

MINISTER FOR MENTAL HEALTH, HEALTHY LIFESTYLES AND WESTERN NSW

BUDGET ESTIMATES - QUESTION ANSWERED

On 26 October 2011, during NSW Health's appearance before the General Purpose Standing Committee No. 2, The Hon. Mick Veitch asked a question on page 3 of the Transcript, which was taken on notice, concerning the projects under the current Government that do not involve carry over funding from the previous Government and are not Commonwealth funded.

Mr KEVIN HUMPHRIES: Before I ask Mr McGrath to comment, I might say that the honourable member would be aware that where projects were listed in budget estimates or in future estimates there was indeed a carry-over of at least two, and in some cases three, terms of government. We have tried to pick up in a priority order. We know that the biggest issue facing the community, particularly in mental health and health, is infrastructure. There is no doubt about that; it is about ability to access the services. We know that we cannot realise all those infrastructure additions without Commonwealth support.

We have to have a positive relationship with the Commonwealth. We also have to have an inter-portfolio, cooperative working network, which I believe we had, and that is why I think, under the current regime and with the project management ability and degree of discipline that we have, we will commit to and deliver what we have outlined. That has not been the case in the past. It is certainly something we are committed to, and it is something that the community expects. But in relation to new funding and the question asked by the honourable member, I might ask Mr McGrath to comment a little further on that, if that is all right.

Mr McGRATH: There are a few new funding initiatives in the budget this year, totalling \$11.3 million for the Mental Health program. There are a few exemplars. There is half a million this year for a new rural mental health emergency transport service, which steps up to \$2.1 million in future years. There is \$500,000 for the schizophrenia research chair at the University of New South Wales; \$800,000 for a clinical academic research program; \$2 million for a family care and mental health program; \$3.4 million for an assertive community response and mental health services program; and \$800,000 for older persons beds in the Hunter-New England service at the Mater Hospital, the public version of Newcastle Hospital.

The Hon. ADAM SEARLE: You can subsequently provide details of those?

ANSWER:

I am advised:

New funding has been used from the 2011/12 budget for the following initiatives:

Initiative	2011/12 Funding (million)
Rural Mental Health Emergency Transport (\$0.5 million in 2011/12 increasing to \$2.1 million by 2013/14) This initiative aims to decrease the health risks for people in rural areas experiencing mental health problems, who have been detained by police under Section 22 of the Mental Health Act 2007, and who require transportation over long distances to the closest Declared Mental Health Facility (DMHF). Funding of \$3.84 million over 3 years will expand the number of DMHFs and handover sites at strategically located rural NSW sites, and develop a rural retrieval service thereby facilitating a more timely handover of people detained by police under the Mental Health Act, into the care of the health system. Funding in the first year will provide for establishment of the service, and piloting of the model.	\$0.5
Schizophrenia Research Chair The Chair of Schizophrenia Research and program is focused on the developmental neurobiology of cognition and behaviour in relation to	\$0.5

<p>schizophrenia. Professor Cyndi Shannon-Weickert was appointed as the Chair in 2006.</p> <p>Hosted by the Schizophrenia Research Institute (SRI) in partnership with Neuroscience Research Australia (NeuRA) and the University of New South Wales, the Chair of Schizophrenia Research is the only national medical Chair and research program dedicated solely to discovering the ways to prevent and cure schizophrenia.</p> <p>Currently an annual grant of \$0.5 million is provided to support the Chair. Additional funding of \$0.5 million has been provided to ensure the sustainability and development of the program in the future.</p>	
<p>Clinical Academic Mental Health Research Program</p> <p>This initiative seeks to establish a Mental Health Clinical Academic Research Program aimed at developing career researchers within the mental health research area. The proposal is designed to provide support for those with outstanding potential for development as a researcher. The program will appoint researchers, with support staff to develop the research program.</p>	\$0.8
<p>'Medicottage' partnership with St Vincent's Hospital</p> <p>The Medicottage partnership will contribute to the NSW Government's commitments under the National Partnership on Homelessness to reduce homelessness by 50% by 2020. A 10-12 bed facility will be established close to St Vincent's Hospital to provide a short term "recovery space" and linkages to supported accommodation and community supports for homeless people.</p>	\$0.8
<p>Specialist Mental Health Services for Older People in Hunter/New England</p> <p>This initiative will increase funding for the Specialist Mental Health Services for Older People (SMHSOP) acute inpatient unit located on the campus of Calvary Mater Hospital, Newcastle. Increased funding will allow for the expansion of the unit by 4 beds thereby enabling the unit to operate at 22-bed capacity for the delivery of a modernised model of mental health care for older people.</p>	\$0.8
<p>Family and Carer Mental Health Program</p> <p>The NSW FCMH Program provides funding to non-government organisations to provide support to families and carers including education and training to build coping skills and resilience, individual support, information, advocacy and peer support. Local Health Districts are funded to develop resources and provide training and support to clinicians to work with families and carers, so that they are recognised, supported and included in planning treatment and delivering services. When families and carers are supported to perform caring roles in a sustainable and satisfying manner, it supports long-term gains to consumers' health, recovery and quality of life.</p> <p>Additional recurrent funding of \$2 million will support specialist family and carer positions located across the Local Health Districts and assist Non Government Organisations.</p>	\$2.0
<p>Assertive Community Response Child and Adolescent Mental Health Services</p> <p>Assertive community response CAMHS will provide timely access to specialist child and adolescent mental health services and help reduce child and adolescent admissions to general paediatric, child and adolescent and adult mental health inpatient units.</p> <p>Three Assertive CAMHS teams will be piloted to increase the capacity of community based CAMHS to provide a timely and developmentally appropriate assertive response to children, adolescents and their families. These new</p>	\$3.4

