HOUSE OF ASSEMBLY

Thursday 30 June 2011

ESTIMATES COMMITTEE A

Chair:

Ms C.C. Fox

Members:

Ms F.E. Bedford
Mr S.S. Marshall
Dr D. McFetridge
Mr A. Sibbons
Mr I.H. Venning
Mrs L.A. Vlahos

The committee met at 08:31

DEPARTMENT OF HEALTH, $3,750,111,000

Witness:

Hon. J.D. Hill, Minister for Health, Minister for Mental Health and Substance Abuse, Minister for the Southern Suburbs, Minister Assisting the Premier in the Arts.

Departmental Advisers:

Mr D. Swan, Chief Executive, SA Health.

Mr J. Woolcock, Executive Director, Finance, SA Health.

Dr D. Panter, Executive Director, SA Health.

Ms K. Martin, Director, SA Health.

The CHAIR: Good morning. I advise that the commencement time for today's committee has been altered in accordance with standing order 268. As everyone knows, estimates committees are relatively informal procedures. There is no need to stand to ask or answer questions. Changes to committee membership will be notified as they occur. If the minister undertakes to supply any written answers he will have to do so by Friday 30 September.

There is a flexible approach to questions based on about three per member, alternating each side. Questions have to be based on lines of expenditure in the budget papers and they must be referenced, not just for each other but also for people in the gallery who may not have copies of the budget papers in front of them.

There is no formal facility for the tabling of documents before the committee. The documents can be supplied to the chair for distribution to the committee. I would also remind all members that questions are to be referred to the minister not his advisers. I think that we will now proceed to open the following lines. The health portfolio: the Minister for Health, the Minister for Mental Health and Substance Abuse, estimate of payments, Department of Health, $3,750,111,000. Minister, do you have an opening statement?

The Hon. J.D. HILL: Thank you, Madam Chair and other members of the committee. I start by introducing my colleagues here with me today, if I may. To my immediate left is Mr David Swan, Chief Executive of the Department of Health. David is the newly-appointed Chief Executive. I welcome him and congratulate him on his appointment. This is his first estimates committee in that role. Adjacent to him is Mr Jamie Woolcock who is the Executive Director, Finance Administration. He is relatively new to that role and it is his first time in this estimates committee in that role. Immediately behind me is Dr David Panter, Executive Director, Health Reform, and adjacent to him is Ms Kae Martin, Director of Operational Strategy in the Department of Health.

I can also advise the committee that I have a brief statement, and I have not organised any Dorothy Dix questions, not to say that members of my own side will not ask questions if they so

choose. We have agreement, I understand, with the opposition on the schedule which will take health through to about 12.30pm, and then from 12.30pm to 1pm for mental health and substance abuse, and then in my role as Minister for the Southern Suburbs between 1pm and 1.30pm, and there will be a break between 11am and 11.15am. If you are happy I will make my statement.

The CHAIR: I am happy.

The Hon. J.D. HILL: My role in life is complete. The 2011-12 budget provides for a total operating expenditure for the health portfolio of $4.63 billion, which is an increase of $174.2 million, (3.9 per cent), compared with 2010-11 budget. This is a lower rate of budgetary growth than previous years and shows that our plan of establishing a sustainable health system is starting to take shape.

The challenges faced by South Australia's health system and, indeed, health systems in most western jurisdictions, include the following: ageing populations, increasing demand, the growing burden of chronic disease (of course, all of those items are related to each other), the high cost of new health technology, workforce shortage, and ageing infrastructure. The Rann government responded to these challenges by commissioning the Generational Health Review in 2003, which led in turn to South Australia's Health Care Plan in 2007.

The plan includes an unprecedented capital investment in our metropolitan and country hospitals, including Australia's most advanced hospital, the 800-bed new Royal Adelaide Hospital. The Health Care Plan also aims to reduce the growth in demand by significantly investing in primary health care through GP Plus healthcare strategies and increased focus on healthy lifestyles and prevention. We have also increased clinicians' involvement in health service planning through the establishment of clinical networks and the Clinical Senate.

In short, we are trying to ensure that the healthcare system in this state is sustainable today and into the future. We are about halfway through the 10-year plan and are now in a position to make some tentative assessments of how it is working. In terms of increasing capacity, we have added about 200 beds to the metropolitan system since coming to government and we have about another 250 beds to be delivered by projects that are currently underway. I am talking about the metropolitan area there.

This budget delivers unprecedented capital health investment of $497.8 million, an increase on the 2005-06 budget of $362.1 million (267 per cent). This includes redeveloping all our metropolitan hospitals and country general hospitals. We now starting to witness a reduction in the growth in demand in both our emergency departments and through total hospital separations.

In 2006-07, the year before the launch of the Health Care Plan, emergency department presentations grew by 5.9 per cent, and in 2005-06 the growth was 5.5 per cent. Every year since then, other than a spike for swine flu in 2009-10, the rate of growth has slowed. In the year to date it has been 3 per cent. In terms of hospital separations, the same trend has been observed. In 2006-07 metropolitan hospital separations had grown by 4.6 per cent. In the years since, the growth in separations has slowed year-on-year to 3.3 per cent, 2.1 per cent and 1.9 per cent last year.

This year the figure in metropolitan Adelaide is down to 0.1 per cent. In contrast, country separations have grown 3.3 per cent this year to date, reflecting the increase in services now available in the country. This includes more renal dialysis, elective surgery, mental health care and increasing levels of cancer services to come.

South Australia is leading the country in reducing hospital demand despite the fact that we have the oldest mainland state population. I expect the trend to continue as the GP Plus Services Fund will be allocated $73.3 million for 2011-12. This funding includes $11.8 million for Health Care at Home packages and $59.2 million to strengthen initiatives aimed at reducing the growth in demand for hospital services.

The recently opened major GP Plus centres at Elizabeth and Marion will increase tenfold the number of appointments undertaken in GP Plus centres to 205,000 for the next financial year. The GP Plus super clinics at Modbury and Noarlunga will also both become fully operational by early next year and, of course, will increase capacity even further. We have slowed growth in hospital demand and we are also improving services in a key range of quantifiable and measurable areas.

According to most recent Australian Institute of Health and Welfare statistics, our performance in both elective surgery and emergency department timeliness has been steadily improving over the past few years. We improved our ranking every year for the past four years with

a median waiting time for elective surgery, which is now 36 days. We also have the smallest number of patients who have waited more than a year in the nation for elective surgery.

In terms of emergency department wait times, we have reduced the median time to be seen every year for the past three years. That median time is now only 24 minutes. We have also increased the proportion of people who are seen within clinically recommended time frames every year for the past three years. Our system is improving and becoming more sustainable. Of course, there is still much improvement to be made, but we asked to be judged upon facts, hence our desire to be as transparent as we can.

Today, I announced that the Operational Business Intelligence (OBI) Dashboard Emergency Departments will go live on the SA Health website from lunchtime today. This online system has been used internally by hospital managers for some time, and allows people to see the flow of patients through the emergency departments of metropolitan public hospitals. The date will be updated half hourly and shows the number of people arriving, departing and being treated in our hospital emergency departments. It also shows the total time people spend in the emergency department and waiting for admission to hospital at any given time. The inpatient bed and elective surgery versions will follow shortly.

I know of no other health system in the world, and there are certainly none in Australia, that puts up this level of performance data for the public to examine. We are developing a sustainable health system while delivering new facilities and improved services. This would not be possible without the efforts of all SA Health staff, whom I would like to publicly recognise. The positive health outcomes being realised by South Australians are a direct result of the dedication and hard work of our doctors, nurses, allied health professionals, health administrators and managers, and I want to thank them sincerely. Thank you, Madam Chair.

The CHAIR: Thank you, minister. Member for Morphett, did you wish to begin?

Dr McFETRIDGE: Thank you, Madam Chair. I will make a very brief opening statement because we have a very short time of 4½ hours to look at $4.5 billion of health spending. I just want to go back and remind the minister of what he said in this house on 24 October 2007. He told this chamber:

> There are clear and strong community expectations that the Minister for Health be accountable for the public health system...As I have said many times, the buck stops with me.

Before I go any further; minister, will you apologise to me for what you said on ABC radio this morning? You were quite wrong, and you know you were wrong, and if you do not admit you were wrong, I will embarrass you with it today.

The CHAIR: Excuse me, Member for Morphett—

The Hon. J.D. HILL: I have no idea what he is talking about.

Dr McFETRIDGE: You set the tone for today this morning, John, and that's how it is going to be, mate.

The CHAIR: Order! Member for Morphett, is this your opening statement?

Dr McFETRIDGE: I have finished with my opening statement, ma'am. I am happy to ask questions now.

The CHAIR: So your opening statement is done and dusted, and so now we are moving on to an actual line in the budget. If you could tell us what that is, it would be good.

Dr McFETRIDGE: I refer to Budget Paper 4, Volume 3, page 13, Program net cost of services summary. Minister, can you tell the committee what Under Treasurer Brett Rowse meant when he told the Budget and Finance Committee on Monday, in reference to the health budget:

> They are certainly indicating that again this year, they are having difficulty staying within their overall budget.

Mr Rowse went on to confirm the budget blowout was in the tens of millions. What is the final overrun in health this year, and does that relate to central office, the Adelaide Health Service, the Country Health Service or the Women's and Children's Hospital? What is the budget blowout this year?

The Hon. J.D. HILL: I thank the member for that question. The health budget, of course, is about $4.6 to $4.7 billion. Over recent years, the overruns (or the additional expenditure) has

been of the order of $100 million or thereabouts, which is about a quarter of a per cent, I think, of our overall budget. So, if you put it in those terms, it is pretty close to the mark.

The projected 2010-11 net result for the health portfolio, based on unaudited information as at April 2011, is estimated because we obviously do not know the final figures until much later in the year, when all the receipts and accounts come in, to be $107.7 million unfavourable, compared with the 2010-11 estimated result. Adjusting for funding provided in 2010-11 as part of the 2011-12 budget, noting only activity-related additional funding of $19.2 million, is reflected in the 2010-11 estimated result. The projected net unfavourable variance is approximately $21.8 million unfavourable.

The 2010-11 revised expenditure budget increased by $57 million from the 2010-11 original expenditure budget. Due to the timing of the estimates committee appearance, the financial information provided, as I have already said, represents a projected assessment of the health portfolio results for 2010-11.

Obviously, in any system as complex as the health system, where we do not control the number of patients we deal with, we have targets but we do not close the doors when a number greater than the number we budget for comes through the door. We obviously do not know in detail the complexity or the nature of the issues that people bring to us. In addition, of course, there are cost pressures in health which are sometimes difficult to project.

I think, by and large, health has performed very well to come in within 1 per cent or so of its allocated budget in this financial year. We try to do the best we can to come within the available budget. I think that $21.8 million unfavourable predicted is where we are at, and that is, I think, not a bad outcome.

Dr McFETRIDGE: The same budget reference, minister, how much of that blowout was due to increased activity in our hospitals?

The Hon. J.D. HILL: As I said, $19.2 million is reflected by increased activity.

Dr McFETRIDGE: The same reference, if the department had not underspent on so many infrastructure projects, would the blowout be even worse? I think the underspend, according to the budget papers, is about $130 million—the project slippage.

The Hon. J.D. HILL: That is a different area. We are talking about operating expenses here. The capital expenditure is a different area. It is true that various projects slip from time to time. It is almost an inevitable part of running a complex portfolio of building projects, but that is not reflected in these figures, as I understand it.

Dr McFETRIDGE: Budget Paper 4, Volume 3, pages 32 to 34, sub-program 3.1, savings measures. Minister, can you outline how the $70.5 million worth of savings initiatives, approved prior to the state budget process for 2010-11, will be achieved under this sub-program?

The Hon. J.D. HILL: Sorry, could you repeat that reference?

Dr McFETRIDGE: It was Budget Paper 4, Volume 3, pages 32 to 34, sub-program 3.1: Adelaide Health Service, savings measures.

The Hon. J.D. HILL: Was the question: how are we going to achieve those savings measures?

Dr McFETRIDGE: Yes.

The Hon. J.D. HILL: Just to go into some of the detail, this a range of initiatives that were outlined in last year's budget—I think that is what you are really saying. For example, we are in the process of implementing reform of our outpatient services. We are in the process of introducing standard car parking across the system.

I will just give you an overall view on this. The total health budget savings target for 2011-12 is $248 million, which includes savings and budget improvement measures approved as part of previous state budgets. The 2011-12 savings target represents a growth of $97.3 million on the previous year's target. We also have a new savings requirement of $20.9 million over three years, relating to the additional full-time equivalent reductions that were a part of this budget as well. That does not start until 2012-13.

As part of the 2010-11 budget, additional savings and budget improvement measures were approved, so that is a reduction in expenditure of $316 million over four years from 2010-11 to 2013-14 and an increase in revenue of $33.8 million over four years from 2010-11 to 2013-14.

In 2010-11, the savings requirement for the health portfolio was $150.7 million. This target includes tranche 1 revised ICT contractual arrangements of $5.1 million and allocated savings to SA Health associated with fleet management, public sector leave arrangements and government advertising. Based on unaudited financial information as at April 2011, it is estimated that $115 million of the 2010-11 total savings target will be achieved, resulting in a shortfall of $35.7 million.

The savings targets in 2010-11 anticipated to be fully achieved include: efficiency dividends, $19.4 million; head office administrative efficiencies, $4 million; metropolitan regional health services service delivery changes, $2.3 million; administrative efficiencies at a regional level, $4.7 million; public pathology, consolidation of services, $1.1 million; consolidation of after hours hospital services in the Central Northern—as it was then—emergency surgical services, $1.1 million; country health administrative savings, $1.5 million; some other country savings of $8.7 million; some savings in CNAHS of $3.7 million; and supply chain reforms of $11 million.

The savings targets that are not expected to be fully implemented in the current financial year are: outpatient services reforms, a target of $10.9 million. I advise that considerable work has been undertaken during 2010-11 to review current outpatient practices and consult with all of the stakeholders. There are two concurrent reform projects currently in progress: the outpatient reform project to establish a framework for service/system improvement and to ensure the most appropriate care in the most appropriate setting; and the outpatient review project to reduce waiting times for consultation and early treatment options.

Due to the significant lead time required to realise the efficiencies from these projects, the target will not be achieved this current financial year. Work, though, is progressing on the development of an outpatient audit tool to make sure that the review of nine priority clinical service areas goes ahead. The services identified include: ophthalmology, dermatology, cardiology, vascular surgery, nephrology, pain clinic, rheumatology, gastroenterology and pre-admission.

We are consolidating corporate services, with a target of $6.5 million. We expect to achieve $5.8 million this financial year, with a projected underachievement of $705,000, which is mainly related to the introduction of the single metropolitan health service. Hospital car parks revised arrangements, the 2010-11 target is of $5.2 million. Considerable work has been undertaken to do all of this work. Necessary parking equipment has been sourced, all councils have been engaged and DAC applications progressed. The savings will be delayed, probably, until next financial year.

SA Ambulance Service administrative efficiencies, there is a target of $208,000. It is expected to make $128,000 of the targeted savings, with $80,000 to come in the next year. It should be noted that although the 2010-11 target for this savings initiative is not anticipated to be achieved by SA Ambulance Service, full implementation of this savings strategy is expected to occur in 2011-12, six months ahead of schedule. This is expected to generate approximately $800,000 in savings in 2011-12, which is $374,000 above the 2011-12 target.

The 2008-09 Mid-Year Budget Review full-time equivalent reductions, the target in this 2010-11 year is $9 million. A lot of work has happened on that to identify a range of strategies, including interest in TVSPs. This process, I am advised, is labour intensive in that it requires a detailed assessment. It is anticipated, based on information as at March 2011, that only $1.6 million will be achieved against the 2010-11 target.

