Attachment C
MINISTER ASSISTING MINISTER FOR HEALTH (MENTAL HEALTH)

BUDGET ESTIMATES - QUESTION ANSWERED

On 14 September 2010, during NSW Health's appearance before the General Purpose Standing Committee No.3, the Hon Marie Ficarra asked a question on page 29 of the Hansard, which was taken on notice, concerning mental health beds in Greater Southern Area Health Service.

The Hon. MARIE FICARRA: As a preamble to my question to put it into context, Justin Berkhout, aged 29, hanged himself in a cubicle in Wagga Wagga Base Hospital emergency department in July 2007 after waiting nearly 21 hours for a bed in the mental health unit. Deputy State Coroner Paul McMahon told his inquest in November 2009, "the lack of mental health beds contributed to Mr Berkhout's death". He said that the Greater Southern Area Health Service has just over half the mental health beds it needs, according to clinical guidelines, and recommended that the Government substantially increase funding for more beds across the area. Since Justin's death I believe only two acute beds have been added to the hospital and 30 beds are planned in a hospital redevelopment but there seems to be no time frame for that project. Has the Government announced funding? Is there a time frame? Exactly where are we at?
Mrs BARBARA PERRY: Before I ask the deputy director general to add to my answer, I say that all deaths are tragic and Justin's death was particularly tragic. I feel very much, and have great sympathy, for his family. Over the past five to six years we have embarked on two things. First, we now have 2,600 beds in this State, and all types of different beds from acute to rehabilitative beds, non-acute beds. At the same time as we have been doing that we have been comprehensively working to enhance community-based services. We have been taking a two-pronged approach. The 2010-2011 budget this year included money in relation to Wagga Wagga Base Hospital to finalise planning and commence stage one of that redevelopment. The redevelopment is going to include new and upgraded areas for mental health and include the mental health beds that you rightly referred to. I will ask the director general to add to that.
Dr MATTHEWS: It is a four-fingered problem. You are correct, and we would acknowledge, that every area health service now is at or close to its so-called muck-up requirements for acute beds, except for the Greater Southern Area Health Service. We acknowledge this problem and we are working hard to fix it. We have funded an interim unit in Bega Hospital to cover that corner of the area and, as the Minister said, the Government has appropriated $90 million for the first stage of the Wagga Wagga hospital redevelopment. I am pleased to say that that $90 million will include complete rebuild and additional beds for the mental health component. The exact number of beds I might have to take on notice and supply to the Committee but I know there is a considerable increase. I have personally met with Health Infrastructure to plan where the beds should be and how the functional relationship should work, and I am particularly pleased that not only are we getting those additional beds but the existing unit will be completely rebuilt so that the current beds will be, if you like, new as well.
The Hon. MARIE FICARRA: Will you provide a time frame for the project?
Dr MATTHEWS: Health Infrastructure—which is the building arm, if you like, of the Health Administration Corporation—is currently scoping the works. There will be a tender let soon. I will get advice from Robert Rust, who is the chief executive, and provide the Committee with the current time line.

ANSWER:

The Wagga Wagga Hospital redevelopment is planned to include 30 adult acute mental health beds as part of Greater Southern Area Health Service's expansion of specialist mental health inpatient bed options across the area. Planning for the Stage One Wagga Wagga has advanced, with completion of the update of the Clinical Services Plan to reflect current planning and population information. Project targets include completion of the Service Procurement Plan/Project Definition Plan in March 2011 and the submission of a Part 3A Project Application to the Department of Planning in May 2011.

MINISTER ASSISTING MINISTER FOR HEALTH (MENTAL HEALTH)

BUDGET ESTIMATES - QUESTION ANSWERED

On 14 September 2010, during NSW Health's appearance before the General Purpose Standing Committee No.3, Mr David Shoebridge asked a question on page 32 to 33 of the Hansard, which was taken on notice, concerning vacancies in Area Health Services.

