase in the number of health workers who are skilled in providing mental health services.

Recent Progress

- 210 clinical psychology places and 431 mental health nursing places have been included in universities' 2007 funding agreements. This initiative is estimated to result in a total of approximately 1,400 additional mental health nurses and 700 additional clinical psychologists completing training by the end of 2011.
- The Mental Health Postgraduate Scholarship Scheme has been implemented with 75 full time equivalent scholarships worth $10,000 for each year of full time study awarded in 2007.
- The Expanded Specialist Training Program has been established to allow medical specialist trainees, including psychiatry trainees, to undertake training in an expanded range of settings. As at 17 January 2008, over 28 applications for funding have been received by the Department for psychiatry training positions in settings other than public teaching hospitals.
- The RANZCP has been funded to accredit at least 15 new psychiatry training settings other than major public teaching hospitals. The RANZCP will also provide advice on expanding psychiatry training settings and supporting rural based trainees.
- The Department will continue to work with RANZCP over the next 5 years to assist in the structural reform of psychiatry training in order to facilitate competency based training, increase the flexibility of training for part-time trainees, and trainees who have had training interrupted, improve trainee pass rates, and expand options for lateral entry to psychiatry, particularly of doctors from other medical specialties, and Overseas Trained Doctors.

Support for Day-to-Day Living in the Community *initiative provides* ***$46.0 million*** *(over five years) for an additional 7,000 places in programs that assist people with severe mental illness to access structured activities such as cooking, shopping and social outings, and help improve social participation through independent living skills and social rehabilitation activities.*

Who Benefits

- This initiative will benefit people with a severe and persistent mental illness by increasing their ability to participate in social, recreational and educational activities and to improve their ability to live independently in the community.

Recent Progress

- Phase one of the program has awarded 60 grants totalling over $20 million (to June 2009) to non-government organisations across Australia to provide places in structured social activity programs for people with severe and persistent mental illness.
- Suitable providers were sought across 49 pre-identified geographical sites selected in consultation with the State-based COAG Mental Health Groups and identified based on need, linkages to clinical and community support services and the capacity of the non-government sector in each area.
- An evaluation of the services funded through the implementation of phase one will inform the rollout of the program in 2009-2011.

Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule *initiative provides better access to mental health care by general practitioners, psychiatrists, clinical psychologists, psychologists and other appropriately trained social workers and occupational therapists.*

Who Benefits

- The initiative benefits people with an assessed mental disorder who have been referred by a medical practitioner managing a patient under a GP Mental Health Care Plan, and/or a psychiatric assessment and management plan, or on referral by a psychiatrist or paediatrician.
- The mental health services that can be provided include Psychological Therapy services provided by eligible clinical psychologists and Focused Psychological Strategies services provided by eligible psychologists, social workers and occupational therapists.
- Analysis of Medicare data indicates that as at 31 December 2007, over 726,000 people have accessed Medicare subsidised mental health services under the Better Access initiative, including around 180,000 people living in rural and remote areas.

Recent Progress

- Medicare data indicates that, in total over 2.7 million mental health services have been subsidised through Medicare. This includes: over 500,000 rebates for General Practitioner Mental Health Care Plan items; more than 485,000 Medicare subsidised Psychological Therapy services provided clinical psychologists; more than 1 million Medicare subsidised Focussed Psychological Strategies services (provided by registered psychologists, occupational therapists and social workers); and more than 90,000 Medicare rebatable psychiatry services for new patients.
- At 31 January 2008, more than 11,000 allied mental health professionals were registered with Medicare Australia to provide Better Access services.
- To support the health professionals now involved in the delivery of primary mental health care services, a range of professional education and training activities will be available. These activities are designed to ensure that the primary care and specialist mental health workforces are equipped to work more collaboratively and effectively in a multidisciplinary framework that will improve services and outcomes for people with mental disorders.
- One of the major education and training projects is the development and delivery of information and orientation sessions through the Divisions of General Practice. The resources have been developed by the Australian General Practice Network and the Australian Psychological Society. Train-the-trainer workshops were completed in October 2007. Divisions are rolling out training nationally through to mid 2008.
- Another major education and training project currently in progress is the development of a mental health multidisciplinary education and training package. This project is being conducted by the partners in the Mental Health Professionals' Association, and will produce an environment scan report, an interdisciplinary training package, and a related resource web portal. Planning is currently under way for the delivery of the Better Access interdisciplinary training nationally from mid-2008.
- In conjunction with key stakeholders, the Department is finalising an education and training work plan, which will guide development and funding of future projects.

Funding Telephone Counselling, Self-Help and Web-based Support Programs *initiative, totalling* ***$63.4 million***
(over five years), will provide funding to non-government organisations to enhance telephone counselling, self-help and web-based support services.

Who Benefits

- The initiative will target individuals across Australia who experience mild to moderate mental health disorders or who are in psychosocial crisis, and who currently receive limited or no treatment.

Recent Progress

- Funding of $26.2 million over five years has been provided to Lifeline Australia to expand and enhance telephone counselling services.
- Proposals are currently being considered in relation to the self-help and web-based support programmes component of the initiative.

Mental Health Nurse Incentive Program *provides* ***$191.6 million*** *(over 5 years) to engage mental health nurses in private psychiatry practice, general practice and other appropriate organisations.*

Who Benefits

- The Program will assist people with serious mental illness to receive better coordinated treatment and care.