Health reform service delivery changes, there is a 2010-11 target of $31.2 million. Although these requirements have been incorporated into regional budget allocations, health regions have been unable to fully absorb the impact of the growth in these savings. It is estimated, based on information provided, that $4.1 million of this savings initiative will not be achieved.

Metropolitan health services operation, savings of $13.3 million. It is estimated, as at March, that $1.8 million will not be achieved, although the vast majority will. Revised ICT contractual arrangements, tranche 1, there is a target of $5.1 million. Strategies are being developed. The 2010-11 target will not be achievable and will require an enterprise-wide consideration of ICT management issues for 2011-12. Do you want me to go on? I have this year's targets, too, if you want them.

Dr McFETRIDGE: If you can put the rest in *Hansard*, that would be great, since it is a comprehensive list.

The Hon. J.D. HILL: I will keep going and then. This year, 2011-12 targets, South Australia's—

Dr McFETRIDGE: Without reading, if you like, minister. I am happy.

The Hon. J.D. HILL: I do not know whether I have provision to do that.

The CHAIR: You can ask for about a page of it to be read into *Hansard*. Only statistical.

The Hon. J.D. HILL: No, it is not.

Dr McFETRIDGE: It really is statistics, is it not?

The Hon. J.D. HILL: It is not a table. It is not like that, no. I am able to give it if it is required.

The CHAIR: I have a compromise solution. Would you like to have it photocopied and presented?

The Hon. J.D. HILL: No, I do not want to do that. I am happy to read it. These are briefing notes.

Dr McFETRIDGE: I am happy to receive a photocopy. I am quite happy. There is nothing to hide here, we are all friends.

The CHAIR: Order!

The Hon. J.D. HILL: As a matter of protocol, parliamentary briefing papers are privileged.

The CHAIR: They are briefing notes; I do apologise, I was unaware of that.

The Hon. J.D. HILL: I am happy to read from them but I am not happy to distribute them.

The CHAIR: I understand.

Mr Venning interjecting:

The Hon. J.D. HILL: Well, they are briefing notes for me.

Dr McFETRIDGE: We will move on in that case, because I will get those later.

The CHAIR: I think we will just move on.

Dr McFETRIDGE: Minister, according to the Sustainable Budget Commission report, the aim of creating the Adelaide Health Service from Central Northern Adelaide Health and Southern Adelaide Health was to reduce bureaucracy and increase efficiency. What were the projected savings achieved and were the 34 full-time equivalent reductions achieved in the formation of the Adelaide Health Service?

The Hon. J.D. HILL: The member is correct that it did achieve some savings. I think I read out a general figure. It has saved one and a half this financial year. It was a transitional arrangement, and—

Dr McFETRIDGE: One and a half FTEs?

The Hon. J.D. HILL: No, sorry, one and a half million dollars. The Adelaide Health Service has been implementing its changed structure and monitoring savings throughout 2010-11. The 2010-11 forecast savings is $1.568 million. Sorry, I do not have the number of FTEs, but whatever $1.568 million buys would, I guess, be its equivalent. I will take on notice how many full-time equivalents have been reduced.

Dr McFETRIDGE: I refer to the same budget reference. Minister, why did you set up the Adelaide Health Service when the commonwealth plans for the local hospital networks were well and truly in train? We are now seeing three local hospital networks being set up as of tomorrow, I understand. Surely there are not going to be savings there. Is there a triplication in bureaucracies now? Are we going back to more bureaucrats than beds?

The Hon. J.D. HILL: It may have been the case under former governments, but it is certainly not the case under this government. The arrangements we had were for the Central Northern Adelaide Health Service, the Southern Adelaide Health Service, the Women's and Children's and country. We went through a transition arrangement to bring all of the metropolitan hospitals, other than the Women's and Children's, into one health service and, in that process, created the three clusters which form the basis of the local health networks (LHNs) that the commonwealth required us to establish. That was a transitional arrangement that was put in place.

At one stage we were thinking of maintaining the Adelaide Health Service as a coordinating mechanism in relation to those three clusters, but the advice—as I think I mentioned to the house during question time one day—from Martin Turner, who was the then head of the Adelaide Health

Service, was that it was his view it would be better to get rid of the whole of that level of bureaucracy. I was happy to receive that advice, and we got rid of it. So, from 1 July, the clusters that were established through the AHS will have their own identity as LHNs and will comply with the commonwealth's reform agenda, which we have agreed to. So, it has actually worked as a very good transition arrangement.

Dr McFETRIDGE: So we have four? We have northern, central, southern, plus Women's and Children's?

The Hon. J.D. HILL: And country.

Dr McFETRIDGE: And then one for country. Where does Glenside fit in, or mental health, minister?

The Hon. J.D. HILL: We will perhaps get into that more thoroughly when Derek Wright is here this afternoon, when we get into mental health, but the day-to-day management of the facilities at Glenside will be within the Central Adelaide Health Service LHN, as I understand it. Every metropolitan hospital now, of course, has its own mental health ward associated with it, and whatever LHN those wards are in will be managed, in terms of operations, by that ward. At least in the short term, while we are going through the mental health reform, policy coordination will be done through the Mental Health Directorate, but the day-to-day operations will be done through the LHN.

Dr McFETRIDGE: The same budget reference, how many redeployees does the department have on its books from savings strategies, and where are these costs being recorded?

The Hon. J.D. HILL: We will have to take that on notice; we do not have that detail with us.

Dr McFETRIDGE: Moving onto obviously the biggest thing in South Australian health, that is, the new Royal Adelaide Hospital, I refer to Budget Paper 4, Volume 3, pages 26 and 27, Corporate Services. The minister told Leon Byner on 10 March 2010, and again one day before the election on 19 March 2010, that the cost of the new Royal Adelaide Hospital was $1.7 billion. Since then, the Auditor-General revealed cabinet had signed off on $1.8 billion—another $100 million—three months earlier in November 2009.

We now know that the design and construction is $1.85 billion, the accumulated interest is $639 million, other project costs are $203 million and net present costs of some lifecycle payments are $128 million. That is about $2.8 billion. Minister, will you now tell South Australians: what is the cost of the new hospital? It is going to be $2.8 billion, not the $1.7 billion, not the $1.8 billion or the $2.1 billion. It is $2.8 billion, isn't it?

The Hon. J.D. HILL: No. I know the opposition wants to muddy the waters in relation to this. I think it has been pretty clearly established through the presentations we have been able to do, and the media that we have done in relation to this, that the construction cost of the new hospital will be $1.85 billion. That is how much we pay for having the building designed and constructed. We have some additional costs of our own, which are about $244 million. Half of that, approximately, is for the purchase of the larger pieces of equipment that the hospital needs: the CT scanners, MRI machines—

Dr McFETRIDGE: Minister, you are really just being quite tricky here, aren't you?

The Hon. J.D. HILL: Madam Chairman, if the member interrupts me like this I ask that you would bring him to order. If I am answering a question, I expect—

Dr McFETRIDGE: But you are not, John; just admit it.

The CHAIR: Order! The member for Morphett will refer to people in the way that the member for Morphett is required to by the rules of this committee. It is true that if you ask a question, you probably want to hear the answer; one would assume that that is the case, so I think it is best that we allow that to carry on.

Dr McFETRIDGE: It would be nice to get answers.

The CHAIR: Member for Morphett, I understand that this is an extremely important committee, but let's not provoke each other so early in the morning.

Dr McFETRIDGE: We have not much time.

The Hon. J.D. HILL: Well, who is wasting it, Duncan?

The CHAIR: Well, why would you waste it? Minister.

Dr McFETRIDGE: Let's move on then.

The Hon. J.D. HILL: I have not completed my answer, Madam Chair. The spokesperson, by throwing insults at me, is obviously trying to attract some media attention to his position.

Dr McFETRIDGE: Mate, you set the tone on ABC Radio this morning, not me.

The Hon. J.D. HILL: I am answering the question honestly. The cost of the construction of the new hospital will be $1.85 billion. The cost of the government's capital investment in the hospital, about half of which is by way of new equipment and the rest is through other matters, such as connecting electricity to the site, is about $244 million. That takes it to about $2.1 billion. That is the construction cost. There are other costs, of course, and there would be other costs associated with the hospital, whether it was built by government or built by a private partner—that includes interest—and then there are running costs.

All of those costs have to be considered like with like. You cannot say, 'The construction costs that the government did are X,' and then say, 'But the private sector is doing it, therefore we will consider the construction costs plus the interest costs plus the running costs.' It is just not reasonable to do that. The real capital cost of the hospital is $2.1 billion.

Dr McFETRIDGE: On the same budget reference, the interest costs—$639 million I think they are predicted to be—are being capitalised and they will go on the balance sheet at handover of the hospital, along with some of the net present costs of life-cycle payments. So, is it correct in 2016 on handover of the new Royal Adelaide Hospital that the financial liabilities of South Australian state taxpayers will be increased by $2.8 billion, not the $1.8 billion you try to keep tricking South Australians with? What is your accounting treatment going to be? Is it going to be $1.8 billion or $2.8 billion that is going onto the assets that the state holds?

The Hon. J.D. HILL: Let me say to the member for Morphett that abuse, exaggeration—

Dr McFETRIDGE: It is not exaggeration, John; it's all there.

The Hon. J.D. HILL: Misrepresentation of facts is no substitute for policy, Duncan; no substitute for policy.

Dr McFETRIDGE: It is your policy, you are building the hospital. We wouldn't have done this, John. We wouldn't have built that monolith down there.

The Hon. J.D. HILL: Your party has no policy for health in South Australia. You want to have an argument? Fine, I will give you an argument. If you want to be reasonable in here and ask sensible questions, I will give sensible answers. If you start throwing insults around, Duncan, I will return them in kind. This is—

Dr McFETRIDGE: You started it.

The Hon. J.D. HILL: No.

Dr McFETRIDGE: You started it on ABC this morning, mate.

The Hon. J.D. HILL: That is totally childish, Duncan—totally childish behaviour on your part. I just say to the house that the cost of the new hospital has been absolutely presented publicly—every single aspect of it has been presented publicly by the Treasurer and by me. When the accounts have to come to book in 2016, the amount according to accounting treatment that goes into our financial records is $2.82 billion. That covers construction costs; it covers the interest accrued—

Dr McFETRIDGE: How much was that? 2.8 not 1.8—2.8?

The Hon. J.D. HILL: Yes. I just said that.

Dr McFETRIDGE: That was a yes, was it, John—$2.8 billion?

The Hon. J.D. HILL: Madam Chair, the member asks questions and when I give the answer he—

Dr McFETRIDGE: I was just making sure that I heard you right, that was all.

The Hon. J.D. HILL: That was the question and I am giving you the answer: it is not the cost of the construction. The cost of the construction is $1.85 billion. There are other costs associated with it which have to be represented on our accounts, but that is not an amount that we

borrowed. That is an accounting procedure which reflects the overall debt that has been created in order to produce the—

Dr McFETRIDGE: The cost, the cost of the hospital.

Mr MARSHALL: It is not the debt because it is on the balance sheet. It is a capital item and it is the cost and you capitalise on the interest.

The Hon. J.D. HILL: I know the member for Norwood is a genius but this is an accounting treatment which reflects the debt that the government has as a result of the hospital and it covers the capital cost—

Mr MARSHALL: It's not—

The Hon. J.D. HILL: —and it includes the interest rates that need to be paid.

Mr MARSHALL: I'm sorry, it is not the debt whatsoever.

The Hon. J.D. HILL: Madam Chair, is this just going to be a free-for-all or are we going to have some formality here?

The CHAIR: This is an interesting question, minister. The very nature of estimates is, as we all know, that it is a more flexible space for debate. However—

Mr MARSHALL: I would just like to—

The CHAIR: No, I haven't finished speaking. However, I do think that everybody has a right to be heard in courtesy. I understand, as I stated before, that this is an extremely important committee. All committees are important but this particular estimates hearing is of great importance and because of that I think it would be marvellous if we could hear the questions and answers clearly. That is not going to happen if people are going to snipe at each other across the chamber for the next three hours. I mean, it will be interesting for the journalists but probably not for anyone else.

The Hon. J.D. HILL: Just to clarify that last point: this is an accounting treatment for the costs associated with the procurement of the hospital including the interest that has to be paid in advance by the PPP partners before we start paying them an income stream. So it is not an amount of money that the state has borrowed and it is not an amount of money that the state has to pay back in any short-term way; it is an amount of money that is just a reflection of the accounting treatment of the amounts.

What we brought back is an annualised sum which covers the cost of the construction, covers the cost of the interest and also covers the cost of the non-clinical services. All that was made public some month or so ago now, and there is nothing new about this whatsoever.

Mr MARSHALL: I just want to clarify it. What you said earlier was going onto the balance sheet as a debt is wrong: it is actually going to be the asset value. Is it normal to capitalise the interest payments on an asset value because, of course, that does not add anything to the actual asset value whatsoever? It has just been capitalised onto the balance sheet. Is it fair to reflect the value of the property—when you have repeatedly said that it was $1.85 million worth of value—to include the capitalised interest of $639 million?

The Hon. J.D. HILL: It is normal practice when you have a PPP. What happens when we do not have a PPP is that the interest payments are just absorbed within the overall Treasury accounts and they are not identified. One of the good things about a PPP is that it is a more honest way of bringing to the attention of the public the real cost associated with doing something.

If we were to build a hospital ourselves, for example, the Lyell McEwin rebuild or the Berri Hospital rebuild, all those hospitals have capital accounts. All that you see in our budgets are the capital costs of those projects. Any interest that is paid by borrowing the money to pay for it all, or any of those other costs, are just absorbed in the Treasury lines. They are not brought to the attention individually or associated with individual projects; but a PPP process does that and that is the difference between a PPP process and other processes.

I imagine that when the schools and other PPP projects—the courts and the like—were brought forward they were handled in a similar way. I cannot be sure of that because I am not the Treasury spokesperson, but this is the way that PPP arrangements are handled.

Mr MARSHALL: Therefore, if we are going to put the full costs of the project on the balance sheet of the state at $2.82 billion, is it therefore, as you have just pointed out, that the total

costs of this project are $2.82 billion? They are not actually $1.85 million. That is what is going on the balance sheet, that is what is going to be reflected in our accounts and that is what is going to be audited by the Auditor-General.

It is quite clear now, quite frankly, that it is not $1.85 million, it is not $1.7 billion, it is not $1.8 billion and it is not $2.1 billion, but it is actually going to be $2.82 billion on the balance sheet reflecting the total cost of the build—not the additional services, because we do not want to create that as another diversion. It is going to be on the balance sheet, unequivocally, at $2.82 billion.

The CHAIR: Is that a question or a statement?

The Hon. J.D. HILL: This is precisely what we told the house, we told the media and we told the public when we made our presentations. If it comes as new information to the opposition, I am very surprised. This is not something new you have suddenly discovered. This is something that we put out there in the public—

Mr Marshall interjecting:

The Hon. J.D. HILL: Well, you have not been paying attention. This is something that we put out into the public arena at the time. The construction cost is $1.85 billion. That is how much we pay for the design and construction of the hospital. There are additional costs which we have to pay and which we have highlighted. We also, of course, have to pay for the interests associated with the borrowings by the private consortium.

We pay interests ourselves internally when we build something, but we do not identify it in the same way that we do through a public private partnership. You cannot compare the figures that are brought onto the books in a public-private partnership with what is brought onto the books through capital works that are done through the health department because it is not comparing like with like.

The only way that you can get a fair example is by comparing with other PPPs or by bringing out of the Treasury lines interests, and so on, that are paid by government when it borrows money to build works for other purposes. That is just the nature of the accounting procedures which are used to distinguish between the two sorts of projects.