Mr DAVID SHOEBRIDGE: Dr Matthews, you gave some answers earlier about the reports you get from the chief executive officers on a monthly basis about vacancies in area health services. Have those vacancy rates increased or decreased over the past 12 months?
There has been active recruitment, and it varies from place to place. I would need to take the question on notice to give a precise answer because I do not hold those figures in my head. David might have some.
Mr McGRATH: When there is growth in a program obviously the vacancy rate for that program will be greater in any given month if there is sudden growth. Over the five years of the New Directions package it has remained relatively constant. As new money has come in, vacancies in the program for the new bits are greater than those for the older bits, but it has remained relatively constant.
Mr DAVID SHOEBRIDGE: Is that your observation, Dr Matthews, that they have remained essentially constant according to your monthly reports?
Dr MATTHEWS: Yes, that is correct, although I would say that on a year-to-year basis they have gone up very considerably over the past five years because of the very large increase in funding we have had, the large number of additional acute units, subacute units and beds we have opened, and the increased number of a broad range of services from court liaison services to various community services.
Mr DAVID SHOEBRIDGE: Could you give a more detailed breakdown of those yearly vacancies on notice?
Dr MATTHEWS: We can, and we can give a yearly breakdown of the full-time equivalents, which will show a considerable rise.

ANSWER:
The Department does not collect data on vacancies in each Area Health Service. The Department monitors vacancies via the Milestones Tracking Reports. These provide an assessment of progress in implementing the Government's commitments under key strategies including *A New Direction for Mental Health* and subsequent budget enhancements.

At a statewide level, the current vacancy rate is 28%, which reflects the challenges of significant growth where there is a limited workforce.

Cycle 13: July 2008 – December 2008

	FTEs allocated	FTEs filled	FTEs vacant	% filled
Total	**549.77**	**432.52**	**117.25**	**79%**

Cycle 14: Jan 2009 – June 2009

	FTEs allocated	FTEs filled	FTEs vacant	% filled
Total	**544.11**	**438.48**	**105.63**	**81%**

Cycle 15: July 2009 – Dec 2009

	FTEs allocated	FTEs filled	FTEs vacant	% filled
Total	**661.71**	**524.92**	**136.79**	**79%**

Cycle 16: Jan 2010– June 2010

	FTEs allocated	FTEs filled	FTEs vacant	% filled
Total	**774.78**	**564.95**	**209.83**	**72%**

MINISTER ASSISTING MINISTER FOR HEALTH (MENTAL HEALTH)

BUDGET ESTIMATES - QUESTION ANSWERED

On 14 September 2010, during NSW Health's appearance before the General Purpose Standing Committee No.3, Mr Shoebridge asked a question on page 33 of the Hansard, which was taken on notice, concerning occupancy rates for acute mental healthcare beds in New South Wales.

Mr DAVID SHOEBRIDGE: What are the current occupancy rates for acute mental healthcare beds in New South Wales?
Mr McGRATH: Again, it varies from unit to unit depending on the location and the distribution of beds in a particular facility and the types of beds that might be co-located with that facility. I would have to take that question on notice to give the specific details.
Mr DAVID SHOEBRIDGE: Could you do that and perhaps look at the various units?
Mrs BARBARA PERRY: Over what time?
Mr DAVID SHOEBRIDGE: Over the last 12 months or 24 months would be sufficient. Could you also take on notice what the department's view is as to the optimal occupancy rates in order to provide best care for patients?
Mr McGRATH: Sure.
Mr DAVID SHOEBRIDGE: Could you answer that second question now or do you need to take it on notice?
Dr MATTHEWS: We need to point out that occupancy rates are a little more difficult to interpret with mental health units because of the number of patients who have leave. Sometimes you will get a reported occupancy rate of 104 per cent, which looks as though there are people in the corridor, whereas in fact a number of those inpatients are on periods of leave. It requires a little interpretation but we will attempt to do that.

ANSWER:

The Department's Mental Health Clinical Care and Prevention (MH-CCP) planning model of 2000 (Version 1.11) plans for 100% availability of most beds (that is, a funded bed will be built and fit for purpose and suitably staffed for 365 days/year), together with a design occupancy of 87% of available beds (for acute inpatient units and most others). This is an average annual occupancy, which allows units to operate efficiently while (on average) having capacity to cope with variations in demand. Both availability and occupancy of beds are tracked on a daily basis and reported to the Department.