Recent Progress

- Participating organisations are now able to claim an establishment payment of up to $10,000 to assist with organisational up-front costs, such as mental health nurse recruitment, accommodation, travel and equipment costs.
- The first quarter (July – September 2007) of sessional payments to organisations have been processed by Medicare Australia. A total of 95 claims were processed from 34 organisations.
- A pilot to include private hospitals in the Program will commence in early 2008.
- Further information (Program Guidelines, Application Forms, Fact Sheets) is available at www.medicareaustralia.gov.au

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Improved Services for People with Drug and Alcohol Problems and Mental Illness *initiative provides* ***$73.9 million***
(over 5 years) to fund the non-government drug and alcohol sector to provide treatment for clients who also have a mental health problem. A range of service improvement activities will be implemented, including training for the drug and alcohol workforce, and the development of more sustainable partnerships with the broader health network.

Who Benefits

- The initiative will benefit people with comorbid mental illness and drug and alcohol problems by building the capacity of non-government organisations to better identify and respond to people with coinciding mental illness and substance abuse issues.

Recent Progress

- A total of 87 non-government organisation (NGO) Alcohol and Other Drug (AOD) treatment services across Australia have been approved for funding under the capacity building grants component of this initiative.
- A second group of applicant organisations were invited to strengthen and resubmit their proposals to ensure they better meet the objectives of the initiative. Assessment of the revised proposals is being finalised and recommendations for funding will go to the Minister for approval in late January 2008.
- A second component of the initiative is the Cross Sectoral Support and Strategic Partnership (CSSSP) project. The CSSSP project will complement the capacity building grants program and involves funding state-based support organisations to assist services to build partnerships with other health sectors, identify workforce

development and training opportunities and to undertake service improvement activities. AOD NGO peak bodies in each State and the NTCOSS were invited to submit a proposal to participate in the CSSSP project. All proposals were accepted for funding for a 12 month period. Funding agreements are now being finalised for commencement in January 2008.

Mental Health Services in Rural and Remote Areas *initiative will provide* ***$72.3 million*** *(over 5 years) to fund services provided by appropriately trained allied and nursing mental health professionals including psychologists, social workers, occupational therapists, mental health nurses, Aboriginal health workers and Aboriginal mental health workers, so people in rural and remote areas can access mental health services.*

Who Benefits

- The initiative will enable more people with a mental illness in rural and remote areas to access mental health services.

Recent Progress

- 15 auspice organisations have been funded under stage one of the initiative.
- Consultations have taken place with State and Territory government Mental Health Directors seeking recommendations for geographical areas and auspice organisations for stage two funding. Recommended auspice organisations have been invited to submit a proposal for funding and an assessment process is currently in progress.
- Stage two includes a $20.6 million drought component.

Mental Health in Tertiary Curricula *initiative provides* ***$5.6 million*** *(over 5 years) to increase the mental health content in tertiary curricula through the development of mental health training modules for registered nurses, including the culturally appropriate management of Indigenous patients, and will provide students with clinical training in multi-disciplinary teams that include allied health, medical and nursing students.*

Who Benefits

- The initiative will enable graduates from health courses to gain further skills and knowledge in the assessment, management and referral of people with a mental illness.

Recent Progress

- Australian university nursing schools have been invited to provide submissions for grants to develop and implement mental health curriculum in pre-registration nursing degrees. The purpose of this funding is to assist universities to ensure that nursing graduates have adequate skills and knowledge in mental health, regardless of where they choose to work within the nursing profession.
- The Australian Nursing and Midwifrey Council is moving to develop national standards for accreditation of nursing and midwifery courses which will include mental health principles.

Improving the Capacity of Workers in Indigenous Communities *initiative provides* ***$20.8 million*** *(over five years) to the Office for Aboriginal and Torres Strait Islander Health (OATSIH) in the Department of Health and Ageing to train Aboriginal Health Workers, counsellors and other clinic staff in Indigenous-specific health services to identify and address mental illness and associated substance use issues in Indigenous communities, to recognise the early signs of mental illness, and to make referrals for treatment where appropriate. Support staff, such as transport and administration staff, will be trained in mental health first aid. The initiative also provides for an additional ten mental health worker positions nationally.*

Who Benefits

- The initiative will benefit Indigenous Australians and Aboriginal Health Services nationally, through increased access to trained professionals and better referral and treatment options.

Recent Progress

- ORYGEN Research Centre has been contracted to deliver a culturally adapted version of its Mental Health First Aid course to OATSIH-funded services. Seven instructor training programs have been delivered nationally to date. Four more instructor programs will be delivered by 30 April 2008.
- The Community Services and Health Industry Skills Council in New South Wales has been contracted to develop a mental health training program and materials targeting Aboriginal Health Workers. The training package was piloted in December 2007 and will be finalised by April 2008. The program will be complimentary to the Aboriginal Health Worker competencies.
- The locations of the ten additional mental health worker positions have been formalised. Seven workers have commenced employment in the Northern Territory, South Australia, Queensland and Western Australia. Two positions in the Northern Territory and one in Tasmania are under recruitment.
- The Australian Council for Educational Research in Victoria has been contracted to develop an Aboriginal and Torres Strait Islander mental health textbook. A table of contents and list of contributors has been approved by OATSIH. Authors and contributors were formally approached in December 2007.
- Wodonga Institute of TAFE in Victoria has been contracted to develop a mental health multi-media resource package to guide health practitioners in the engagement and treatment of Aboriginal and Torres Strait Islander clients with mental health issues. Several consultation rounds with the OATSIH Expert Reference Group on draft products have occurred and will continue into February 2008.
- The OATSIH Expert Reference Group will meet for the fourth time on 7 February 2008 in Canberra.