Dr McFETRIDGE: What is the current asset value of the current Royal Adelaide Hospital, and is that an opportunity cost that has been included in the accounting? What is happening there? Are we going to write off $1 billion?

The Hon. J.D. HILL: I will certainly get some information for you about the current value of that asset, but we certainly know that substantial amounts of that building are liabilities for us. If we were not to build a new hospital, the cost of repairing the existing hospital to make it usable for the future would be extraordinarily high. It may have a negative value: it may have a positive value. I just cannot answer that. I am happy to try and get information for you.

The CHAIR: Just to clarify, are you both still on Budget Paper 4, Volume 3, page 26?

The Hon. J.D. HILL: Correct.

Mr MARSHALL: Following on from that, we have a balance sheet which is going to have the new Royal Adelaide Hospital in 2016 at $2.82 billion. Presumably, also on that balance sheet currently there is a value for the current Royal Adelaide Hospital. How is that going to be treated? What is the value of that, and what are we going to be writing off as a state? What asset are we going to be writing off when we move off that site?

The Hon. J.D. HILL: Asking the same question does not give me an opportunity to give you a better answer. I said we would take that on notice, and I will give you that information.

Dr McFETRIDGE: I refer to Budget Paper 4, Volume 3, pages 26 and 27, the same reference. What will be the maximum annual repayment costs under the new RAH PPP arrangements that the state government will be exposed to? Mr Brett Rowse, the Under Treasurer, in the Budget and Finance Committee on Monday agreed with the Hon. Rob Lucas that we could be paying more than $500 million per year if the base interest rate goes up.

The Hon. J.D. HILL: As I have said previously, the average figure we pay per year is about $397 million. Of course, we have to net off that the amount we pay to run the existing RAH, which is at least $74 million a year. That is the average figure, and there will be highs and there will be lows. It may well be that one year we pay $500 million, but it may be that in another year we pay $250 million; so, it is an average figure over the course.

Of course, those $397 million are dollars that are calculated in 2016 dollar terms. So, we are paying $397 million on average 20 or 30 years later in dollars which have been discounted by inflation over a period of time. The net present value of the overall payments is just over $3 billion, as I understand it; that is the accurate figure. Then, of course, you have to discount it by the costs, and they would be accelerating costs of infrastructure that is required on the existing site. I appreciate this is fairly complex, but they are the figures as we know them.

Dr McFETRIDGE: I refer to the same budget reference. Is there any requirement for SA Health Partnership to pay the Department of Health or the Department for Transport, Energy and Infrastructure, or any government agency, a sum of money for a ground lease for the rail yards land? I ask that question on the basis that, when the Mount Gambier Hospital was built in 1994, the PPP partner paid the health department $500,000 up front for the first 25 years of the ground lease.

The Hon. J.D. HILL: The advice I have is that it is not a lease; it is a licence. The arrangement we have with the partnership is that they have a licence over the land to build and run the hospital for the period of the contract, and then it reverts to us when the licence is terminated.

Dr McFETRIDGE: Well, minister, why would the Auditor-General describe the arrangements at Mount Gambier as:

> In addition, the ground lease concerning the use of the land on which the new health facility is situated involves Mount Gambier Hospital Pty Ltd making a total up-front rental payment of $500,000 to the South Australian Health Commissioner for the initial 25-year term.

Is there a ground lease for the new hospital at the rail yards hospital?

The Hon. J.D. HILL: You are not comparing apples with apples. The Mount Gambier Hospital was not a PPP. It is a different financial arrangement that was put in place by a former government, as I understand it, so I am not sure what their thinking was at the time. In terms of the arrangement that we have in place, I am not sure what the point would be if we charge them rent, because then they would be put back in to our cost structure, so it would be just a round robin. The arrangements we have put in place have been worked through to get the best arrangements, the best deal, we can for our state, and we are very confident that we have done that.

Dr McFETRIDGE: Did you say that Mount Gambier is not a PPP?

The Hon. J.D. HILL: Yes. It was built by the private sector. It is equivalent to the case in Elizabeth; for example, we have just opened the Elizabeth GP Plus centre, which is a building owned by a private body. Because we did not own the land, they built it and we pay them rent on that building. We have a number of buildings around the place, which we lease from the private sector, that are build to our specifications, and we have contracts with them about how the services are managed over time. But, they are not PPPs; the PPPs are a different set of arrangements all together.

Dr McFETRIDGE: So the land on which the new Royal Adelaide Hospital is being built is owned by taxpayers—the Crown. Is there any value being put on that to allow SA Health Partnership to be able to build the hospital there?

The Hon. J.D. HILL: Well, the land is our land; it is, as you say crown land, and was land owned by the Minister for Transport. Our decision, as a government, was to build a hospital on that site. We then went through a process of working out which was the best way of procuring a hospital for that site. One option would have been to build it ourselves, and the other option was to go through a PPP arrangement. The PPP arrangement was a better outcome for us. As I have said before, it would make absolutely no sense to charge rent on the land to the PPP organisation who would then pass that back to us as higher prices. I mean, there is no logic in that at all.

Dr McFETRIDGE: Thank you, minister. In relation to the same reference, I understand that SA Health Partnership is not permitted to enter into a refinancing arrangement without the prior written consent of the government—same as Mount Gambier. Is it unreasonable for the state to withhold consent for refinancing, and what guarantee can the government provide that no state refinancing support will be proffered as part of any compliant bid for the new RAH?

The Hon. J.D. HILL: The arrangement in place is so that it the financial side of it can be refinanced, then we get benefit from that. We cannot have any disbenefit from that occurring, so if they can get a better rate of interest, then we share that rate with them, as I understand it. So, that is essentially a way of passing benefit back to the state—if they can get better finance over time—because interest rates obviously vary over time. So, if they borrowed money at X per cent and then a year later they can get it at X minus Y, then we share in that benefit.

Dr McFETRIDGE: Thank you, minister. My question refers to the same budget reference: has SA Health Partnership been able to secure the remaining $1.85 billion in debt (private equity) that will be required to go ahead and build the hospital, and where is the funding being sourced from?

The Hon. J.D. HILL: The money is set in place, and we would not have signed it if it hadn't been. Macquarie Bank is the principal manager of the finances and I think they have 15 or so banks and other financial institutions which are contributing to it. Incidentally, in relation to an earlier question you asked about the number of redeploys on our books, I am advised it is currently 82.

Dr McFETRIDGE: Two?

The Hon. J.D. HILL: Eighty-two.

Dr McFETRIDGE: Eighty-two. Thank you. This question relates to the same budget reference: has the base case model which estimates the project valuation on the new RAH PPP, which estimated the project evaluation of the new RAH at $2.73 billion, increased since the assessment was undertaken in December 2010? Would you like me to repeat that?

The Hon. J.D. HILL: We might have to take that on notice, member for Morphett; I am not sure that we have that. Could you just repeat the question?

Dr McFETRIDGE: Has the base case model, which estimates the project evaluation of the new RAH, which estimated the project evaluation at $2.73 billion, increased since the assessment was undertaken in 2010? So, that is six months ago now. Has the price of the hospital gone up?

The Hon. J.D. HILL: The price of the hospital is as we announced it last week. Obviously, I was reluctant to provide commentary on the price during the negotiation process because of a whole range of factors which were contributing to setting a final price, and the final price is the final price. We are absolutely locked into a contract which costs $1.85 billion; it is a fixed-price contract. Obviously, there are other variables that might affect how much we pay over time, and they average out, we believe, to about $397 million a year.

Dr McFETRIDGE: The same budget reference: minister, what is the abatement strategy included in the pricing for Spotless Services? When you read the Western Australian Auditor-General's report into the Fiona Stanley Hospital project, it talks about the costs there of their $1.76 billion budget and that is just their current capital budget. It does not cover everything that is needed to open a working hospital. So, is Spotless going to provide most of the furniture, fittings and equipment? How much more is the state going to have to put in?

The Hon. J.D. HILL: I will provide some general information, and I will ask Dr Panter to fill in the detail. I think, as I said earlier on, there is a sum of capital which is in the state column of $244.7 million, which is the state's capital contribution to the project, in terms of things that we have to do which are outside of the fixed price. About half of that is for large pieces of medical equipment, but the remainder is part of the consortium's responsibilities. I will just ask Dr Panter to explain.

Dr PANTER: Thank you, minister. Just in terms of the equipment then, by far the majority of the fixtures, furniture and equipment are provided through SAHP. The items that remain for the state to purchase are those items that have significance across the whole of SA Health. We need to ensure consistency so that when our doctors, for example, go from one facility to another, they are familiar with the machinery that they are using. So, that is why some of the equipment is being purchased directly by the state government, in order to ensure that consistency.

In terms of the abatement regime then, the abatement regime runs on a whole series of key performance indicators. They are reviewed monthly across the whole suite of services, including maintenance and lifecycle replacement costs with Spotless as part of the agreement. If they fail to deliver against those key performance indicators, then, of course, there are reductions in the fee payable by the state. So, that $397 million per year average is assuming that they get all of their services right all of the time which, of course, we hope they will. If they fail to do that, there are deductions from that as part of the abatement regime.

The Hon. J.D. HILL: Just in answer to an earlier question the member for Morphett asked about the Adelaide Health Service full-time equivalent reductions, I am advised that we have made a saving of 34.9 full-time equivalents, which includes five at executive level and 29.9 at non-executive level.

Dr McFETRIDGE: The same budget reference: Dr Tony Sherbon—I will not go any further there. Anyway, I am glad to see Mr Swan in charge now, let us put it that way. Congratulations, Mr Swan. Dr Sherbon told the Budget and Finance Committee in August, I think it was, 2010 that detailed design would start after financial close and take about 18 months, then construction would commence for the new Royal Adelaide Hospital. When will construction start and when will the project be handed over completed? Is the commercial handover of the hospital expected in early 2016 or late 2016?

The Hon. J.D. HILL: Once again, I will ask Dr Panter to give some more of the detail. My understanding is that we are on target to have handover in early 2016, which has always been the anticipated handover. The site works have already begun. The preliminary site works have begun and we will see cranes on site, I think, by the end of this year. A big hole in the ground is a major thing that needs to be done first. During that process of, kind of, gross construction work, the detailed elements of the hospital will be worked through. I will ask Dr Panter to expand.

Dr PANTER: Thank you, minister. Yes, work has already begun on site in terms of drilling boreholes, etc., to ensure a full understanding before foundations and earthworks take place. They are happening in parallel to the detailed design development process. That has already started, with a number of sessions already being held generally with staff at the Royal Adelaide to brief them on the design. There are over 80 groups of clinicians that have been established within the Royal Adelaide around different services or different functions in the hospital. They will be meeting over the period of the next 15 to 18 months, in order to conclude the final designs for the facility.

Dr McFETRIDGE: Just on that, minister, can you, or Dr Panter, tell the committee: does the five-year construction period include site preparation, decontamination and remediation?

The Hon. J.D. HILL: The answer is yes.

Dr McFETRIDGE: Talking about site remediation, I will quote Dr Panter, who said, in a letter to a doctor:

> The cost of remediation is budgeted within the anticipated $1.7 billion cost of the hospital.

Minister Hill told Leon Byner on 10 March:

> The government were putting aside $40 million for site preparation and that was coming out of the $1.7 billion rebuild.

So, the question is: when there is a compensation regime in place whereby the state is responsible for 80 per cent of the cost of remediation of unknown pre-existing contamination and 100 per cent contamination caused by the state—and we know it has been a rail yard for 100 years—what limitations are there on what the taxpayer is going to be up for? Is it the $40 million, or is it up to $700 million, as we have heard?

The Hon. J.D. HILL: I am not too sure who is saying $700 million. The advice I have is that the total cost of remediation, which is included in the $1.85 billion contract with the private partner, is about $20 million. We have set an upper limit of $40 million; we think it will be about half of that, in reality.

During the due diligence process—I have some more detailed information here—drill holes were conducted right across the site. We have a very good understanding of what is on that site and we are pretty certain that the balance of risk is very much in our favour. The project agreement, I am advised, does include a regime, should the South Australia Health Partnership consortium discover any unknown contamination.

As I said, we have checked hundreds and hundreds of holes so we are pretty sure of what is there. If it is contamination that was not foreseen then the state has to pay 80 per cent of that, but we know what is there. As far as I am aware, the site has been used for three purposes since settlement. The most recent purpose was as a railway yard, before that it was a cattle sales yard and before that the state grew paddymelons there for the diet of the citizens. So, we have a very good understanding of what is on that site. I will ask Dr Panter to expand.

Dr PANTER: Again, just to clarify, during the build up process over the last two or three years, as part of this process we have undertaken approximately 300 holes across the site, and that has led to an understanding of exactly what the level of contamination is and what the remediation requirements are. That is all documented. That was all provided to the bidders as part of this process. They have had full knowledge of exactly what is in those reports to inform their assessment of what the remediation costs would be.

Clearly, with SAHP, they have had updated information as we have moved forward. Indeed, as part of securing their development planning consent they also had to put forward a remediation plan based upon those reports to the EPA to get their assessment of the remediation plan. The only areas not covered through the exploration and work that has previously been done are those areas of the site that were not accessible because of the rail yard activity, which is, predominantly, the rail shed and, below that, the concrete foundation.

So, the only area of unknown activity is in that specific area and that is where there is work now taking place in order to understand what is happening on that site. However, extensive drill holes have gone all around that shed, so we have gone down all around it, and we have a very good understanding and we do not expect to find any surprises hidden underneath that concrete floor.

Dr McFETRIDGE: That is in the shed that used to house the railcars, and that is going back many years. There may be some surprises there. What about the diesel plume?

Dr PANTER: We have done boreholes around the perimeter of that site and, in terms of any liquids, for example, that might have been disposed of, they are more likely to have been disposed in the immediate area around that building. If people tipped things into the soil, etc., they would not have got underneath the concrete foundations.

Dr McFETRIDGE: We hear horrendous stories about diesel plume down there. It has been described to me as the diesel lake by some people who have worked there. What is happening with that? Is it a particularly expensive part to control?

Dr PANTER: Again, that is part of the remediation action plan to deal with the hydrocarbons, the diesel plume. We have already substantially dealt with some elements of that in the construction of the SAHMRI facility, which is also covering that same area.

Mr MARSHALL: Who carries the risk for any remediation requirements over and above what you have already identified, and what could be the extent of the state's liability in that area?

The Hon. J.D. HILL: I think I just went through that. The consortium is responsible for cleaning up the site in terms of the profile that we currently have of the pollution on the site. We are very confident that we know what is on the site. If there is something found there which we have not identified, there is a provision that we carry the risk to 80 per cent of that element. How you would quantify that I cannot answer because it is an unknown. We do not think there is anything there, so the risk is very small. The same provision is in place for the area underneath the concrete shed—for anything unknown. Dr Panter.

Dr PANTER: Again, the 80 per cent, 20 per cent sharing regime is only for that which is unknown, and the only element which is unknown essentially is what is beneath that concrete. So, it is minimal in terms of the overall site. The other provision that is within the agreement is that, if the state causes further contamination in the future that is of the state's making, then it is clearly the responsibility of the state to deal with. For example, if there was some incident that was in the state's control from the rail lines, etc., which led to some contamination of the site in the future, then that clearly is the responsibility of the state. That is not to do with the remediation of the site; that is just part of the overall management regime for the precinct.

Dr McFETRIDGE: I refer to the same budget reference. Who is the current environmental auditor on the new RAH site supervising the environmental remediation?

The Hon. J.D. HILL: I am advised that the auditors are SKM.

Dr McFETRIDGE: Has there been a change recently? I understood there had been a change.

The Hon. J.D. HILL: I will ask Dr Panter to explain.