Since 2004-05 the NSW Department of Health Annual Report has published a time series of statistics on the performance of the system, namely:

- The number of funded beds
- The average annual availability of funded beds (that is, the percentage of the funded beds that were fit for purpose and staffed, averaged over 365 days)
- The average annual occupancy of available beds (that is, the percentage of the available beds that were occupied, averaged over 365 days)

The latest report of that kind is on page 261 of the NSW Department of Health Annual report for 2008-09, and appears below:

Funded Capacity	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09
Funded beds at 30 June	1,874	1,922	2,004	2,107	2,157	2,219	2,316	2,360	2,491
Increase since 30 June 2001	-	48	130	233	283	345	442	486	617

Average Availability (full year)	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09
Average available beds	1,814	1,845	1,899	1,985	2,075	2,153	2,261	2,283	2,396
Increase since 30 June 2001	-	31	85	171	261	339	447	469	582
Average Availability (%) – of funded beds	**97**	**96**	**95**	**94**	**96**	**97**	**98**	**97**	**96**

Average Occupancy (full year)	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09
Average occupied beds	1,572	1,621	1,702	1,773	1,847	1,912	2,056	2,059	2,120
Increase since 30 June 2001	-	49	130	201	274	340	484	487	548
Average Occupancy (%) – of available beds	**87**	**88**	**90**	**89**	**89**	**89**	**91**	**90**	**88**

The table demonstrates that between 2000-01 and 2008-09 NSW Health announced funding for 617 additional beds. Despite the obvious challenges of building and staffing a 33% increase in bed capacity, between 94% and 98% of all funded bed capacity were available in any given year.

Occupancy of all available bed types ranged from 87% to 91% for the system as a whole during the period, close to the design occupancy. In summary, funded beds were built, staffed, available, and used as planned.

Raw data from which similar calculations may be made is also reported for each unit and type of sub-unit in the NSW Department of Health Annual Report (pages 265-267), along with many other performance indicators. Annual average occupancy can be calculated by simply dividing the figures in the column for “Average occupied beds in year” by the figures in the column for Average available beds in year”. This ratio is only as accurate as the data that has been reported, which has been rounded to a whole integer. Thus these numbers may be rounded up or down by half a bed-year in either case, which can have a large effect for small units.

The occupancy rates calculated in this way are in the table below. Note that the availability and occupancy of individual units can be affected my many local factors, and it is the task of Area Health Services to manage their beds closely.

ACUTE BEDS - ADULT

Area Health Service, Hospital or Unit	Average Available (Bed-Years)		Average Occupied (Bed-Years)		Average Occupancy (Annual, %)	
	2007-08	2008-09	2007-08	2008-09	2007-08	2008-09
X500 SYDNEY SOUTH WEST	**303**	**302**	**278**	**286**	**92%**	**95%**
Royal Prince Alfred Hospital	44	40	36	37	82%	93%
Rozelle Hospital	107	0	98	0	92%	
Concord Hospital	22	129	18	119	82%	92%
Liverpool Hospital	68	50	67	52	99%	104%
Campbelltown Hospital	30	51	31	51	103%	100%
Bankstown/Lidcombe HS	30	30	28	27	93%	90%
Bowral & District Hospital	2	2	0	0	0%	0%
X510 SOUTH EASTERN SYDNEY/ ILLAWARRA	**221**	**237**	**222**	**234**	**100%**	**99%**
Wollongong Hospital	20	33	19	30	95%	91%
Shellharbour Hospital	48	45	48	47	100%	104%
St Vincents Public Hospital	33	33	30	30	91%	91%
Prince of Wales Hospital	58	64	64	68	110%	106%
St George Hospital	34	34	31	31	91%	91%
Sutherland Hospital	28	28	30	28	107%	100%
X520 SYDNEY WEST	**233**	**225**	**225**	**224**	**97%**	**100%**
Blacktown Hospital	33	34	34	37	103%	109%
St Josephs Hospital Auburn	19	19	15	15	79%	79%
Westmead (adult)	26	25	26	25	100%	100%
Cumberland Hospital	102	94	102	99	100%	105%
Penrith DHS - Nepean Hosp	38	39	34	35	89%	90%
Blue Mountains DH	15	14	14	13	93%	93%
X530 NORTHERN SYDNEY/CENTRAL COAST	**190**	**203**	**183**	**184**	**96%**	**91%**
Greenwich Home of Peace Hos.	20	20	22	19	110%	95%
Hornsby & Ku-Ring-Gai Hos.	29	38	26	33	90%	87%
Manly District Hospital	29	31	29	29	100%	94%
Royal North Shore Hospital	23	24	21	21	91%	88%
Macquarie Hospital	14	14	15	15	107%	107%