New Early Intervention Services for Parents, Children and Young People *initiative provides* ***$28.1 million*** *(over 5 years**)** to assist parents and schools to allow them to better identify children at risk of mental illness and to offer early referral for appropriate treatment. Resources, information and training for parents and schools will be provided to promote the availability of new mental health services for children and young people with complex mental health conditions.*

Who Benefits

- The initiative will assist parents, children and young people through provision of early intervention services for primary school children, support for population groups at highest risk, early intervention in early childhood and parenting programs.

Recent Progress

- The Australian Infant, Child, Adolescent & Family Mental Health Association has been funded to provide support and information to stakeholders regarding Children of Parents with a Mental Illness.
- The Australian Child and Adolescent Trauma, Loss and Grief Network is currently being established. The Network will be web-based and contain information for practitioners/service providers, policy makers/managers, educators/trainers, researchers and child and family advocates. It will also have the capacity to provide advice and support to organisations working with children or adolescents who have experienced trauma, loss or grief. The Australian National University has been funded to establish the Network.

- Services in the Australian non-government early childhood sector have been scoped and assessed by Early Childhood Australia, who worked with the Secretariat of National Aboriginal and Islander Child Care.
- An early childhood environmental scan has been undertaken by the Hunter Institute of Mental Health. It involved scanning:
  - mental health services available for families with children aged 3-6 years;
  - parent support services for new parents; and
  - parent support services for families with a dependent child/youth aged 3-18 years with a diagnosed mental health condition.
- Mental health resources for the preschool sector are currently being drafted by the Australian Psychological Society.
- An Early Childhood Working Group has been established to provide expert advice on the development of the early childhood component of the initiative.
- Initial models for the implementation of the parenting component of the initiative are currently being developed.

Increased funding for the Mental Health Council of Australia *initiative provides* ***$1.0 million*** *to the MHCA.*

Who Benefits

- This initiative will support mental health organisations to maintain their capacity to respond to changing community needs, and provide timely advice to government.

Recent Progress

- This was implemented from 1 July 2006 providing an additional $200,000 per annum over 5 years through funding arrangements under the Community Sector Support Scheme to support the organisation's national secretariat activities.

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Senate Community Affairs Committee

HEALTH AND AGEING PORTFOLIO

Additional Budget Estimates 2007-2008, February 2007

OUTCOME 11

COAG Mental Health: Funding and Expenditure

Financial information on COAG mental health measures DoHA has responsibility for implementing is at Attachment A, and includes:

a) original budget allocations for each measure;
b) additional allocations to any measures since the original allocations were made, and the adjusted allocations for these measures as a result of additional allocations;
c) actual expenditure against each measure for the 2006-07 financial year; and
d) budget allocation for 2007-08 financial year (indexed).

All figures reported refer to Administered funding only, except where specified.

DoHA COAG Mental Health Measure	Total Budget allocation 2006/07 to 2010/11 (Dept & Admin $m)	Additional allocations $m 2006/07 to 2010/11	Actual expenditure 2006-07 (Admin $m only)	Budget allocation 2007-08 ($m indexed) (Admin only)	Comment
Expanding **Suicide Prevention** programmes (*Note, this only represents the funding provided to expand the National Suicide Prevention Strategy program, and does not reflect the total funding under the Strategy)*	62.40	Nil	7.50	8.92	
Improving the capacity of Health Workers in **Indigenous Communities**	20.80	Nil	1.33	5.09	
Telephone counselling, self-help and web-based support programmes (admin only)	56.9 (revised to $63.4m)	Additional allocation in 2007-08 Additional Estimates of $6.46m	5.31	11.13	
Alerting the community to links between **Illicit Drugs and Mental Illness**	21.60 (over 4 years)	Nil	0.40	8.10	
Mental Health in **Tertiary Curricula**	5.60	Nil	0.60	0.61	
Improved services for people with **drug and alcohol problems** and mental illness	73.9 (revised to $80.02m) (includes $8.2m for National Comorbidity Initiative)	Additional allocation of $6.12m in 2010-2011	0.00	16.34	
Increased funding for the **Mental Health Council of Australia**	1.00	Nil	0.20	0.20	
New early intervention services for **Parents, Children and Young** people	28.10	Nil	0.45	1.60	

Mental Health services in **rural and remote** areas	51.7 (revised to $72.3m)	20.6 (this is a reallocation from the education and training component of the Better Access measure)	3.56	13.50	
Better access to psychiatrists, psychologists and GPs through the MBS	538 (original) 507 (revised 07/08 Budget) 773.5 (revised Sept 07)	266.5 (additional allocation in October 2007)	2.70	8.60	* see note below
Additional education places, scholarships and clinical training in mental health	$34.91m (DoHA) Total allocation is 103.5m, the remainder sits with DEEWR. The following information reports on DoHA's component only.	Nil	2.08	5.66	
Support for **Day-to-Day** living in the community	46.00	Nil	3.87	8.68	
New funding for **Mental Health Nurses**	191.60	Nil	0.00	23.35	
Mental Health Support for **Drought-affected Communities**	Nil	10.1 over two years from 07-08 (this is a reallocation from the education and training component of the Better Access measure)	0.00	5.00	

* As part of the revised estimates across Government programs, the estimated costs of the Better Access Medicare items have been revised and updated. Taking account of the strong early uptake of the Better Access services, the revised estimate of the full five-year cost of the Better Access initiative from 2006-07 to 2010-11 is $773.5 million. This covers the estimated cost of Medicare Services, associated education and training programs under the Better Access initiative and departmental costs for the Department and for Medicare Australia.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 February 2008

Question: E08-086

OUTCOME 12: Health Workforce Capacity

Topic: NEWLY QUALIFIED DENTISTS

Hansard Page: CA 90

Senator Colbeck asked:

What is the general timeframe for turning out a newly qualified professional in the dentistry field, say a dentist and the postgraduate obligations?