Dr PANTER: Yes, there has been a change, not of company but of auditors. We have one auditor who has been working with us through this process over the last three years. He has moved on from SKM, and SKM has identified a successor to that individual. That is then agreed with the EPA and with SAHP as being an appropriate person to now take it forward into the next stage of the project. But the company providing the independent auditors service is SKM.

Dr McFETRIDGE: Thank you, Dr Panter. I refer to Budget Paper 4, Volume 3, pages 26 and 27. Why is the government able to redevelop the Flinders Medical Centre to a 5 Star energy rating but the new RAH is only 4 Star? Is this a bit like the Gilbert Building, showing what

we could do for a building and getting things up to 5 Star? However, on this one, it has just been set in train and we are going there.

The Hon. J.D. HILL: I am pleased to answer this question. I am advised that the new Royal Adelaide Hospital project brief requires that the facility achieve a minimum 4 Star Green Star Healthcare Certified rating for both design and as built. A 4 Star Green Star rating recognises and rewards best practice. Projects have differing requirements based on site, environment, capital and design brief which influence the cost-effectiveness of achieving some credits via the Green Star rating tool. The new RAH project brief requires a balance between functional design, future flexibility and sustainable design.

The Green Building Council of Australia firmly believes a 4 Star Green Star rating for the new Royal Adelaide Hospital is an excellent outcome, particularly considering the complexity of the project and the use of public funds. The Green Building Council of Australia commends the strong and visionary leadership that the South Australian government has shown in the forthcoming commitment to a 4 Star Green Star certification for the new RAH.

A number of principles that relate to physical design and environment as per the new RAH project brief are not recognised for points in the Green Star Healthcare rating tool, though I am sure we will talk to them about all this. For example:

- Openable windows in inpatient areas—this is a requirement to achieve the principle of a healing environment. However, it does not achieve any points under the current Green Star Healthcare rating tool.
- Rainwater harvesting for on-site water storage and capture—this is a requirement in achieving the post disaster requirements of the project brief. This does not result in any points under the current Green Star Healthcare rating tool.

SA Health Partnership is committed to working with the Green Building Council of Australia during the project in the ongoing development of the Green Star Healthcare design tool, as well as exploring the viability and feasibility of achieving a 5 Star Green Star as-built rating in 2016. So, if we can get a 5 Star we would certainly want to achieve that, and that is certainly our intention.

Can I also say that the new RAH will reduce the amount of CO_2 produced by 40 per cent. I think I may have informed the house before that health uses about 50 per cent of the state government's overall energy, and the current RAH contributes about 40 per cent of the state's overall energy use. To reduce one hospital which is equivalent to 20 per cent of the state's overall energy use by 40 per cent in fact reduces the state's overall energy use by 8 per cent. So, it is a big contribution to the CO_2 reduction in South Australia. We are working very hard with the consortium to improve where we can the rating, but it will be at least 4 Star rated.

Dr McFETRIDGE: The Under Treasurer told the Budget and Finance Committee on Monday that the government had costings to get the new RAH up to 5 Star. How much is it going to cost, minister?

The Hon. J.D. HILL: I will have to seek advice from the Treasurer about what he had in mind there.

Dr McFETRIDGE: It just seems, if we have a facility that is going to suck the hell out of the power system, we should be getting it up to 5 Star. There should have been some costings there, I would have thought, that would have shown it was worth spending that money. I will ask this question: will the federal government's proposed carbon tax affect the building of the new RAH?

The Hon. J.D. HILL: I am not sure how I can answer that because they have not released the details of their plan. If there is a benefit that accrues as a result of us having 40 per cent less CO_2, I would have thought it would be helpful.

The CHAIR: Sorry, member for Morphett, can I just confirm—

Dr McFETRIDGE: Budget Paper 4, Volume 3, ma'am, pages 26 and 27.

The CHAIR: A particular dot point?

Dr McFETRIDGE: The Royal Adelaide Hospital. It is everything; it is from the site works up, ma'am. Minister, what premium does the state—in other words, the taxpayers—pay to the consortia for utilities costs? Are we paying them a service fee or some sort of collection payment fee? Is there an explicit fee or is that in the service charge?

The Hon. J.D. HILL: I will explain it as best I understand it and then I will ask Dr Panter to explain it properly.

Dr McFETRIDGE: Perhaps I will stick with Dr Panter then.

The Hon. J.D. HILL: It is a complex set of arrangements. What we do in relation to the contract, particularly for the provision of non-clinical services, is to estimate the throughput in the hospital and work out what the use of power will be for a particular throughput, and then the cost of provision of electricity or energy for that throughput is included in the annual fee that we pay the consortium. If we use more power then we have to pay an adjusted price. So, that builds in an incentive for us to use less energy, because we do not pay a greater amount if we use less energy, and it also builds in an incentive for the consortium to provide that energy at the lowest possible price, because they get a benefit, and then, as a result of that, there is a concomitant reduction in the amount of CO_2 that is produced. I will ask Dr Panter to expand.

Dr PANTER: As the minister has already identified, the facility is designed on the assumption of a certain rate of usage of electricity and gas, etc. That volume risk is then shared jointly on a fifty-fifty basis between state and SAHP. If we use more or less than anticipated in the model, then either that additional cost or that saving is shared fifty-fifty between both parties, and that is to incentivise both parties to use the facility as intended.

Dr McFETRIDGE: What sort of money are we talking in a fifty-fifty share?

The Hon. J.D. HILL: For the power costs?

Dr McFETRIDGE: The power costs.

Dr PANTER: In terms of what the excess might be?

Dr McFETRIDGE: Give us an example: what is the power cost for running the Royal Adelaide at the precinct down the road, what is going to be the cost of running this one here and what are the variations? What sort of money is it? That is going to be on top of the service fee.

Dr PANTER: No.

The Hon. J.D. HILL: Perhaps I will explain it a bit further. The $397 million a year includes the cost of running the hospital in terms of its electricity costs—the energy costs—so the energy costs are included within that $397 million as anticipated and planned on a particular throughput through the hospital. If we end up having more energy use, we pay for that additional energy; if we use less energy, then there are benefits to both parties.

Dr PANTER: If we use more or less than that that is assumed in the model it is a fifty-fifty share so that both parties are incentivised to use the facility as intended.

The Hon. J.D. HILL: That is the nature of it. What we do know is there is 40 per cent less CO_2 generated so it will use less energy. The running costs of the new hospital with 30 per cent more capacity are less than the running costs of the existing hospital because it is a more efficiently designed set of buildings. The way we make the CO_2 reductions is to use one-sixth of the amount of electricity on the site and twice the amount of gas. We have a tri-generation system in place which produces heating and cooling out of the heat that is generated through the energy that is produced.

Mr MARSHALL: On the same item, I understand that currently when we pay our electricity charges we pay them directly to the utility that is providing it. We will now, going forward, have the partnership paying that. Can you tell us what the incremental value that the partnership will be putting onto the raw cost is going to be, based upon the volume that you have projected, not the higher or the lower?

The Hon. J.D. HILL: The arrangement we have with the PPP is a bulked-up cost for the provision of a range of services, and there are dozens of those services that are provided to us, including maintenance, cleaning, the provision of electricity, and all the rest. They provide us with those services. Clearly, they have a profit structure which gives them their own profit; how they distribute that internally we are not privy to.

I cannot say that there is a 10 per cent mark-up or a 5 per cent mark-up on one thing or the other. They have a structure in place, so you cannot pick it to pieces in the way that I can see the member would like to. We are not in a position to say, 'We won't include electricity because the mark-up is 20 per cent, but we will include cleaning because the mark-up is only 2 per cent.' It just does not go that way. It is a total package that we get, and when we assess the total package against what it cost on the existing site we are better off. If we do the total package compared to

what it would cost us to do it ourselves, we are better off. They are using benchmark figures provided by Infrastructure Australia. I understand what the member is asking, but it is just not an information that we have available.

Mr MARSHALL: Of the $397 million that you were talking about, what percentage of that would be energy, or what would be the annual energy component of that?

The Hon. J.D. HILL: We might have to take that on notice, but it is 40 per cent less CO_2 than we use now; so, I guess that we can make some estimations based—

Dr McFETRIDGE: How do you know that?

The Hon. J.D. HILL: How do I know that?

Dr McFETRIDGE: Yes.

The Hon. J.D. HILL: Because of the modelling that we have done. I do not have the information available. I said I would try to get—

Dr McFETRIDGE: There is no financial modelling, though?

The Hon. J.D. HILL: I beg your pardon?

Dr McFETRIDGE: There is no financial modelling attached with that at all?

The Hon. J.D. HILL: Yes, of course, there is.

Dr McFETRIDGE: What is the dollar savings, then?

The Hon. J.D. HILL: You are asking two different things now. I am sure that we can find out for you how much power we will generate, but we just do not have that information with us. What I cannot tell you is the internal cost structure that the consortium has in place to produce the package which we fund. All of the elements are combined in one comprehensive package. They have their own internal figures. We are not privy to them.

What they do is give us a price for a whole range of things and we pay that price. I guess it is like if you rent a serviced apartment, you do not know what the cost of the cleaning is compared to the cost of turning the lights on or the cost of water. It is all part of one package.

The Hon. J.D. HILL: I have got some information. Dr Panter has some information here.

Dr PANTER: In terms of the comparison of usage, then, the facility is focused more on gas rather than electricity, so it uses a sixth less electricity and about twice as much gas at the existing RAH. Looking over the average over a five-year period, gas at the existing RAH is about $1.356 million per annum, and that would increase for the first year of the operation of the NRAH to $2.580 million. Electricity, on the other hand, is currently $4.674 million at the Royal Adelaide, and that reduces significantly to $700,000. The total cost of energy for electricity and gas for the existing Royal Adelaide is just over $6 million—$6,029,888, and for the new RAH it is anticipated to be $3,278,435. So that is a 45.63 per cent reduction.

Mr MARSHALL: Which is excellent, but my point is that, of the $3.2 million per year, some of that, of course, is not for the raw energy, it is actually a payment to the partnership, which might be of the order of, say, 10 per cent or 20 per cent, which actually goes to the partnership in terms of a margin for them; is that correct?

The Hon. J.D. HILL: I will just let Dr Panter explain that.

Dr PANTER: I now understand what you are asking. In terms of those utilities' costs, they are classed as with a variety of other costs within the agreement as 'passed-through costs'. So, we have transparency over exactly what those figures are and they are the figures that are charged by the utilities company. So, there is no add-on for those figures.

Dr McFETRIDGE: With respect to the same budget reference, what equipment furniture and fittings are going from the current RAH to the new RAH. One of my colleagues said to me that they understand that it is going to being dumped. I think Rotary might want to know about it if you are going to dump it. Why would you dump it?

The Hon. J.D. HILL: I will ask Dr Panter, but the majority of the equipment will be new and will be fit for the purpose of the new hospital. I guess that every bit of equipment has some built-in obsolescence, and its value will have been used up. There will be some equipment that is transferred down, but not 100 per cent. Dr Panter can give some of the details of the process that we will go through.

Dr PANTER: Again, it is a very detailed transition plan over the next five years to manage all that existing equipment effectively so that it is not dumped or wasted. As pieces of equipment are replaced, the nature by which they are replaced will be looked at very clearly in order to ensure whether or not they can move over into the new facility.

Another example is in terms of all the computer terminals that staff use. We run them as a fleet system, with about a third of those being replaced every three years. Clearly, two-thirds of the existing computer terminals at the hospital will be still in good condition and will be transferred into the new facility. There are a variety of things, depending on the different type of equipment, that will be transferred in. There will be other things which, clearly, are provided as new; but, anything that is not used at the existing Royal Adelaide Hospital once it is transferred and still has a life will be relocated elsewhere within SA Health.

Dr McFETRIDGE: It will be an interesting exercise to watch. I just hope that none of it is dumped. I refer to the same budget reference. I will go back to an ABC interview Dr Panter gave in July 2010, when a question was asked about the production kitchens. Dr Panter was asked whether the production kitchens will be on the site where the food is actually cooked. Dr Panter, in his answer, said, 'So it might not be on site...that's part of why we go to these bidders.' Are production kitchens on site, off site? If they are off site, what is their cost, and is it included in the cost of the hospital? Is it part of the PPP?

The Hon. J.D. HILL: I will just give the background first, and then I will answer the question directly. We were at one stage considering whether or not we should have a centralised food distribution system in health in South Australia in a similar way that, I guess, an airline system might be, with a central location where food is produced and then distributed elsewhere. We were looking at it not only from whether or not it would be cost-efficient but whether we could maintain high standards of food safety through that process. In the end, we decided not to go down that track; it did not stack up, so the new RAH will have a full production kitchen in the same way that the current RAH does.

Dr McFETRIDGE: On site?

The Hon. J.D. HILL: On site.

Dr McFETRIDGE: I refer to the same reference. I assume Spotless will be operating those production kitchens in the new hospital?

The Hon. J.D. HILL: That is correct.

Dr McFETRIDGE: How many hotel staff—cooks, cleaners, and that sort of thing—will be privatised when the current RAH staff transfer to Spotless?

The Hon. J.D. HILL: The industrial relations issues associated with that obviously need to be worked out over time. Under the arrangement through the PPP, we provide all the clinical services, so the non-clinical services will be provided by the consortium. We have to work through with any of the staff who are currently employed in any of those jobs at the existing hospital to help them determine whether or not they want to transfer jobs. Obviously, nobody will be sacked, and we will find other positions for them if they decide to stay with us.

Dr McFETRIDGE: On that, minister, was Dr Panter jumping the gun when, in the same interview, he went on to say:

> The government have been very clear in terms of all of those what we would call hotel type services, the catering, the cleaning, etc. Some of that is already outsourced at the Royal Adelaide, some is provided by the state service...any staff who are involved in those services, if the service does move, those staff will be given the opportunity to move into that service on the same pay and conditions…all of that has been discussed by government with the unions as part of going to the bidders around this process.

Minister, I think you just said that it is still being discussed. Dr Panter said that it has been discussed. What is the situation?

The Hon. J.D. HILL: You are asking me how many. It is up to the individuals to make those determinations, but what Dr Panter said is correct, and I was not trying to say anything different from that. I am just saying that individuals will need to think through what they want to do, so I cannot answer the question as to how many will take up those positions. It is up to them.

Dr McFETRIDGE: Will there be a two-wage structure, then? So, all employees paid by Spotless will get the same rate as the current public servants? One workplace, two workplace agreements.

The Hon. J.D. HILL: Well, we have given agreements to—

Dr McFETRIDGE: Almost like parliament.

The Hon. J.D. HILL: We have given agreements to our staff, and all those other issues you referred to obviously need to be worked through, and we are five years away from having to work through all those detailed decisions.

Dr McFETRIDGE: It would be interesting to see what Spotless has to say about that. I think the member for Norwood has a question.

Mr MARSHALL: Was there any consideration given in the contract to looking at bundling the clinical services to a third party and essentially privatising the nursing on-site, as has happened in other PPPs around the country, and would the minister rule that out moving forward?

The Hon. J.D. HILL: Yes, I certainly do rule it out. No, it was not contemplated, and the advice I have is that it has not been done in any other PPP in Australia.

Mr MARSHALL: I thought Western Australia had moved to that model.

The Hon. J.D. HILL: It is certainly not the advice I have, but I stand to be corrected if that is the case. Certainly, when the former government here privatised the management of Modbury Hospital, they privatised the clinical services as well. It was a different model, I guess; it was not the PPP model, it was just a privatisation model. There may well be other states which have done similar things. I think, from memory, there was a Tasmanian hospital where the management had been similarly outsourced but, through a PPP process, I am not aware of any hospital; if we can get information about it, we will find it for you.