Gosford District Hospital	25	25	23	22	92%	88%
Wyong District Hospital	50	51	47	45	94%	88%
X540 HUNTER NEW ENGLAND	**168**	**171**	**153**	**149**	**91%**	**87%**
Maitland Hospital	24	25	25	26	104%	104%
James Fletcher Hospital	81	81	78	75	96%	93%
Armidale & New England Hos.	8	8	6	6	75%	75%
Tamworth Base Hospital	23	25	20	17	87%	68%
Manning River Base Hospital	20	20	16	17	80%	85%
Morisett Hospital	12	12	8	8	67%	67%
X550 NORTH COAST	**98**	**121**	**91**	**106**	**93%**	**88%**
Lismore Base Hospital	23	44	22	35	96%	80%
Tweed Heads District Hos.	25	25	23	22	92%	88%
Coffs Harbour & District Hos.	30	30	29	29	97%	97%
Kempsey Hospital	10	10	8	8	80%	80%
Port Macquarie Base Hos.	10	12	9	12	90%	100%
X560 GREATER SOUTHERN	**66**	**66**	**54**	**52**	**82%**	**79%**
Albury Base Hospital	24	24	19	18	79%	75%
Wagga Wagga Base Hospital	20	20	17	18	85%	90%
Goulburn Base Hospital	22	22	18	16	82%	73%
X570 GREATER WESTERN	**55**	**54**	**41**	**42**	**75%**	**78%**
Dubbo Base Hospital	18	18	13	14	72%	78%
Mudgee District Hospital	2	2	0	0	0%	0%
Bloomfield Hospital	29	28	22	23	76%	82%
Broken Hill Base Hospital	6	6	6	5	100%	83%
X170 JUSTICE HEALTH SERVICE	**88**	**95**	**83**	**84**	**94%**	**88%**
Long Bay (Ward D & B)	38	95	34	84	89%	88%
Mulawa and MRRC	50	0	49	0	98%	
TOTAL NSW ADULT ACUTE	**1,422**	**1,474**	**1,330**	**1,361**	**94%**	**92%**

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BUDGET ESTIMATES - QUESTION ANSWERED

On 14 September 2010, during NSW Health's appearance before the General Purpose Standing Committee No.3, Mr Shoebridge asked a question on pages 34 of the Hansard, which was taken on notice, concerning GP involvement in the post-discharge care of mental health patients.

Mr DAVID SHOEBRIDGE: Has there been an increase in GP involvement in the post-discharge care of mental health patients? Is that a policy?
Dr MATTHEWS: That is something on which we are working. I do not know whether we have a performance indicator that tests it, but it is certainly something on which we are working.
Mr McGRATH: Obviously, we measure seven-day community follow-up. We do not specify whether that is GP or NGO in our performance indicators. It is worthwhile pointing out that the HASI program is designed specifically to avoid readmission to hospital facilities. It is a post-discharge program specifically funded through the NGO sector, whether or not that service delivery is provided by the NGO sector. Are you looking at the differentiation between our follow-up rates on the GP side of things and the NGO side of things?
Mr DAVID SHOEBRIDGE: Yes, I am.
Mr McGRATH: It would be fair to say that we are expanding on both fronts. Our aim overall is to improve community follow-up, irrespective of whether it is provided by GPs or NGOs, depending on what is more appropriate within that particular framework.
Dr MATTHEWS: We would be happy to table the evaluation of HASI, which shows that patients involved in that program have high-level attendance rates at GP surgeries and high-level follow-up rates from community mental health. The evaluation of that program clearly shows that both those things are happening. We are happy to table that evaluation.