Answer:

A Bachelor of Dental Science takes five years full time to complete. As specified by the relevant State/Territory legislation, graduates can then apply to the relevant State or Territory Dental Board for registration as a dentist when they receive their final results.

Training for specialist dentist varies but usually requires a combination of post registration experience, postgraduate studies, clinical and professional training.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 February 2008

Question: E08-062

OUTCOME 12: Health Workforce Capacity

Topic: DENTAL STUDENTS

Hansard Page: CA 90

Senator Moore asked:

a) Professor Calder, do you have information there about particular programs that take dental students into Indigenous communities?

b) There is a program of that kind at a few of the universities, which is linking the community with Indigenous services so the students get the opportunity to have regional placements, but they also have that added incentive of Indigenous placements.

Answer:

a) There are no Commonwealth funded programs that have clinical placements for dental students in Indigenous communities as a program objective. However, the Commonwealth funds the University Departments of Rural Health, who administer clinical placements for medical, nursing and allied health (including dentistry) students in rural and remote Australia, including in some Indigenous communities.

b) Some specific examples of universities offering formal clinical placement arrangements with Indigenous communities include:
   - The Centre for Rural and Remote Oral Health at the University of Western Australia offers a program called the Rural, Remote and Indigenous Placement Program which provides clinical placements in Indigenous communities for final year dental students.

   - Final year dental students at the University of Melbourne can elect to do a placement at the Indigenous dental service at Rumbalara in the Goulburn Valley.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 February 2008

Question: E08-063

OUTCOME 12: Health Workforce Capacity

Topic: COUNCIL OF REMOTE AREA NURSES OF AUSTRALIA (CRANA)

Hansard Page: CA 90

Senator Adams asked:

a) There is obviously the advanced practice and remote nurse practitioner training, but there was a fast-track recommendation which they were hoping had been implemented. Do you know anything about that? It would have been to do with their course, because I think the course was…..
b) Once again it is about having people trained and taking so long for the training. They want to get them out into the field with their master's degrees, and then the actual remote area training they have to do after that.

Answer:

The Advanced Practice and Remote Nurse Practitioner Training relates to CRANA's view that there is a need to fast track advanced practice and remote nurse practitioner training. Any changes to training would need to be addressed by the Australian Nursing Midwifery Council (ANMC) as the peak body facilitating a national approach to nursing and midwifery regulation in consultation with State and Territory Nursing and Midwifery Regulatory Authorities.

Under the national registration and accreditation scheme for the health professions, which covers nursing and midwifery, there will be a national nursing and midwifery board that will be responsible for establishing the standards for registration of nurses and midwives and accreditation of their education and training. These standards will then be subject to the approval of the Ministerial Council (Health Ministers). The national scheme is due for implementation by 1 July 2010.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 20 February 2008

Question: E08-084

OUTCOME 13: Acute Care

Topic: NATIONAL HEALTH AND HOSPITALS REFORM COMMISSION

Hansard Page: CA 6 - 7

Senator Colbeck asked:

a) What is the process that the government is going to be using to appoint the commissioner and the commissioners?
b) Do you have any sense of the timeframe on when the appointments are going to be made?

Answer:

a) The Prime Minister and the Minister for Health and Ageing considered the membership of the Commission with a view to reflecting a wide range of skills, knowledge and experience with the Australian health system.

b) The Prime Minister and the Minister for Health and Ageing announced the commissioners on 25 February 2008.

More information is in the joint media release which is on the Prime Minister's web site at: http://www.pm.gov.au/media/Release/2008/media_release_0090.cfm

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 22 February 2008

Question: E08-053

OUTCOME 13: Acute Care

Topic: ELECTIVE SURGERY

Hansard Page: CA 7

Senator Colbeck asked:

The states provided information with respect to the general categories of work that they are going to carry out. Do you have any information on that? People in Tasmania who need hip replacements have been on waiting lists for more than 12 months. Is there any specific information on the categories from each state? Is it possible to provide us with a copy of that information?

Answer:

The Commonwealth Department of Health and Ageing liaised with state and territory departments in initial negotiation processes.

Formal negotiations regarding targets and performance reporting requirements were held at the Health Ministers' and Treasurers' meeting on 14 January 2008.

At the meeting, set targets were agreed by the ministers on the number of additional procedures that would be carried out and which the states and territories are to reach by 31 December 2008. Targets regarding specific types of procedures were not set. The following table shows agreed targets, broken down by state and territory. The Commonwealth Government will expect the states and territories to deliver on these targets.