Mr MARSHALL: Thank you.

Dr McFETRIDGE: Same budget reference, minister, you stated that taxpayers are also paying a $303 million premium, which will ensure any added costs are the responsibility of a consortium building the hospital, and that this figure has been excluded from the $1.7 billion figure quoted before the election. That was apparently in *The Advertiser* on 6 June 2011. Minister, when did you know about the $303 million?

The Hon. J.D. HILL: I think when the final arrangements had been put in place for the contract. We were always aware that there was a cost associated with risk, and that was developed over a long period of time, so I cannot tell you precisely what day or what month, but not that long ago. It was part of the value-for-money exercise that we went through.

Dr McFETRIDGE: I would like to ask a question that has cropped up before and still has not been answered, other than with some fairly superficial responses. I refer to the same budget reference, pages 26 and 27. Why did the government deem it necessary to transfer the works for the new RAH to the Department for Transport, Energy and Infrastructure in 2009-10, and can the minister state what the $6.3 million in the works was for. I think it was for the tram stop out the front. So, why was it transferred to DTEI, and why—

The Hon. J.D. HILL: I will ask Dr Panter to explain it.

Dr PANTER: Again, those figures were to pay for the entry road junctions to the hospital precinct. It made sense to do that as part of the tramway extension, etc., rather than to create a second process of upheaval on North Terrace. That was the funding for the junctions—one by the train control centre, one on Port Road, and one at the end of North Terrace—to create the main junctions onto the new hospital site.

Dr McFETRIDGE: So it was not for the tram stop? Because if it was, I would be concerned that—

Dr PANTER: No.

Dr McFETRIDGE: —the Casino has not paid. The SAJC do not pay for their race day tram stop.

Dr PANTER: There was no funding of the tram stop as part of that.

Dr McFETRIDGE: I refer to the same budget reference. How much funding is the state government expecting to receive from the federal government's Health and Hospital Fund for the new RAH and/or any other hospital infrastructure in South Australia, and can the minister provide us, if not today, with a list of that? I understood there would be $1.8 billion over the next six years from the feds, and we seem to have picked up not very much of it at all.

The Hon. J.D. HILL: On the contrary; we picked up, in the first round, $200 million for the South Australian Health and Medical Research Institute through that fund, which was a substantial—

Dr McFETRIDGE: That was part of that fund, was it?

The Hon. J.D. HILL: That was a substantial share of that fund, well beyond, I think, our population base would suggest. That is a very important element in the overall health precinct that we are developing on that site.

In the most recent round, which was determined for regional purposes, we picked up a range of monies. The Port Lincoln Hospital received $39.2 million out of that fund; the Mount Gambier Hospital redevelopment, $26.7 million; Mount Gambier ambulance station, $3.5 million; Yorke Peninsula Wallaroo Community Dental Clinic, $3.3 million; primary health care enhancements in the APY lands, $2.3 million; Kincraig Medical Clinic development—these last two are not state government properties but, nonetheless, they came to South Australia—$1.3 million.

Dr McFETRIDGE: The Naracoorte doctors thank you.

The Hon. J.D. HILL: The Riverland Oral Health Centre, $5.99 million. So, we think we did very well out of those funds.

Dr McFETRIDGE: Moving on, an interesting comment in some of the documents I have seen about the new Royal Adelaide is that it has got an operational life of 70 years. What do we do with it after that?

The Hon. J.D. HILL: I do not know where you saw that document. We used 70, I think, in one document. It has now been changed to 100. So, we see it as a hospital which has a very long life. The infrastructure is designed so that it can be easily adapted over time, unlike the existing RAH, and, of course, there is land available to expand it. We can expand the hospital by 30 per cent if we need to and still have a couple of hectares of open space available.

I guess we will have to wait for another government in 70 years' time to contemplate these big issues, but it is being designed, in as many ways as we possibly can, to future-proof it. This is no reflection on Tom Playford. When he built the existing elements of the RAH, he, obviously, did not have the kind of technologies and the modelling capacity that we have now. Time will tell, I guess. Who knows what the world will be like in 70 years?

We do know that, if we look at our demand for health services in South Australia, they will peak at around about 2040 as the baby boomer generation starts to die out. The demand for services for aged people will plateau for a while and then start to diminish. So, our overall planning structure in this state and, I guess, elsewhere in Australia, is really that 30-year period. How do we get through to 2040 when we have got this great burgeoning growth in baby boomer demand? That is really what we are focused on. After that, I guess the issues for future generations will be relatively easy.

Dr McFETRIDGE: So, I assume we will be refurbishing and rebuilding on site—interesting. Minister, same budget reference: how much compensation will the state be liable for if the connections—the roadways and the utilities connections—between SAHMRI and the new RAH need modifying?

The Hon. J.D. HILL: I am not sure if compensation is the correct word. We are designing both of those institutions so they connect. If they do not connect—

Dr McFETRIDGE: Who pays?

The Hon. J.D. HILL: It would be who was responsible for the poor design. I can ask Dr Panter to expand, but that is a hypothetical question that is not based on any, sort of, known information that I have.

Dr PANTER: Clearly, both the bidders for NRAH and the design team working on the development of SAHMRI had opportunities to meet during the bidding process, so that, in this case, SAHP are fully aware of what the connection is and have designed accordingly. In terms of the costs of elements, clearly they are apportioned across the two projects. So, the $200 million for SAHMRI pays for their share—for example, their portion of the road to get into their building—and the remainder of the ring road is paid for by SAHP. As part of the contract, SAHP will then maintain the total road and this has been built to a joint specification.

Dr McFETRIDGE: So, we have not been using SAHMRI money to subsidise?

The Hon. J.D. HILL: No; absolutely not.

Dr McFETRIDGE: Good. Same budget reference. There have been a few consultants used, and there was one that caught my eye. Pitcher Partners Consulting was paid to attend meetings on the new Royal Adelaide Hospital. When I submitted an FOI for their report I was told that they were not required to produce a report. So, it was a $50,000 consultancy for head nods, it looks like. Could you give us some details of what Pitcher Partners were doing?

The Hon. J.D. HILL: I can give you general advice and then, once again, I will ask Dr Panter to give some detail. They are a probity adviser. Through the whole process we had external probity advisers to make sure that we dotted the i's and crossed the t's in the appropriate way. These are very complex arrangements and you have to do them in a way which is fair to all parties involved. It is incredibly complex, as Dr Panter could tell you.

When you have two bidding parties you have to almost wear the same kind of shirt to each of the meetings so that you are not giving signals and not saying something to one group which prejudices the other. You have to ask the same questions in the same way. So, we have a probity adviser to keep track of how we do that.

Dr PANTER: That is exactly the case. The probity adviser's role was to sit in on the various workshops and meetings that the team had with the two proponents to ensure that appropriate practice was followed and there was no cross-contamination, because that was the other danger, that a good idea put forward by one bidder could be inadvertently shared with the other bidder. So, the probity adviser's role was to observe and to ensure that we all stuck by the rules.

Dr McFETRIDGE: Same budget reference on the new Royal Adelaide Hospital. SA Pathology. What is the plan for relocation of pathology services from Frome Road to the new Royal Adelaide Hospital? I understand there have been four options put forward in conjunction with Ernst & Young and Deloittes. Which option has been chosen, because some of them move across the entirety and some split across multiple sites away from the Royal Adelaide Hospital? It sounds like a dog's breakfast. Certainly, the Royal College of Pathologists are extremely concerned, and they have written to me about some of their concerns.

The Hon. J.D. HILL: I think it is true to acknowledge that the pathology faculty has issues, and we are working through those issues with them. I would make the general point that every one of our hospitals has to have pathology in it and the design for the new Royal Adelaide Hospital has provision for 3,500 square metres of dedicated space for pathology services. We worked on that figure through consultation with SA Pathology.

All essential pathology services that support a 24-hour testing model for patients at the new RAH will be transferred to this space from the existing RAH. The new RAH will also have the technological capacity for point-of-care testing in all clinical areas, reducing the demand on centralised pathology services.

SA Health is also working with SA Pathology—and I point out that SA Pathology is part of SA Health—to ensure that those pathology services which are not related to the running of the hospital and are to stay at Frome Road are appropriately accommodated, and a business case is currently being developed for Frome Road facilities to be refurbished post 2016 or relocated to other sites. This gives us an opportunity to think about the remainder of that site.

Every hospital has to have pathology, so we do not have a SA Pathology head office next to Flinders or Lyell McEwin or the QEH and they all have pathology services that run there. SA Pathology has commercial arms and also has a whole range of services that it provides to the private sector which do not need to be in a hospital setting. There are a bulk of services which are not hospital-centric services that do not need to be in a hospital, but they need to be done somewhere, and then there are services which need to be in every hospital, so we are going through getting that balance right.

You then have a building, which is not in a great set of buildings, on Frome Road which SA Pathology is currently in. There might be an opportunity to move those centralised services to a purpose-built facility elsewhere, which would give them greater capacity and better facilities. So, we are just thinking that through. The other option is to leave them where they are but more appropriately refurbished.

All of those elements are being considered, but the overall goal is to make sure that we have pathology where we need it. That covers it all.

Dr McFETRIDGE: I assume you are talking to the Royal College because, certainly in the letter to me, it pointed out very clearly that pathologies were involved in over 70 per cent of all diagnoses and in the ongoing monitoring of many diseases in the acute setting.

The Hon. J.D. HILL: Well, absolutely, and that is the point I was making. I have met with the pathology people and we continue to meet with them.

Dr McFETRIDGE: In its letter, it said:

The new hospital site is insufficient to allow the transfer of all current RAH pathology services from the Frome Road site and that, possible emergency level services only will be provided...

So, you might want to talk to them, minister.

The Hon. J.D. HILL: I will just ask Dr Panter to comment on that, because I think that needs an immediate address.

Dr PANTER: The 3½ thousand square metres within the new Royal Adelaide was based upon the specification provided by SA Pathology to enable them to provide all the necessary tests they need to provide for the day-to-day running of the new Royal Adelaide Hospital.

Dr McFETRIDGE: This has been an issue from the first announcement of the Royal Show stand—the health demonstration unit. I refer to Budget Paper 4, Volume 3, page 35, Targets 2011-12: continue to progress the design of the new RAH. The committee was told last year that the Royal Show stand cost was $167,364. I suggest the media take note of this address, because they should go and look at the South Australian demonstration health unit at Unit 2, 48 Barwell Avenue, Kurralta Park, because that is where the facility is set up. It does not resemble at all what we saw at the Royal Show. It is a bit of a farce, in my opinion. It took a number of phone calls and emails to get there.

How many training courses/workshops have been held at Kurralta Park; how many doctors and nurses have visited the site and what feedback has there been; and, minister, have you visited the site? It does not resemble in any way the proposed RAH room sizes and layouts people saw at the show.

The Hon. J.D. HILL: We have been going through a series of prototypes to develop an ideal hospital room. I think much of the information that you have just asked me about we have already provided to you through FOI. If there is anything that you have asked about that we have not already given you, we will find it. The responsibility for the detail of the design of the rooms has now passed over to SA Health Partnership, so we think we have got very good value out of this.

Dr McFETRIDGE: Sorry, minister, I was distracted for just a moment. Did you say it has now been passed over to SA Health Partnership?

The Hon. J.D. HILL: The responsibility for the detail of design and the costings associated with it is now with SA Health Partnership. There will be, and there has been, a huge amount of interaction with staff over the detailed design of the room, the operating theatres and all the other places within the hospital. In fact, now that we have signed a contract with the partnership, we are relieved of the burden of the need for security and secrecy, and the like, which the probity officer would have insisted upon. So, there is a much greater opportunity for more open discussion, consultation and involvement of staff in this detailed design. So, we know the room is going to be this big, we know it is configured in a particular way, but where things are and how it all works at a really detailed and kind of clinical level can now be worked on.

Dr McFETRIDGE: Have doctors and nurses visited? Have you been there, minister?

The Hon. J.D. HILL: No, I have not.

Dr McFETRIDGE: Have doctors and nurses visited the site and has there been feedback, because there is just some pinus framing with some gyprock on it. There is really nothing in there. It is nothing like what was explained to me: that it was going to be the demonstration facility, a room was going to be set up, there were going to be technical suites set up. You have had it for two years. What rent are you paying there, because I know that Keith Hospital would like the money?

The Hon. J.D. HILL: Cheap jibes—that is what we get down to.

Dr McFETRIDGE: No, it is just a fact.

The Hon. J.D. HILL: As I said, we are building a new hospital. This is a hospital which, on your kind of advice, has a 70-year life, perhaps 100 years. We have had to get right how the

internal operations of individual rooms are managed. There has been input from a variety of people, and there will be further input into the future. As I said, if we have not already provided you with all of the information that you have requested today, I will take it on notice and get further information for you, but we think it has been a worthwhile exercise.

Dr McFETRIDGE: But if nobody has been there; if it has not been—

The Hon. J.D. HILL: I will ask Dr Panter to comment on that.

Dr PANTER: During the lifetime of the demonstration unit so far there have been significant numbers of doctors and nurses—

Dr McFETRIDGE: Can I have a list of those?

Dr PANTER: —who have participated in sessions to look at the space required for an individual bedroom or for an operating theatre. That is how it was determined that the operating theatre should be 65 square metres. Yes, the spaces down there are temporary; they are Gyprock and wooden structures, because for part of the exercise we were moving those around to work out exactly what the right size and shape of particular rooms was.

In the next phase of life for the demonstration unit, SAHP will be using that facility and are funding the ongoing rent of that facility during the design development, because they will be building their prototypes of the actual bedrooms and the actual operating theatre that are in their designs, and they will be refined through the design development process. Groups of clinicians will be going down there once again to look at those prototypes to help shape the detail. It is only at this stage that we can add the detail of things like the specific beds, for example, that SAHP are proposing, and specific pieces of equipment. So, they will go into those rooms as prototypes.

Dr McFETRIDGE: I look forward to seeing the progress, because two years on there is not a lot happening there. I will read that out for the media again: unit 2, 48 Barwell Avenue, Kurralta Park; go and have a look. This is the same budget reference. I got an interesting answer back on a question about radioactive waste. In the answer to the question it said, 'All radioactive waste will be transported to the new Royal Adelaide Hospital and stored in purpose-built on-site facilities.' How many tonnes of radioactive waste are you going to move to the new Royal Adelaide? Why don't you just take it up to Woomera Rocket Range and store it with the rest of Paul Keating's radioactive waste?

The Hon. J.D. HILL: I am absolutely certain it is not in tonnes. I am not sure of the total weight of the material, but the radioactive waste is relatively small. It is the responsibility of the hospital as the user to store its own waste, and we will continue to do that. It will be in a better facility, I imagine, than it is in now because it will be contemporary. In relation to issues of storage, I certainly had discussions when I was environment minister with the owners then of Roxby Downs about having storage of state-generated waste. I am not sure where those discussions have got to, but that seemed to me—and it may well be something that can be accommodated once the development of that site is completed. In the meantime, an individual facility—

Dr McFETRIDGE: Have you told the Premier we are having a state nuclear waste dump?

The Hon. J.D. HILL: Yes.

Dr McFETRIDGE: He knows? Oh, gee.

The Hon. J.D. HILL: He and I talked about this some years ago—just check the record. We had discussions maybe five or six years ago about this.

Dr McFETRIDGE: 'Rann's SA nuclear waste dump'. I can see the headline in *The Advertiser* tomorrow.

The Hon. J.D. HILL: The member for Morphett can trivialise as much he likes, but the—

Dr McFETRIDGE: No, it is very serious; that is the whole issue, so why would you shift it from lift wells down there to the rail yard when you have an opportunity now to do something off-site and do it well?