ANSWER:

I am pleased to report that the HASI evaluation is publicly available and may be accessed at: http://www.health.nsw.gov.au/pubs/2007/hasi_evaluation.html

MINISTER ASSISTING MINISTER FOR HEALTH (MENTAL HEALTH)

BUDGET ESTIMATES - QUESTION ANSWERED

On 14 September 2010, during NSW Health's appearance before the General Purpose Standing Committee No.3, the Hon Robert Borsak asked a question on pages 36 to 37 of the Hansard, which was taken on notice, concerning Griffith Base Hospital.

The Hon. ROBERT BORSAK: And prevention, trying to avoid the problems, including the proposed mental health facility at Griffith hospital. In February 2008 the then Minister for Health announced in Griffith that a $3.9 million 20-bed mental health facility would be built at Griffith Base Hospital with construction to start mid 2009. Why has the project been delayed? When do you anticipate construction commencing?
Mrs BARBARA PERRY: Firstly, we were talking about promotion, community awareness and early intervention. You are now talking about hospitalisation and a delay at Griffith. As a Government we remain committed to that redevelopment. Might I add, the announcement was of a non-acute mental health unit. Of course, planning of that redevelopment is well progressed. The Government will be in a position to deliver that facility as soon as funds become available. We have embarked on a very big capital program, particularly over the past five years, building facilities across the State, multipurpose-type facilities and specialist facilities, including those for older and younger people. When we came to government in 1995 Westmead had one specialised health facility for children and adolescents; today we have seven. We need to bear in mind that we have embarked on a big capital program. I confirm again that in the great southern area, of which Griffith is part, we have built the Bega intra-mental health unit and also committed to building more mental health beds at Wagga Wagga.
The Hon. ROBERT BORSAK: What is the current time frame for this project?
Mrs BARBARA PERRY: As I indicated, planning is well progressed. As I stated earlier, as soon as funds become available we will be able to deliver that facility. That is where it is at.
The Hon. ROBERT BORSAK: Are tenders about to be announced for the project or are we still in the planning process?
Mrs BARBARA PERRY: No. I think I have made it clear twice now about the need for funds to become available.
The Hon. ROBERT BORSAK: Are you saying that we have not got the money?
Mrs BARBARA PERRY: I have indicated already that we have embarked on a big capital program. Do not forget that we have to work this properly around priorities. All governments have to do that, no matter who they are. We have embarked on a very capital-intensive program of building works across this State in the past five years. Let us be clear: mental health is not just about delivering beds; it is also about providing community-based services. The treatment of mental health has to be seen holistically.
The Hon. ROBERT BORSAK: Do you have a current updated cost for that project? Has it been reviewed or is it still sitting at $3.9 million?
Dr MATTHEWS: I will take that question on notice. Costs escalate in all building works by somewhere between 5 per cent and 6 per cent per year. The final cost of a facility depends on its starting and end points. There is an opportunity to put this project forward for funding under the COAG special acute beds funding. I cannot pre-empt the outcome, but those implementation plans for the out years have to be to the Commonwealth by the end of October. There is an opportunity to put it forward and get it approved in that process.

ANSWER:

The project is a component of Stage 5 Mental Health Program and is considered a capital priority project. A date for commencement of construction cannot be confirmed at this time.

The planning work previously undertaken was to define the project parameters and consider preferred locations and will provide good background for the next phase of planning.

The priority of the project must be considered against other proposals for health projects within limited capital funding.

It would not be appropriate to potentially provide misleading information as to the likely capital cost until more definitive advice on the project scope is known.