State	Additional procedures to be undertaken in 2008	Funding from the Commonwealth in 2008 ($m)
NSW	8,743	43.3
Vic	5,908	34.2
Qld	4,000	27.6
WA	2,720	15.4
SA	2,262	13.6
Tas	895	8.1
ACT	250	2.5
NT	500	5.3
NATIONAL	**25,278**	**150.0**

It was also agreed at the meeting that states and territories are required to report quarterly on the number of patients who have been waiting longer than clinically recommended for elective surgery and provide an update on the cohort of patients waiting longer than clinically recommended as at 30 September 2007. Data will include identification of individual hospitals, urgency category, indicator procedure and surgical specialty (of scheduled doctor).

It is expected that data from the first quarter (ending 31 December 2008) will be publicly available at the end of May 2008. The data will be available on individual jurisdiction's health department websites with links to these from the Commonwealth Department of Health and Ageing website.

Australian Government
Australian Sports Commission

Mr Elton Humphery
Secretary
Standing Committee on Community Affairs
Parliament House
CANBERRA ACT 2066

Dear Mr Humphery

Request for Amendments to Evidence Provided at the Standing Committee on Community Affairs Hearing
20 February 2008 : Outcome 15

I am writing to correct statements that I made at the Additional Budget Estimates Hearing of the Senate Standing Committee on Community Affairs on 20 February 2008.

On page CA 111, Senator Bernardi asked the following question:

"What is the composition currently of the board? How many people are on it?"

My response was as follows:

"There are 12 people on the board and we have five of those positions ending in early April. We have four vacancies, and the chairman has indicated he will stand down in October, so at the moment we have four vacancies on the board but five up for reappointment in early April"

It has been brought to my attention that the month in which the Chairman will stand down is incorrect. Additionally, clarification concerning the composition of the Board is required. Therefore, the response should now be amended as follows (changes are underlined):

"The *Australian Sports Commission Act 1989* provides for up to 12 members on the Australian Sports Commission Board. Currently, eight members and one ex-officio member sit on the Board, with five of those positions ending in early April. We have four vacancies, and the Chairman has indicated he will stand down in November, so at the moment we have four vacancies on the board but five up for reappointment in early April"

On page CA 114, Senator Fierravanti-Wells asked the following question:

Whilst you are on that, could you give me a little bit of background in relation to that? I understand that there were governance issues associated with the association but I understand that they may now have been resolved. Could you tell me what the situation is there?

My response was as follows:

"Within Australia, the group that chose not to adopt best practice governance—and in fact did things like fire their coach and athletes while they were overseas and closed down training venues as these athletes were preparing for the Olympics—has seen the light. After the Australian Olympic Committee deregistered them, after we held their funds and after the International Olympic Committee deregistered them, they decided they would come back on board. We need to be convinced, as the Australian Olympic Committee does, that there is a sincere and genuine attempt by these administrators to support their athletes into the future, and we have said we will review this and, as I said before, we are reviewing all sports leading into Beijing. We will review their status and make a recommendation to our board post Beijing".

I note that in my response an error was made in relation to the naming of the Federation that deregistered Taekwondo Australia. Therefore, the response should now be amended as follows (changes are underlined):

"Within Australia, the group that chose not to adopt best practice governance—and in fact did things like fire their coach and athletes while they were overseas and closed down training venues as these athletes were preparing for the Olympics—has seen the light. After the Australian Olympic Committee deregistered them, after we held their funds and after the International Taekwondo Federation deregistered them, they decided they would come back on board. We need to be convinced, as the Australian Olympic Committee does, that there is a sincere and genuine attempt by these administrators to support their athletes into the future, and we have said we will review this and, as I said before, we are reviewing all sports leading into Beijing. We will review their status and make a recommendation to our board post Beijing".

On page CA 115, Senator Stephens made the following statement:

"Senator Bernardi, I have just had some advice that the board appointments are actually made by cabinet, as you would have known. They are not advertised, but the minister has undertaken consultations in an effort to achieve an appropriate balance. So those consultations are ongoing, but no decision has been made yet".

However, part of the information peovided by Senator Stephens is incorrect. Board appointments are made by the Minister for Sport in accordance with the *Australian Sports Commission Act 1989*. Therefore Senator Stephen's response should now be amended as follows (changes are underlined):

"Senator Bernardi, I have just had some advice that the board appointments are actually made by the Minister, as you would have known. They are not advertised, but the minister has undertaken consultations in an effort to achieve an appropriate balance. So those consultations are ongoing, but no decision has been made yet".

On page CA 117, Senator Bernardi asked the following question:

"It is a delicate area, I guess, but how do you target people with disabilities to get involved in sport? Do you work with disability organisations, is it linked in through various departments, or is it something the ASC does itself through a marketing drive?"

My response was as follows:

"It is a difficulty because some people are born with a disability and some, unfortunately, acquire a disability through an accident. How do we focus onto those people? How do we create opportunities for those people to see sports as a means to an end? Sport across so many areas, whether it be health, education or social inclusion, is a way of engaging with people, so we work with the state departments. A report and national plan were done for people with disability to look at pathways. That has been considered by the standing committee for recreational sport and the sport and rec minister's committee. The key is that we believe pathways can be established so that people with disability can be accessed and be aware of the opportunities but, as with all things, it comes down to a resource issue".

It has been brought to my attention that an error was made regarding the name of the committee's that considered the report. Therefore, the response should now be amended as follows (changes are underlined):

"It is a difficulty because some people are born with a disability and some, unfortunately, acquire a disability through an accident. How do we focus onto those people? How do we create opportunities for those people to see sports as a means to an end? Sport across so many areas, whether it be health, education or social inclusion, is a way of engaging with people, so we work with the state departments. A report and national plan were done for people with disability to look at pathways. That has been considered by the Standing Committee on Recreation and Sport and the Sport and Recreation Ministers' Council. The key is that we believe pathways can be established so that people with disability can be accessed and be aware of the opportunities but, as with all things, it comes down to a resource issue".