The CHAIR: Sorry, can I just clarify, what was the 'it'?

Dr McFETRIDGE: Sorry?

The CHAIR: You said, 'You can just move it.' What is the 'it'?

Dr McFETRIDGE: The radioactive waste.

The CHAIR: From?

Dr McFETRIDGE: Low-level radioactive waste that is—

The CHAIR: From medical procedures?

Dr McFETRIDGE: A lot of medical procedures, and other procedures; everything from smoke detectors right through. Who knows what they are using nowadays in modern building materials.

The Hon. J.D. HILL: The health service is obviously not responsible for those things; we are responsible for medical waste and we look after our medical waste, and we will be storing it in appropriate facilities.

Dr McFETRIDGE: I look forward to seeing the design works of the rail yards nuclear waste dump. Minister, we are getting towards the end of this particular section. I see we are already two hours into it and I only have a couple of hours to go. I have heard that we are spending $13 million on artworks for the new Royal Adelaide—I like the fantastic artworks that are in some of our hospitals, particularly at Flinders—but is it $13 million?

The Hon. J.D. HILL: You may have heard that; I cannot answer your question.

Dr McFETRIDGE: There is no budget for artworks at this stage?

The Hon. J.D. HILL: That is not the case. Part of the design brief for the new hospital included aesthetic and environmental issues. We want it to be a pleasant, modern, contemporary place where people feel comfortable. Having appropriate aesthetic treatments, including artworks, is obviously part of that. I am not aware of the $13 million figure and where you got that information from.

Dr McFETRIDGE: We do not have a figure yet? There is no budget in there for artworks?

The Hon. J.D. HILL: I will ask.

Dr McFETRIDGE: I would hope there would be a budget in there. I am just surprised at this figure.

The Hon. J.D. HILL: I understand the figure is closer to $2 million and that is to create a capacity in the hospital similar to the capacity we have at Flinders Medical Centre where Sally Francis has been the arts officer for a number of years now and has done a fabulous job of creating an art-focused therapeutic system, and we want to do similar things. Art, of course, has the capacity to help people find their way through hospitals and to feel more at ease and less institutionalised, so it is important but it is certainly not the figure that the member mentioned.

Dr McFETRIDGE: How much funding was paid to Arts Eccentric for artwork in the renovated level 5 at the renal unit which was completed in 2010?

The Hon. J.D. HILL: Are you referring to a budget line there?

Dr McFETRIDGE: New RAH artwork; it is the same program. If you can get back to us with that, I do not mind.

The Hon. J.D. HILL: I am not aware, sorry.

Dr McFETRIDGE: Now we will change tack to one of the other very serious areas of health, and there are many. I note the minister's announcement this morning.

The CHAIR: What is the budget reference here?

Dr McFETRIDGE: It is Budget Paper 4, Volume 3, page 14, Investing expenditure summary. Under existing projects, reference is made to the current site of the Royal Adelaide Hospital—Ward Upgrade and Increased Capacity. The Royal Adelaide Hospital's CapPlan, which is the capacity planning program—you would be familiar with it, I hope—and the inpatient dashboards (as compared with the emergency department dashboards) show chronic overcrowding with over 700 beds occupied on most days.

In fact, in the February monthly CapPlan report, on 25 out of 28 days the hospital was over 100 per cent capacity; the monthly average was 102 per cent capacity. In fact, yesterday afternoon at 3.31 the Royal Adelaide inpatient capacity was in the white zone; it was over 125 per cent for general beds. How does the government plan to deal with the current chronic overcapacity in the short term (not in 2014-16) but today, tomorrow and next week?

The Hon. J.D. HILL: I draw the member's attention to my opening remarks where I indicated that our performance against all of the criteria which are used to measure hospital performance in Australia shows that over recent years we have been improving in relation to emergency department attention and also elective surgery, so we are doing more work in a more timely fashion and people are waiting less time to get services. That is a demonstration of how the system is improving.

We have also put extra resources into managing people who have chronic illness so that they do not end up in hospital as frequently. We have put extra resources into services like GP Plus so we have places where people can go other than hospitals. As a result of that we have seen a reduction in the growth in demand on our hospital services—I can indicate, at this point, 1 per cent in this current year.

So, that is a huge turnaround. We have done a lot to reduce growth in demand, we have done a lot to make our hospital system work more efficiently so that we have earlier discharge and we have a whole range of management issues in place (including the OBI system to which you have referred) which helps the planners move patients through the hospitals.

Nonetheless, it is true that, from time to time, there are significant demand pressures on our public hospital systems, and I have never pretended otherwise. The early onset of winter this year has certainly put pressure on the emergency departments. All those things are being done. We have also put on extra staff, of course, to deliver services to people in the circumstances.

Since we have been in government we have opened up 200 beds. In fact, looking at the figures this morning I think it is closer to 250 beds that have been opened since we have been in office, and we have 250 more which will come on line over the next few years. There is a comprehensive strategy in place which has both short and middle-term objectives, as well as longer-term objectives.

Dr McFetridge interjecting:

The Hon. J.D. HILL: I have not finished. The new Royal Adelaide Hospital, of course, is a critical part of that, which will increase the capacity of that hospital by 30 per cent. We need, as I said before, to make sure that our hospital system is capable of managing the huge growth in our ageing population through until about 2040, and we have put in all the elements that will allow us to do that.

Dr McFETRIDGE: Isn't the issue, minister, that you have got the Royal Adelaide CapPlan showing that its monthly average for February was 102 per cent capacity, and yesterday at 3.30 it has got a capacity of 662. There were 677 beds occupied with 18 people waiting for beds. It is red hot.

I heard this morning that you are going to put the ED dashboards up on the web. The inpatient dashboards need to go up straightaway. They need to be clearly understandable—but they are really nothing like the Western Australians. This morning you said that it is a one-page document. That is just so wrong. You should have a look. This is what we will do. We will mirror the Western Australian Public Hospital Activity website, and let me just remind the committee what is on there, just so the committee is aware and can compare.

The Western Australian Public Hospital Activity with respect to the emergency department daily activity shows the attendances, the admissions, the ambulance attendances, the ambulance diversions and the ED triage attendances and waiting times. It even shows ambulance ramping. Then you can have the same information on a weekly activity, and you can have ED activity now. You can also have 'hospital beds'. The website states:

> ...provides accessible up-to-date information on activity in Perth metropolitan emergency departments as well as hospital beds in Perth and the country. WA Health is committed to providing transparent and accountable reporting on health system performance to the community and WA health staff.

One page minister? It is not. It is everyone of those 13 pages there, and then you count up all the hospitals and the numbers of beds in them. It is page after page. It is so comprehensive. It is there, it is real and it is not expensive to do, minister. You are giving us just a tiny glimpse of a system that is broken, and I just hope that you are honest enough to put the rest of it up there, as the Western Australians are.

The Hon. J.D. HILL: Well, after that rant, Madam Chair—

Dr McFETRIDGE: It was not rant: it was the truth, John, because you said this morning that it is one page, which is not the truth. That is the truth.

The Hon. J.D. HILL: After that rant—

Dr McFETRIDGE: That is the truth.

The Hon. J.D. HILL: After that rant, Madam Chair—

Dr McFETRIDGE: You don't listen, John. You have never listened. You are in complete denial—

The CHAIR: Order, member for Morphett!

Dr McFETRIDGE: It is deny, deny, deny!

The CHAIR: Member for Morphett, order? You have had your go, now let him have a go.

The Hon. J.D. HILL: As I said—

Dr McFETRIDGE: Let him justify it.

The Hon. J.D. HILL: —Madam Chair, anger, distortion, exaggeration are no—

Dr McFETRIDGE: It's not, John. You want to look at it, mate? Here it is.

The Hon. J.D. HILL: —substitute—

Dr McFETRIDGE: It's page after page—

The CHAIR: Member for Morphett!

Dr McFETRIDGE: Go on the website; look at it now, John; it's all there. Don't hide behind your dashboards and your—

The CHAIR: Order, member for Morphett!

Dr McFETRIDGE: Thank you, Madam Chair.

The CHAIR: Come along. Member for Morphett, the minister's answers are very important, as are your questions. At the moment, I cannot hear either of them because all I can hear is squeaking.

The Hon. J.D. HILL: Thank you, Madam Chair.

Ms Bedford interjecting:

The CHAIR: I do not need to hear squeaking as a result of that comment.

Mr MARSHALL: That was your hip, was it?

The CHAIR: Sorry, minister. I never should have said that word. I don't know what I was thinking. Please, minister, carry on.

The Hon. J.D. HILL: Madam Chair, as the government is absolutely committed to providing the public of South Australia with as much real and relevant information as we can—

Dr McFETRIDGE: Well, do the Western Australia model, John.

The Hon. J.D. HILL: The member for Morphett, if you just calm down for a second I will talk you through what we are planning to do. We have put up on the website as of today (it has not yet gone up) information around the emergency department time; so people will know how many spaces there are in the emergency department, how long people need to wait, how long people have been waiting, how many beds are required. All of that information will be available.

Then we will expand that over the next couple of weeks, I think—there are just technical reasons as to why we have not done at all today; I would have liked it all done today—to cover other areas, including the inpatient beds, so people will be to see how many beds are available in individual hospitals, and they will be able to see elective surgery processes in real time as well. It will be as comprehensive as we can make it. I am happy to have a look at what the Western Australians have done. I am advised that it is not as comprehensive as what we are proposing, but if there is something in there that they are doing, which is more comprehensive—

Dr McFETRIDGE: Does yours show the metropolitan beds and mental health beds and specialised wards? Does it do that, every day?

The Hon. J.D. HILL: Madam Chair, I am trying to accommodate—

Dr McFETRIDGE: Country beds and inpatient mental health units—

The CHAIR: Member for Morphett!

The Hon. J.D. HILL: As the—

Dr McFETRIDGE: There are six pages on that alone.

The CHAIR: Member for Morphett!

Dr McFETRIDGE: Thank you, Madam Chair. Madam Chair, I am really cross about the way this minister is mishandling this whole issue.

The Hon. J.D. HILL: We get you're really cross, Duncan, but being really rude is not a substitute for proper debate. I am trying to answer your question. I was being calm about it—

Dr McFETRIDGE: But you don't, John, that's the problem.

The Hon. J.D. HILL: —and I was saying, if the Western Australian government has material up there which we can also put on our site we will have a look at it. But the advice to me is that what we are proposing and what we are doing is more comprehensive. We are putting it up in real time. It will be updated online every half an hour so that everybody in our state and see what we are doing. We do not currently—

Dr McFetridge interjecting:

The Hon. J.D. HILL: Oh, come and have a stunt, Duncan.

The CHAIR: Member for Morphett!

The Hon. J.D. HILL: Have a little stunt, Duncan; that's very cute.

The CHAIR: The member for Morphett—

The Hon. J.D. HILL: There he is; I hope he gets on television by—

The CHAIR: So do I.

The Hon. J.D. HILL: —throwing a bit of temper.

Dr McFETRIDGE: No, I don't think it's on TV; I can go on the website and have a look at that.

The Hon. J.D. HILL: That's all he is interested in, Madam Chair.

The CHAIR: Member for Morphett, where am I? I am on my feet.

Dr McFETRIDGE: At school, I think.

The CHAIR: I have been called to my feet by the stunts, the interruptions. The questions are important, the answers are important. The longer you carry on doing this, the only person whose time you are wasting is your own and that of the South Australian taxpayer. So, please, let us carry on in an orderly manner.

The Hon. J.D. HILL: As I say, Madam Chair, we are happy to put on any information that we have which is available to be shared with the taxpayers of our state. I have strong views that it helps our system perform better if information about our performance is made available to the public. That is why in the past we have put up on a monthly basis all the information about elective surgery in emergency departments. I think we are the first state in Australia to do that, from memory. I am not sure if any of the other states have yet put that information up on a regular basis. When I saw this new dashboard system, I said we should put that up—

Dr McFETRIDGE: New? It's been up there for months, mate. It might be new to you, but I've been getting them for months now.

The CHAIR: Member for Morphett! I speak, you do not listen; I speak, you do not hear. Member for Morphett, please, let us have an ordered debate.

The Hon. J.D. HILL: This is a new system which has been in place now for, I think, about 12 months, or just under 12 months. It was funded by the commonwealth government. I asked some time ago if we could make it available, and there were technical issues, and I think intellectual property issues that we had to overcome in order to make it available online. They have now been overcome, largely. There are still a few technical issues; we need to get all of the information out.

I am happy to put up as much information about how our system operates, and I will have a look, as I said, at what the Western Australian system is doing. If we can match some of the elements that they have, we will certainly try to. My information is that what we will be providing to South Australia is more comprehensive and more up-to-date than what the Western Australian government is doing.

Dr McFETRIDGE: Well, have a look at what I've just given you, because you will see it is not—

The Hon. J.D. HILL: I will.

Dr McFETRIDGE: Minister, will you put up your current hospital status CapPlan readouts on the website? As of 3.31 yesterday afternoon at the Royal Adelaide Hospital ED occupancy was 75; ED patients waiting more than four hours was 27; ED patients waiting more than eight hours was 11; ED patients waiting more than 12 hours was nine; and the ED ALOS (average length of stay) was 50.1 hours. That is not the time spent waiting to see the triage nurse or the doctor, that is the time that these people are stuck in the ED before they can be admitted. There are no beds.

Put that sort of information up, minister; put up the graphs that show that the predicted occupancies are being exceeded by the actual occupancies. This one projects out until Friday. Put that sort of information on it. I challenge you to do that because, as we saw the other day, the Royal Adelaide Hospital had 735 patients—662 beds and 735 inpatients. Put it all up there, minister; be open, be honest, and show us what a great job you are doing. Do not just deny, deny, deny. It's all there in living colour.

The CHAIR: Member for Morphett, are we still on pages 14 and 15?

Dr McFETRIDGE: We are. We are talking about the current site of the Royal Adelaide Hospital—Ward Upgrade and Increased Capacity, because it is bursting at the seams.

The CHAIR: Right, because I hear more discussion about the dashboard than I do about the budget.

Dr McFETRIDGE: That is all about capacity, ma'am. If people knew what the capacity was, that would be great, but what we are getting is the ED dashboards, which—

The CHAIR: Minister.

The Hon. J.D. HILL: Madam—

Dr McFETRIDGE: We have great hospitals in as much as the doctors and nurses in them are fantastic.

The Hon. J.D. HILL: It is a Socratic kind of a process that we are going through, I guess. I just listen and perhaps learn from—

Dr McFETRIDGE: Well, you do not listen, John, because you have not learned.

The CHAIR: Order!

Dr McFETRIDGE: How many years have you been the minister?

The CHAIR: Order!

The Hon. J.D. HILL: Madam Chair, if I may continue? The previous government reduced the number of hospital beds in Adelaide by about 200 over its period of government. We have put back almost 250 beds and we have plans to put another 250 beds in place. That is the reality of it. It cut hundreds of beds out of the country hospitals as well, but that is a different issue. We are now doing a whole range of things to create extra capacity outside of hospitals, in hospitals.

We have a strategy in place, we have a comprehensive plan in place which we are implementing, and we are backed up by massive capital expenditure which is greater than this state has ever seen before. In addition, we are putting up all the information we can to help people understand how the hospital system is working because we think that, if people actually see the facts, they will have a better understanding, and that will help us run the system better. I will ask Mr Swan to explain what it is that is going up on the dashboard.

Mr SWAN: Thank you, minister. What we are putting up is the real-time information from our OBI system that is related to emergency departments. That will be refreshed every half an hour. Now, we are aiming that, within two to three weeks, we will be able to put our inpatient information up, which will detail the number of beds and the number of patients that we have

across the system, which will be available to the public. The CapPlan is more a forward projection tool that actually assists the hospitals in their planning of resources over a 12-month period.