teams are designed to respond earlier, provide better outreach to families and potentially avoid hospital admissions for children and adolescents.	
Increase – nursing hours per patient day A notional part year estimate of \$2.5 million was allocated to fund the changes to nursing hours per patient per day that was negotiated with the NSW Nurses Association.	\$2.5
Total 2011/12	\$11.3

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On 26 October 2011, during NSW Health's appearance before the General Purpose Standing Committee No. The Hon. Mick Veitch asked a question on page 6 of the Transcript, which was taken on notice, concerning the indexation for grants to non-government organisations in 2011/12.

The Hon. MICK VEITCH: Your department funds a number of non-government organisations.

Mr KEVIN HUMPHRIES: Correct.

The Hon. MICK VEITCH: What was the indexation for grants under this budget?

Mr KEVIN HUMPHRIES: I will take that question on notice.

The Hon. MICK VEITCH: Was it 2.5 per cent?

Mr McGRATH: We will take that question on notice. There would be a standard non-government organisation escalation process across the entire health program; it would not be specific to mental health.

The Hon. MICK VEITCH: We heard earlier in the week that the index for disability groups is 2.5 per cent. Can you take that question on notice and provide the figure for indexation?

Mr KEVIN HUMPHRIES: Yes

ANSWER: - FINANCE

I am advised:

An indexation factor of 2.5% was applied in 2011-12 to grants provided by the Ministry of Health under the NSW Health Non-Government Organisation Grant Program.

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On 26 October 2011, during NSW Health's appearance before the General Purpose Standing Committee No. The Hon. Mick Veitch asked a question on page 6 of the Transcript, which was taken on notice, concerning subsidising air services in Western NSW.

The Hon. MICK VEITCH: Prior to becoming Minister you made a number of statements in western New South Wales about the importance of the Government subsidising air services into that area. Is that still your view?

Mr KEVIN HUMPHRIES: We were looking at creative ways to re-establish air services to western New South Wales. The Accessibility/Remoteness Index of Australia identified Berkshire as the only isolated local government area in the State. Concerns were raised when the commercial operator pulled out two years ago, given the number of government services that were provided by air into western New South Wales. The main affected communities, which are in my electorate, are Bourke and Walgett, and additional services were provided into Lightning Ridge and Coonamble. The main user of those services was the Ministry of Health, followed by the Department of Community Services, the NSW Police Force, the Local Court and the Department of Education and Training, and then it peters off.

The difficulty we had, which was put to your Government, was that the alternatives—that is, fly-drive through Dubbo or not service the area at all—were untenable. We needed to come up with a better option. Since then two things have happened. The Royal Flying Doctor Service of Australia has done a fantastic job and we work in close collaboration. We nearly lost that service under the previous Government. It was only because of the efforts of your upper House colleague the Hon. John Della Bosca and a few others that your Government was convinced to retain it.

The Hon. MICK VEITCH: My outstanding upper House colleagues.

Mr KEVIN HUMPHRIES: Yes, outstanding. The Royal Flying Doctor Service provides much more than aerial retrievals to western New South Wales. It has also expanded its provision of clinics into the area and it has picked up a large part of the shortfall. The other group that has stepped up is the Aboriginal Medical Service. The service at Walgett was chartering aircraft, and still does on occasion, to get midwives into that area. It is not a designated birth centre, but it obviously still needs to be serviced.

The Hon. MICK VEITCH: Can you take that question on notice and provide the rest of the information I requested?

Mr KEVIN HUMPHRIES: Yes.

ANSWER:

I am advised:

The Rural Aerial Health Service (RAHS) is a NSW Ministry of Health funded service to provide free air transport for health professionals providing medical and allied health outreach services in rural and remote NSW. Currently services are provided to the Far West, Western NSW (main service user), Hunter New England, Southern NSW and Murrumbidgee Local Health Districts (LHD). The focus of the service is providing flights to communities with no commercial flights and where the road transport time is significant.

The transport is provided by the Royal Flying Doctor Service (RFDS), on behalf of NSW Health, using its own plane and charter flights. The Service is funded through a three year NGO grant administered by Western NSW LHD to the value of \$1 million per annum. A flight schedule, based on LHD service needs, is negotiated and costed with RFDS each year. It is considered imperative that the service requirement is planned by, and responds to, LHD service needs as part of their service delivery, along with other outreach, telehealth, and LHD networking.