On page CA 121, Senator Lundy asked the following question:

"What were the summary results of that review, Mr Peters?"

My response was as follows:

"I can read out a whole lot of figures, but summary results are that it is a fantastic program, it achieves its aims and there is enormous unmet demand. The pleasing thing in terms of results was that these were parents talking about the change in the attitudes of their children. It was teachers talking about their ability to work within the system. There are now something like 23,000 people trained in community coaching, ranging from teachers to parents to providers, so the teachers are now equipped with skills about how to run even recess time programs back within that school environment. So there are a whole lot of spinoffs. You talk about the broader concept for social inclusion. The senator is about to hit an area up there, and we think there are a lot of examples of how this has really worked in different areas. We have a program that is running with Immigration in Port Macquarie-Lakemba, which is having

tremendous integration results that we believe can establish role models for a whole lot of other programs".

In relation to the social inclusion program that has been established in consultation with Immigration, an error was made regarding the location of this program. Therefore, the response should now be amended as follows (changes are underlined):

"I can read out a whole lot of figures, but summary results are that it is a fantastic program, it achieves its aims and there is enormous unmet demand. The pleasing thing in terms of results was that these were parents talking about the change in the attitudes of their children. It was teachers talking about their ability to work within the system. There are now something like 23,000 people trained in community coaching, ranging from teachers to parents to providers, so the teachers are now equipped with skills about how to run even recess time programs back within that school environment. So there are a whole lot of spinoffs. You talk about the broader concept for social inclusion. The senator is about to hit an area up there, and we think there are a lot of examples of how this has really worked in different areas. We have a program that is running with Immigration in Macquarie Fields-Lakemba, which is having tremendous integration results that we believe can establish role models for a whole lot of other programs".

A similar error was made further down the page and my response should be amended as follows:

"It was one of the variations that we put into the program in Macquarie Fields and Lakemba, where we actually had a young lady appointed in that role and it has been an outstanding success. As I have explored before, it becomes a resource issue—not just between investing in able-bodied Olympic or Paralympic athletes, but the whole community sport issue becomes a major concern for all of us. Where does a demarcation or cooperative arrangement between states and territories and the federal government come in?"

I would be grateful if the Committee would consider these amendments.

Yours sincerely

Mark A Peters
Chief Executive Officer

3 March 2008

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 & 22 February 2008

Question: E08-032

OUTCOME 15: Australian Sports Commission

Topic: AUSTRALIAN SPORTS COMMISSION

Written Question on Notice

Senator Bernardi asked:

a) Since becoming Minister for Sport, how many times has Minister Ellis met with Mr Mark Peters in her official capacity as Minister?
b) What are the dates of these meetings?
c) What was the duration of these meetings?

Answer:

a) The Minister for Sport has met with Mr Mark Peters, Chief Executive Officer of the Australian Sports Commission on six occasions.

b) and c)

Provided below is a table outlining the date and duration of each of the six meetings.

Date of Meeting	**Duration of Meeting**
4 December 2007	two hours
10 December 2007	one and a half hours
9 January 2008	one and a half hours
8 February 2008	one hour
21 February 2008	half an hour
22 February 2008	one hour

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 & 22 February 2008

Question: E08-033

OUTCOME 15: Sport

Topic: ASADA MEETINGS WITH MINISTER ELLIS

Written Question on Notice

Senator Bernardi asked:

a) Since becoming Minister for Sport, how many times has Minister Ellis met with ASADA in her official capacity as Minister

b) What are the dates of these meetings?

c) What was the duration of these meetings?

Answer:

a) Twice.

b) 10 December 2007 and 16 January 2008

c) 10 December 2007 – two hours (including meeting with ASADA Group Directors)
16 January 2008 – one hour

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 & 22 February 2008

Question: E08-034

OUTCOME 15: Sport and Recreation

Topic: COSTING OF TRANSFER OF ASADA AND ASC

Written Question on Notice

Senator Bernardi asked:

a) What costs are associated with the Transfer of ASADA and the ASC from the former Communications, Information Technology and the Arts portfolio to the Health and Ageing portfolio?
b) What are the expected budgetary efficiencies with regard to the transfer of ASC and ASADA to the Health and Ageing portfolio?

Answer:

a) There are no material costs associated with the transfer of ASADA and ASC from the former Communications, Information Technology and the Arts portfolio to the Health and Ageing portfolio. The transfer did not involve any physical relocation or change to organisational structures.
b) There are no budgetary efficiencies expected to be gained from the transfer of ASADA and ASC to the Health and Ageing portfolio as they are both Statutory Authorities working independently of the Department.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 & 22 February 2008

Question: E08-035

OUTCOME 15: Sport

Topic: COSTS OF ANTI-DOPING TESTS AND SAMPLE STORAGE

Written Question on Notice

Senator Bernardi asked:

a) How much is it going to cost the Government to conduct anti-doping tests through ASADA over the course of the coming year?

b) How much does each individual anti-doping test cost?

c) How much does it cost to store each sample of an athlete's blood or urine?

Answer:

a) $2.6m.

b) The average cost of conducting an anti-doping test is $625.