The real benefit of the OBI system is that it is real-time. It allows the system to understand where the demands are, where the opportunities are to coordinate resources within an institution, or across institutions, to make sure that we manage the system as effectively as possible.

Dr McFETRIDGE: Just on that—and I have heard what Mr Swan has said—the CapPlan does predict, sure, but it is also in real-time as well, because at 3.31 yesterday afternoon at the Royal Adelaide Hospital, it will tell you that there were 170 beds available in the internal medicine ward, but there were 192 patients there. This will update every half-hour, as well, I am told. It will tell you that in the cardiovascular ward there is a 72-patient capacity with 77 patients. In the Central Northern Adelaide renal transplant ward, we did have one spare bed.

There is a 180 capacity in the surgical and specialist services ward, with 189 beds. This is just all spin to try and cover up the crisis that is going on in our hospitals. Put up the CapPlan, put up the EDs, minister, and just show people what is going on. It is there, it is current and it is available. I get it—everybody should get it so that the whole of the hospital system is exposed. On the number of beds—

The Hon. J.D. HILL: Hang on. Madam Chair, if he could pause breath for a minute, I might address that issue. Thank information that you have just described, as I understand it, will be placed on the site. This is a system that was developed by clinicians to help them better manage the process of patients through the hospital system. I think it is a good system. It is not trying to obfuscate or confuse people, it is actually trying to provide proper information so that people understand what's going on. I just reject completely the insinuations that the member for Morphett is making.

Dr McFETRIDGE: It seems coincidental that you have got the front page of *The Advertiser* on this. It was not much of an announcement. In fact, it has given me a lot of ammunition here because I have been showing you these for months now and nothing has improved. You look at what was going on yesterday afternoon at 3.31. It is just terrible.

You talked about the bed numbers. This is the same budget reference, just to come back to formalities. I refer to an answer to a question on notice, but I do not know how long ago the question was and I do not have the original question, it was that long ago. It was about bed numbers according to OECD definitions, and that is a bed with a leg at each corner that people can lie in with a pillow. In 2001-02, when the Liberal government was in power, your answer says that there were 2,601 beds. Then, in 2008-09, there were 2,819 beds—75 more beds in seven years.

But listen to what is going on here, minister. In country hospitals, in 2001-02, under the Liberal government, there were 1,962 beds, and under the Labor government, seven years later, there were 1,819 beds—143 fewer beds in the country. Where have all the beds suddenly come from or are you counting chairs, minister?

The Hon. J.D. HILL: There is a standard way of determining what beds are, which is standard across both sides of politics and nationally. I have some information I can provide to the house. The Liberal Party came to government in 1993-94 so, let us say in the first year, 1994-95, there were 2,241 country hospital beds. When we came to government, in the first year, 2002-03, there were 1,883. So, there was a reduction of about 400 beds over that time.

In the city, in 1994-95 there were 2,800 beds. Under the Liberal Party, in 2002-03, there were 2,500. So, there was a loss of 250 or so beds in the city. So, they are the facts. Since we have been in government, we now have 2,809 beds in the city in 2009-10, compared to—

Dr McFETRIDGE: Was it 2,809, minister?

The Hon. J.D. HILL: There were 2,809 beds in the city in 2009-10. There were 2,552 in 2002-03. So, we have put more beds into the metropolitan area. Now, to be fair to the opposition, when it was in government, in terms of country hospitals, there are a lot of beds in the country, which were counted as hospital beds, which have been converted to nursing home beds. So, some of those beds, presumably, are in that category. That has certainly been the case since we have been in government, as well. I am not aware of any beds that we have closed in the country, other than through conversion. There might be one or two around the place.

Dr McFETRIDGE: Minister, just to make sure I heard you right there, you said that, in 2009-10, there were 2,809 beds in metropolitan hospitals?

The Hon. J.D. HILL: Inpatient beds. Yes, that is right.

Dr McFETRIDGE: There were 2,601 in 2001-02. So, that is 65 more beds.

The Hon. J.D. HILL: Your mathematics is not very good; that is 208 more beds.

Dr McFETRIDGE: Sorry, 208 beds.

Mrs VLAHOS: Carry the two.

Dr McFETRIDGE: Yes, carry the two. You are right. Sorry, I was looking at the country beds. That really is not very much at all, minister.

The Hon. J.D. HILL: How many beds would you have put in, Duncan? Can I ask you that? What is your policy? What would you have done?

Dr McFETRIDGE: I would have listened to the doctors and nurses and done the proper planning on it.

The Hon. J.D. HILL: What would you have done? What would the Liberal Party have done?

Mr MARSHALL: Put in what is required by the capacity.

The Hon. J.D. HILL: Is that right?

Mr MARSHALL: Absolutely.

The Hon. J.D. HILL: That is good. How would you do that, Steven? How would you do it? Where would you put them?

Mr MARSHALL: You would determine what the capacity is and you would actually—

The Hon. J.D. HILL: Where would you build them?

Mr MARSHALL: —resource the—

The Hon. J.D. HILL: Where would you have done it?

Mr MARSHALL: Why haven't you done it, is more the question. Why haven't you actually resourced the hospital sector according to your own capacity?

The Hon. J.D. HILL: Interestingly, South Australia, according to the national figures, has more beds per head of population than any state. We have three beds per 1,000.

Mr MARSHALL: Then why is the system in crisis?

The Hon. J.D. HILL: I absolutely reject that analysis of our system. Our system is operating—

Mr Marshall interjecting:

The Hon. J.D. HILL: You have gone through some figures that you have chosen to highlight your argument.

Mr Marshall interjecting:

The Hon. J.D. HILL: You have gone through figures that you have chosen to highlight your argument. They are not a valid reflection of our system. Our system is—

Mr Marshall interjecting:

The CHAIR: Order!

The Hon. J.D. HILL: —improving year—

Mr MARSHALL: It is in crisis.

The CHAIR: Order!

The Hon. J.D. HILL: The system is improving each year—

Mr MARSHALL: It is in crisis.

The CHAIR: Order!

The Hon. J.D. HILL: —we have been in government. The figures demonstrate very clearly that the performance of our system has improved despite the increase in demand. We have more doctors per head of population than any other Australian state. We have more nurses and we have

more beds. We have put in more resources and the throughput in our system is improving every single year.

Mr Marshall interjecting:

The Hon. J.D. HILL: If members just want to throw insults across the chamber then I am not sure what the point of having an estimates committee really is.

Mr MARSHALL: They are not insults; they are facts.

Dr McFETRIDGE: Moving on, minister, I will be very interested to see what you actually do put up on the website. I can guarantee that I will be making sure that the people of South Australia get what they deserve, not what they are getting. On that same budget line—

Ms Bedford interjecting:

The Hon. J.D. HILL: That is likely. I will stay in government forever.

Dr McFETRIDGE: I do not think so. They tell me you are retiring in 2014, John. You have told cabinet; is that right?

The Hon. J.D. HILL: Is that right?

Dr McFETRIDGE: You have told cabinet?

The Hon. J.D. HILL: When are you leaving the front bench?

Dr McFETRIDGE: So, this is your last budget estimates, is it? Enjoy the moment.

The Hon. J.D. HILL: When are you leaving the front bench, Duncan? When are you being replaced by one of the backbenchers? When is Steven taking over as the shadow minister?

Dr McFETRIDGE: We are very lucky to have a selection over here.

The Hon. J.D. HILL: When is Isobel going to do a reshuffle?

Dr McFETRIDGE: Where is Tina, John? There is no alternative. Where is Tina?

The CHAIR: Order!

Dr McFETRIDGE: Back to that, ma'am; you are right, we should move on. This is far too important.

The CHAIR: We cannot gaze into the crystal ball.

Dr McFETRIDGE: We can—

The CHAIR: No, do not say anything.

Dr McFETRIDGE: I will move on. Just on some perhaps easier issues, the car park at the Royal Adelaide Hospital, that is outsourced, is it, and, if so, what is the revenue stream for the Royal Adelaide Hospital from that?

The Hon. J.D. HILL: The car park was commercialised, I think, some time ago. I am not sure exactly how long ago. It is a private commercial arrangement for the car park, so they charge car parking fees. I am not sure of the details of any income that might flow to us from that. I can certainly find that out.

Dr McFETRIDGE: Just one matter that I struck the other day, and before I ask this question I will say that my grandson Harry is a frequent flyer at the Women's and Children's emergency department, and they are absolutely wonderful at the Women's and Children's emergency department; I cannot praise them enough. But I was a bit taken aback when I went into the canteen at the Women's and Children's Hospital, and Spotless, which is going to run the catering at the new Royal Adelaide Hospital, run it there and it does not take EFTPOS.

It was not a huge problem for me, I had some cash on me, but if you did not have the cash then you had to go to the Rediteller around the corner and if you were not a member of that bank, or one of the contributing banks, then you had to pay an extra $2 fee to get some cash out. I would have thought that in 2011 the providers for catering services at the WCH and the new Royal Adelaide Hospital would take EFTPOS.

The Hon. J.D. HILL: I am glad you think that way. I am not sure why they do not; I can seek some advice. I cannot answer that. I will see if I can get a more comprehensive answer, but it may well be that the throughput is insufficient to make it—

Dr McFETRIDGE: It was pretty busy.

The Hon. J.D. HILL: We have volunteers who work in some of those centres too. So, I am not sure what the—

Dr McFETRIDGE: No, they were all Spotless.

The Hon. J.D. HILL: I cannot answer that, but I will see what I can find out.

Dr McFETRIDGE: But, as I say, I cannot praise the staff at the Women's and Children's enough. What is the budget at the current Royal Adelaide Hospital for security guards and has this increased much in the last five years?

The Hon. J.D. HILL: I cannot tell you at the moment, but I am happy to take that on notice.

Dr McFETRIDGE: Moving on to the Lyell McEwin Hospital, the other hospital that is up to 130 per cent capacity, and it is Budget Paper 4, Volume 3, page 15, Lyell McEwin Hospital Stage C Redevelopment. Why was only $5 million of the $30.7 million budgeted for 2010-11 spent?

The Hon. J.D. HILL: The $43.5 million stage B was completed in February 2010. Stage C is a $201.7 million capital development. Estimated investing expenditure for 2010-11 is $350 thousand and represents an underspend of $437 thousand against the 2010-11 budget of $787 million. The budget adjustment carryover of $437 thousand will occur as part of the end of year process. That is in relation to stage B. Stage C—continue with an estimated $2.1 million investing expenditure in 2010-11. That enabled the appointment of a construction team for the remainder of the $201.7 million redevelopment, the continuation of the design process, obtaining all necessary works, and the commencement of fit-out. I am also advised that there were delays in engaging the managing contractor, which resulted in the underspend, but now that that managing contractor has been appointed, it will be all systems go.

Dr McFETRIDGE: On that same budget reference, I understand that the Lyell McEwin has about 300 in-patient beds—I think 299 or 300. There are 159 general beds, 49 surgical beds, yet at 3.30 yesterday afternoon, on the in-patient dashboard, it was in the white zone. Just for those who do not know, the traffic light system used on the ED and IP dashboards is: green is less than 80 per cent capacity; amber is 80 to 95 per cent capacity; red is 95 to 125 per cent capacity; and white is 125 per cent capacity. That is on page 9 of the Operational Business Intelligence Handbook.

What is being done now because you have the 7RAR, the Army, increased pressures, 130 per cent capacity, you have had the SASMOA people going out there and talking about overcrowding and refusing to take non-urgent ambulance cases. What is being done today to really relieve the pressure for those people in the northern suburbs? My mum lives almost next door. If mum wants to go there, I hope she can get in.

The Hon. J.D. HILL: I am advised that on Tuesday 28 June, for example, the Lyell McEwin Hospital had 150 occupied beds, and I am also advised that the Lyell McEwin Hospital has 284 beds available. I am not sure what the particular issue may have been there. When we came into government in 2002, there were 167 beds at that hospital. There are now 284, so we have increased the capacity. There are no short-term single fixes for making our hospitals—

Dr McFETRIDGE: But isn't that the problem, minister?

The Hon. J.D. HILL: Do not interrupt me.

Dr McFETRIDGE: You have been there nearly 10 years, John.

The Hon. J.D. HILL: Do not interrupt me.

The CHAIR: Order!

The Hon. J.D. HILL: Since we have been in government we have increased the capacity of the Lyell McEwin from 167 to 284 beds, which is not something you can see. We also have building works to increase capacity even further. So, this is a continuing process of expanding our system. This is something that we are doing as a government. We are also putting in extra resources and having systems put in place, including the use of the dashboard system to make sure that we use the capacity in the best way we possibly can.

Other things that are being planned at the moment are acute medical units, which are already operational at the RAH and Flinders, and we are having one developed at the Modbury and

Lyell McEwin hospitals. We are having ongoing support for what are known as discharge lounges and also see and treat clinics and a whole range of services around there. We are improving access to diagnostic and support services through the procurement of radiology equipment, ultrasound and cardiac equipment. The development of a statewide imaging model is nearing completion. We are also employing additional senior medical staff so the hospitals can be effective overnight as well.

In addition to that, we have opened up the Elizabeth GP Plus clinic which has 100,000 capacity every year, and that will have a nurse-led and also a GP-led clinic which will take some of the pressure off the emergency department. We are also working on linkages with the Modbury Hospital, so geriatric medicine, for example, and palliative care medicine. So, a huge range of things are taking place to relieve the pressures. The Elizabeth area, of course, is a growing area, as the member said. That is why we are having to do all these things.

[Sitting suspended from 10:55 to 11:20]

The CHAIR: Good morning once again. We continue with our exploration of the health portfolio. Member for Morphett.

Dr McFETRIDGE: Thank you, Madam Chair. I refer to Budget Paper 4, Volume 3, page 35, sub-program 3.1: Adelaide Health Service, performance indicators. What are the performance indicators for each of the hospitals within the Adelaide Health Service—particularly the RAH, Flinders and Lyell McEwin—because I understand the individual results are tabled at the Adelaide Health Service executive meetings? Can the committee have access to those?

The Hon. J.D. HILL: We certainly can get them. What did you particularly want to know?

Dr McFETRIDGE: The performance indicators for each of the hospitals in the Adelaide Health Service.

The Hon. J.D. HILL: Yes, we can provide that information. We are happy to get that information for you.

Dr McFETRIDGE: Will that be provided to the committee or to me?

The Hon. J.D. HILL: If we can get it today I will spread it around, but if we cannot we will get it for you privately or through the normal process.

Dr McFETRIDGE: Thank you for that. As you do when researching for estimates, I went through the 2003-04 Portfolio Statements when we had—in the good old days, as I might say—individual listings for each hospital. It was interesting to see some of the KPIs or performance indicators there. The one that I am really concerned about—and we will talk about it a bit more in a moment—is emergency department performances. I will move on quickly to the Local Hospital Networks in Budget Paper 4, Volume 3, pages 32 to 34, Adelaide Health Service, Local Hospital Networks. What will the governance arrangements be for the Local Hospital Networks and how much independence will be provided to the Local Hospital Networks to plan service delivery to meet their population needs?

The Hon. J.D. HILL: The LHNs will be incorporated health units or hospitals. There will be five in the metropolitan area: one in the north, one in the centre and one in the south. They will be incorporated bodies under state legislation, and they will run those hospitals. The Department of Health will enter performance contracts with them in terms of expected outcomes, KPIs—all of those kinds of things. Their responsibility will be to deliver against those requirements.

The funding, as we expect through the COAG agreements, will come through an independent body, which will contain both state and federal funds, so there will be a transparency about the transfer of funds. There will be local governing councils that will be set up. We put on the web yesterday the membership of those local governing councils. They will be set up to give advice to the CE of each of the LHNs to help monitor the performance of the LHNs, ask the tough questions, monitor budgets and the like.