   Note the cost of tests can vary not only because of different laboratory fees but also because some tests may require the use of a registered nurse and/or incur courier fees.

c) $14.17 per sample.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 & 22 February 2008

Question: E08-036

OUTCOME 15: Sport

Topic: PURE PERFORMANCE PROGRAM

Written Question on Notice

Senator Bernadi asked:

On 21 February, Minister Ellis announced doping protection for Australian Olympians. In the media release she stated: "ASADA in partnership with the AOC will put in place an eight-point 'Pure Performance Program'. This will include steps never before seen for an Australian Olympic team:
- a comprehensive and targeted urine and blood testing program of all athletes heading to the Olympic Games, with a one-test-per-athlete guaranteed minimum
- placing the samples of 'at risk' athletes and those in medal contention into The Tank' (ASADA's deep-freeze storage facility, designed to close the net on use of undetectable prohibited substances by freezing samples for future retesting with new technology)
- ASADA working closely with state and federal law enforcement agencies and the Australian Customs Service to boost interception at the border of any prohibited substances destined for Australia a comprehensive anti-doping education program to be delivered by ASADA to every Australian Olympic athlete in the six months leading up to the Olympic Games
- an anti-doping commitment from every athlete
- additional scrutiny and targeted testing of identified 'at risk' sports
- cooperation between the AOC and ASADA on any alleged anti-doping breaches
- follow-up activity to interview any athletes or their support personnel who record anti-doping rule violations - enabling investigation of prohibited-substance supply chains."

a) How much in total is it going to cost to run this 'Pure Performance Program'?

b) How many athletes will be tested as part of the 'Pure Performance Program'?

c) Will this 'Pure Performance Program' be ongoing, or it just a once off program for the 2008 Beijing Olympics?

d) How much will it cost to undertake the 'Pure Performance Program' drug testing for every athlete going to the Beijing Olympics?

e) How much will it cost to store these samples from the 'Pure Performance Program'?

f) On what date will the testing start for the 'Pure Performance Program'?

Answer:

a) Approximately $0.974m including overheads.

b) 1,000 athletes.

c) This is a pilot program. The results will be reviewed upon completion and as part of that review, consideration will be given to whether the program should be repeated.

d) Approximately $0.934m including overheads.

e) Approximately $0.003m.

f) 8 September 2007.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 February 2008

Question: E08-041

OUTCOME 15: Australian Sports Commission

Topic: ACTIVE AFTER-SCHOOL COMMUNITIES PROGRAM – INDIGENOUS EMPLOYEES

Hansard Page: CA 116

Senator Bernardi asked:

Of course, it is a limited number. Would you be able to provide me with a specific number? You can take it on notice and let me know. It is not important immediately.

Answer:

There are currently three Indigenous staff members working as Regional Coordinators in the Active After-school Communities program.

There are currently 92 Indigenous deliverers fully registered to deliver in the Active After-school Communities program and 45 Indigenous deliverers on probationary registration with the program.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 February 2008

Question: E08-042

OUTCOME 15: Australian Sports Commission

Topic: INDIGENOUS SPORT UNIT – INDIGENOUS EMPLOYEES

Hansard Page: CA 116

Senator Bernardi asked:

Similarly, you may know the numbers offhand of how many Indigenous people are working within the Indigenous Sport Unit within the ASC. Can you tell me that now or do you want to take it on notice?

Answer:

Two of the three substantive positions in the Indigenous Sport Unit are currently held by Indigenous employees.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 February 2008

Question: E08-055

OUTCOME 15: Sport

Topic: AUSTRALIAN RUGBY UNION (ARU)

Hansard Page: CA 122

Senator Brandis asked:

What was the date of that telephone contact and email (re provision of advice about the previous Governments decision)?

Answer:

The Department contacted the ARU by telephone on 27 July 2007.
The Department contacted the ARU by email on 2 August 2007.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 February 2008

Question: E08-058

OUTCOME 15: Sport

Topic: ASADA DRUG TESTING

Hansard Page: CA 107

Senator Bernardi asked:

On drug testing how many positive tests were recorded last year (2006-07)?

Answer:

In 2006-07 positive tests that were not subject to a Therapeutic Use Exemption and were within the ASADA jurisdiction, amounted to 22.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 February 2008

Question: E08-060

OUTCOME 15: Sport

Topic: ASADA HOTLINES

Hansard Page: CA 109

Senator Bernardi asked:

Can you provide the information on how many calls are received by your respective hotlines and in what areas the inquiries fall?

Answer:

Anti-Doping Hotline
Since 1 July 2007 ASADA has received 3,533 calls to the Anti-Doping Hotline. A typical breakdown of calls received each month, include matters such as:

- Australian Sports Drug Medical Advisory Committee (ASDMAC) Contact Details
- Anti-Doping Information
- Publication orders
- Athlete Whereabouts inquiries
- Internal ASADA requests

Stamp Out Doping Hotline
Since 1 July 2007 ASADA has received 20 calls to the Stamp Out Doping Hotline relating to matters such as:

- Allegations against athletes in a variety of sports
- Allegations of doping in sports outside ASADA's jurisdiction such as kickboxing
- Complaints over processes, not necessarily related to doping

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 February 2008

Question: E08-040

OUTCOME 15: Australian Sports Commission

Topic: TAEKWONDO

Hansard Page: CA 115

Senator Fierravanti-Wells asked:

I am asking about this one in particular. Perhaps if you could take that on notice, Senator, and pass it on to the Minister, in the hope that she may find some time to meet with this particular group of people, given the large number of members that they do have.

Answer:

The Minister for Sport has been briefed by the Australian Sports Commission on issues concerning Taekwondo Australia, and she has been made aware of the views of Senator Fierravanti-Wells concerning meeting with representatives of Taekwondo Australia. The Minister's Office met with representatives of Taekwondo Australia on 27 February 2008.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 & 22 February 2008

Question: E08-044

OUTCOME 15: Australian Sports Commission

Topic: TAEKWONDO

Written Question on Notice

Senator Fierravanti-Wells asked:

a) Please outline the circumstances which resulted in the organisation Taekwondo Australia losing its affiliation and funding arrangements with the Australian Sports Commission.
b) In the interests of the thousands of Taekwondo participants and athletes across Australia, could the Australian Sports Commission outline what steps are being undertaken by to rectify their relationship with Taekwondo Australia?
c) Would the Australian Sports Commission be willing to facilitate a meeting in the presence of the Minister for Sport with the representatives from Taekwondo Australia and the Australian Olympic Committee in order to actively pursue a solution to the current situation?

Answer:

a)

- In May 2007, a small group of Taekwondo Australia members lodged a complaint with the ACT Registrar General as to the validity of the Constitution amended at the October 2005 Taekwondo Australia Special General Meeting.
- In June 2007, the Australian Sports Commission wrote to Taekwondo Australia outlining notional funding for 2007/08. All Australian Sports Commission funding offers are notional until a mutually agreeable Funding and Service Level Agreement is signed.
- At the Taekwondo Australia Special General Meeting in September 2007, Taekwondo Australia members voted against recommendations that would have seen the 2005 Constitution validly adopted, knowing that this action would be in conflict with a previously agreed position concerning governance reform of full Board independence as a fundamental condition of continuing to receive public funding through the Australian Sports Commission.

- The Australian Sports Commission wrote to Taekwondo Australia in October 2007 confirming that the Australian Sports Commission had ceased formal relations with Taekwondo Australia and that the 2007/08 funding offer was withdrawn as a result of the decision taken at the 2007 Taekwondo Australia Special General Meeting.
- On 29 October 2007, the Australian Olympic Committee wrote to Taekwondo Australia to formally advise Taekwondo Australia that it ceased to continue to satisfy the membership requirements of the Australian Olympic Committee.
- On 8 November 2007, the World Taekwondo Federation (International Federation) wrote to Taekwondo Australia to announce that the Australian Olympic Committee had been appointed as the interim National Body for Taekwondo in Australia as Taekwondo Australia no longer satisfied the criteria to be recognised by the World Taekwondo Federation.
- On 23 November 2007, the Commission wrote to Taekwondo Australia formally advising that Taekwondo Australia is no longer recognised as a national sporting organisation by the Commission as it no longer met published Australian Sports Commission recognition criteria requiring any national sporting organisation, such as Taekwondo Australia, to be recognised by the appropriate International Federation.

b) In order for Taekwondo Australia to re-gain its Australian Sports Commission recognition status, a necessary first step would be for Taekwondo Australia to satisfy the criterion requiring membership of the sport's international body. Once membership has been established, Taekwondo Australia would then need to make an application for recognition against the Commission's recognition criteria. Taekwondo Australia is aware of these criteria, which are also publicly available on the Commission's website at www.ausport.gov.au

c) Yes, the Australian Sports Commission would be willing to facilitate a meeting in the presence of the Minister for Sport with representatives from Taekwondo Australia and the Australian Olympic Committee (AOC) in order to actively pursue a solution to the current situation. The AOC has indicated that it doesn't intend to revisit the Taekwondo Australia recognition issue until 2009.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 February 2008

Question: E08-059

OUTCOME 15: Sport

Topic: EFFICIENCY DIVIDEND AND ASADA

Hansard Page: CA 109 - 110

Senator Bernardi asked:

Would you let us know what efficiencies you do as you implement them?

Answer:

At this stage it is not possible to detail what efficiency savings will be obtained in the 2008-09 financial year, as the Budget for this period has yet to be developed.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 February 2008

Question: E08-056

OUTCOME 15: Sport

Topic: AUSTRALIAN RUGBY UNION (ARU)

Hansard Page: CA 125-126

Senator Brandis asked:

a) Whether prior to the decision of the strategic budget committee of cabinet being made Minister Ellis was consulted in relation to the proposed withdrawal of Commonwealth funding for the Rugby League Hall of Fame and if so what date was she consulted.

b) What date did the Minister first become aware of the decision.

c) What steps did Minister Ellis take to inform herself of the consequences for the Australian Rugby Union and those concerned with the development of the Ballymore project of the withdrawal of Commonwealth funding, and in doing that was she aware that the Australian Rugby Union and those responsible for the project had entered into contractual commitments of several hundred thousand dollars with professional firms in order to prepare the early stages for the commencement of the project.

Answer:

a) Yes. The Minister was consulted some months prior to the decision being taken.
b) It would not be appropriate to provide specific details on the internal deliberations of Cabinet.
c) The Minister sought and received advice from a range of sources, including both the Department and the ARU.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 20 February 2008

Question: E08-057

OUTCOME 15: Sport

Topic: AUSTRALIAN RUGBY UNION (ARU)

Hansard Page: CA 126

Senator Bernardi asked:

When did the Minister inform both the ARU and the NRL of these cuts in their funding?

Answer:

Both the ARU and NRL were informed of the Strategic Budget Committee decision on 6 February 2008. Prior to this date the decision was Cabinet-in-Confidence.