The advice I have in particular is that in 2011-12 the LHN service agreements will be more structured and detailed than the previous regional performance agreements. LHNs will be required to meet the conditions of COAG national agreements and national partnership agreements and commitments under any related implementation plans. In particular, LHNs must meet the governance reporting and performance requirements for the National Healthcare Agreement and their performance will be monitored and publicly reported by the new National Performance

Authority. Each LHN, as I said, will have a governing council with advisory functions consistent with the Health Care Act 2008. The LHN service agreements will hold the LHN chief executive officers accountable to the chief executive of SA Health for the safe, effective and efficient provision of services.

We have just appointed some of the LHN CEOs: southern is Christine Dennis; north is Margot Mains, a new manager to South Australia; and for the centre we are still finalising the permanent person but there is an interim appointment which will take place relatively soon. The country and women's and children's LHNs will remain with the same CEs they currently have.

Dr McFETRIDGE: The LHNs are actually coming to—

The Hon. J.D. HILL: Tomorrow.

Dr McFETRIDGE: —fruition tomorrow, yes. How will the country LHN work with the HACs, the Hospital Advisory Councils?

The Hon. J.D. HILL: Largely the same. Country SA will not change very much at all because the arrangements we have put in place have created an incorporated entity in the country anyway so it will just transfer the language and some of the responsibilities. The performance agreements will change along the lines that I have just described and there will be a country LHN and in the short term we are just transitioning to that arrangement by making the members of the existing Country Health SA board, under the chairmanship of Peter Blacker, become the new country LHN and he will continue to chair and the membership will stay the same. When the current group of members come to the end of their period, which I think is in about a year's time, we will create a new board based on the model which we have in place for the other LHN governing councils.

The Health Advisory Councils will stay in place and will do the same kind of role. Their role is to be advocates for their communities, to have a say in the development of priorities and the implementation of programs that meet those priorities. They have all gone through the process of developing 10-year plans. The bigger general hospitals' plans have been endorsed and are now being implemented and we have seen some capital works money for each of those general hospitals. Country Health is now going through more detailed work with the HACs to finalise their 10-year strategies and then work out some priorities for implementing them. We cannot obviously do everything that everybody wants at once so you have to prioritise, and it seems to be working very well.

Dr McFETRIDGE: Thank you, minister. I might have been distracted for a moment there and you may have answered this, but what role and authority will the advisory boards have?

The Hon. J.D. HILL: The advisory councils—LHN governing councils—will be advisory in nature. They will participate in the selection of the CEOs, so the new chairs of the governing councils who we have appointed (and they were named yesterday or the day before, I cannot recall when) have participated in the selection of the new CEs. I have more detailed advice in relation to the governing councils.

They will advise the Local Health Network on effective clinical and corporate governance frameworks to support the maintenance and improvement of standards of patient care and services by the LHN. They will advise on systems to support the efficient economic operation of the LHN and ensure the LHN manages its budget to ensure performance targets are met. They will advise on systems to ensure that the LHN's resources are applied equitably to meet the needs of the community. They will advise on strategic plans in relation to the LHN.

They will provide strategic oversight and monitor the LHN's financial and operational performance. They will make recommendations to the chief executive for the appointment of the CEO, and I just mentioned that. They will confer with the CEO in connection with the operational performance targets and performance measures to be negotiated pursuant to the service agreement. They will provide advice on the service agreements to the LHN.

They will seek the views of providers and consumers of health services and of other members of the community serviced by the local health network as to the network's policies, plans, initiatives and so on. They will promote the LHN's policies, plans and initiatives. They will endorse the Local Health Network's annual report. They will liaise with the governing council of other LHNs and they will perform other such functions as are conferred or imposed on them by regulations.

Mr MARSHALL: Historically, Treasury has said that we will not embark on a PPP without a favourable public sector comparator being determined. The SA Health website now contains

advice from Ernst & Young, which shows that a public-private partnership beats a direct government delivery model by just $137.4 million over a 35-year period. Basically, Treasury says that we are going to be better off by about $4 million per year. It seems like the numbers are probably a rounding error.

I understand from evidence provided to the Budget and Finance Committee on Monday of this week that the state government is now using the Infrastructure Australia methodology for determining the public sector comparator. This was previously done using the Partnerships SA guidelines. Did your department model the public sector comparator using the previously used Partnerships SA guidelines, and, if so, what were the outcomes of that valuation?

The Hon. J.D. HILL: The arrangements that were put in place to procure the Royal Adelaide Hospital involved essentially three agencies: the health department, the Department for Transport, Energy and Infrastructure, and Treasury. The issues therefore around the finances was a Treasury matter. I understand that these matters were raised yesterday, I think, by the shadow treasurer.

I understand that the Treasurer undertook to get some extra advice, but my understanding is that all of the ways we use to determine whether there was value for money showed that it was value for money. The public sector comparator (which was then risk adjusted using a formula determined by the Infrastructure Australia body), on any kind of discount rate, indicated that it was value for money. If we look at the operational side of it, we know from comparing the operational side of the new hospital with the existing hospital that it represents good value for money.

Every way that we have looked at it, it has come in on track, but I am happy to refer the member's question to the Treasurer to see whether there is anything further that can be provided.

Mr MARSHALL: Just for clarity, you are saying that you looked at various public sector comparator models, including that by Partnerships SA, and, in all of the comparisons, it was a favourable project?

The Hon. J.D. HILL: As I say, Treasury was responsible for this part of the arrangements. The advice I have is that, when we looked at it (and I just went through the method using Infrastructure Australia), it certainly gave us that information that I have described, and, as I understand it, all the other ways (and I just went through a couple of the ways) we have looked at the project, it is value for money.

I will just find that part of the document that provides what I am looking for. I just cannot find the figures I am looking for here. The analysis that we did would show that the costs to the state of constructing it was about $1.78 million, or thereabouts. The cost of the private sector constructing it was $1.85 million. There it is, thank you. SAHP's proposal was $1.849 million—so, let us say $1.85 million—to construct. Our estimate of building it ourselves was $1.78 million.

If you take into account the transfer of risk, which was considered to be worth $303 million, you get a comparison which is favourable as well. A range of measures that I am aware of show that it was a favourable deal. I am not aware of any other measures, but, as I say, Treasury was really the authority for these kinds of calculations, and I am happy to refer your question to the Treasurer to see whether there is anything in addition that we can provide.

Incidentally in relation to the issue of EFTPOS at the WCH cafe, I am told that it is currently under review. They are looking at putting an ATM in place to make cash more readily available for visitors to the hospital.

Dr McFETRIDGE: The ATM is there, John. The ATM is already around the corner and they direct you there. Unfortunately, you have to pay two dollars if you do not belong to one of the member banks.

The Hon. J.D. HILL: I'm just giving you my advice there.

Dr McFETRIDGE: Unfortunately, I know all about it, I've been there.

Mr MARSHALL: As a final follow-up on that public sector comparator, I would put it to you, minister, that you have published on the SA Health website the most favourable public sector comparator that you have got, which is really only showing a very marginal benefit to the state from the PPP model of $137.4 million over the entire life of this project. This is by your own statement earlier, using the 1.58 per cent risk factor. I wonder whether or not you would be prepared to release the public sector comparator using the traditional South Australian methodology employed by Partnerships SA.

The CHAIR: Excuse me, minister, that sounds more like a question for question time rather than a question for the budget. Can you tell me which budget line you are referring to?

Mr MARSHALL: Yes; it is Budget Paper 4, Volume 3, pages 26 and 27.

The CHAIR: Can you give me a précis of that question?

Mr MARSHALL: The question is: will the minister actually release the public sector comparator using the traditional South Australian Partnerships SA guidelines rather than the more favourable Infrastructure Australia guidelines?

The Hon. J.D. HILL: There are two elements to that question; one is an assumption which I think the member has absolutely no basis for making. We have not deliberately tried to provide the most favourable. In fact, if we wanted to find the most favourable using the Infrastructure Australia figures we would have used only the figure which was based on a higher discount rate. If you use a low, mid or high discount rate you get a value for money proposition.

Mr MARSHALL: $4 million on a $4 billion budget.

The Hon. J.D. HILL: We have used the mid figure because that is the moderate thing to do. As I said—and I can only repeat—these have really been the responsibility of Treasury. I am happy to refer the member's question to the Treasurer to see if there is any additional information that he can provide.

Dr McFETRIDGE: I refer to Budget Paper 4, Volume 3, page 32, local hospital networks. Last year the minister told the committee that the efficient price reform will generate $118 million in savings, and this was part of the transition to local health networks on the basis for a national efficient price. How much will the national efficient price differ from our casemix prices? Have our finance people got it wrong all these past years by paying too much for hospital services by a casemix that was too high?

The Hon. J.D. HILL: I am happy to answer this question. Casemix, of course, was the system introduced by Michael Armitage, who then was the Liberal health minister in South Australia some years ago. It followed, I think, the introduction of casemix by the Kennett government and, as I understand it, South Australia and Victoria are the only two states which have a casemix system. I have to say, casemix works in a good way in determining how you pay for services. If you look at the Australian Institute of Health and Welfare figures, it shows that the South Australian system, using the casemix kind of model, it is the most efficient provider of services in Australia. We do not know yet what the new national price will be. Obviously, a whole lot of work has to go through—

Dr McFETRIDGE: It's lower than casemix.

The Hon. J.D. HILL: Well, if it is lower than casemix, every state would be disadvantaged, including South Australia. However, as we are the most efficient provider at the moment, we think there is a fair bet that it will not be lower than our pricing, but, of course, we do not know that until they go through the modelling. We think we are in a stronger position that most states to deal with the consequences of having an efficient pricing system. To be perfectly frank, as long as it is done fairly and sensibly, I think we have nothing to fear from an efficient pricing system because, as I say, we have a pretty efficient system. It is not that we cannot make it more efficient; in fact, every day we try to work out how we can make this system more efficient, but we are the most efficient in Australia at the moment.

Dr McFETRIDGE: I refer to Budget Paper 4, Volume 3, pages 32 to 34, Sub-program 1: Adelaide Health Service, savings measures. There are $50.8 million worth of savings in the final 2008 Paxton report. How much has been realised, and is Paxton about to do another report? If so, why can this report not be done by the centralised finance division?

The Hon. J.D. HILL: I think I went through some of the savings processes we are going through before, and this is part of it. It follows on reasonably well from the question about casemix. We are, as a system, trying to make sure that we are as efficient as we possibly can be. Paxton went through and looked at the internal operations of a number of our hospitals and gave us advice about how we can better manage those hospitals and, as I understand it, those recommendations are being pursued. Part of the creation of LHNs will help establish that.

In practice, what we have done is to take a lot of the head office or back office operations out of the regions and put them into the Department of Health to allow the hospital networks to focus on the delivery of services, not the administrative aspects of running a hospital service, and

we create efficiencies by doing that. That is to be done, but there are no plans for a further consultancy with Paxton that I am aware of.

Dr McFETRIDGE: I refer to Budget Paper 4, Volume 3, page 20, Policy and Intergovernment Relations, COAG. The federal government will bring forward elective surgery and emergency department payments under the national partnership agreement on improving public health services and change these from reward payments to facilitation payments. How will this revision affect South Australian elective surgery and ED payments for each health service?

The Hon. J.D. HILL: I am just trying to get some further advice on that. We have certainly received funding from the commonwealth in both those areas (elective and emergency department) and we have used that to invest in capital, in part, and put on extra staff, work systems, longer hours and the like, and it has benefited our system dramatically. Our elective surgery waits have improved very much over the last three or four years. We now have the lowest number of people in Australia waiting longer than 12 months for elective surgery, for example, and despite all the pressures in the emergency department, it has improved its performance as well. I will just ask Mr Swan to add to that.

Mr SWAN: Yes, thank you, minister; that is correct. In relation to elective surgery, there is a facilitation payment, and we have been advised that we will receive $3,488,437. South Australia is the only state to achieve all the commonwealth indicators associated with this agreement that has allowed us to actually achieve that funding. As the minister said, in relation to emergency departments, the resources that we have received, and that the state has also contributed, has been a significant contributor to improving the performance of our emergency departments, both in triage times right across the metropolitan area and improving access to services.

Dr McFETRIDGE: In relation to the same budget reference, under the national reform agenda, one price will be used to pay for all hospital activity under the activity-based funding model. How will the cost and performance for the new RAH be assessed under this new national reform agenda?

The Hon. J.D. HILL: It will be essentially the same; I am not sure why it would be any different. I am not sure what the point is.

Dr McFETRIDGE: That is fine; I was just interested, minister. I refer to the same budget reference, elective surgery. The budget allocated for four-hour emergency department and additional elective surgery procedures is a mixture of state and commonwealth money. You may have mentioned this in your previous answer, but how much is from each from the 2010-2011 budget? I think there is $8.2 million in total.

The Hon. J.D. HILL: Was it elective surgery you were asking about?

Dr McFETRIDGE: Yes, elective surgery.

The Hon. J.D. HILL: The year 2010-11 is the first year of the current four-year plan for elective surgery, with an additional $19.3 million of state funds and $2 million of commonwealth funds available. This will result, I am advised, in approximately 46,450 procedures in metro hospitals and 16,515 in country hospitals.

Dr McFETRIDGE: On the same budget reference, I have heard this from a number of what I would have thought are reputable sources and I hope the minister can add some light or perhaps discount it. There have been rumours that elective surgery achievements obtained in SA have been as a result of changes to counting rules and the change in the urgency classifications of patients. Can the minister assure the committee that this has not been occurring, and will the minister undertake an audit of the elective surgery and emergency department data, as has occurred in Victoria, to confirm that gaming is not occurring?

The Hon. J.D. HILL: The advice I have is that there have been no changes in the way we do it. We have got very clean data. I am absolutely certain of that. If he has got particular examples that he wants to draw to our attention, we are certainly happy to have a look at that, but the basis of an unsourced allegation/rumour is certainly not going to require an audit of how we do it. We have not changed it. Performance has been measured according to the standards. The categories people are put into are determined by the use of clinical categories. The classifications are done by clinicians, so I am not aware of any particular problems.

Dr McFETRIDGE: On the same budget reference, I am just moving on to some of the elective surgery topics here. My understanding—and this has, once again, been put to me by a number of doctors—is that hospitals cannot cancel elective surgery when the hospital is even

above capacity as the minister's targets must be met, is what they have said to me. As a result, many clinicians are expressing concern to me that waiting times for emergency surgery—obviously, non-life threatening emergency surgery such as broken limbs—after a patient has been admitted are increasing dangerously because priority is being given to elective surgery. Can the minister assure the committee that this is not happening, and what is the current average waiting time for emergency surgery compared to, say, two years ago?

The Hon. J.D. HILL: I am not sure that we have that data but we can certainly assure you that elective surgery targets are being met. From time to time, elective surgery is cancelled because emergency considerations come to the fore I think the member has probably asked me questions from time to time about why elective surgery has been cancelled. It is cancelled from time to time, but there are always judgements that are made at a local level about what is more important.

It may well be that a piece of elective surgery in a particular case is more urgent than an emergency surgical procedure in a particular case. That is a judgement that would have to be made locally. Elective surgery is not unimportant surgery, as the member would know. It is surgery that can be planned and committed for but it still needs to be done. Certain types of elective surgery have very short periods of time in which they need to be completed. Emergency surgery is really unplanned surgery that is required as a result of some event. Some of that needs to be done very urgently. Other cases, of course, are less urgent, but they do need to be coordinated. I will seek further advice in relation to any wait times for emergency department surgery. I do not know if we collect that data. I am not sure that we do.

Dr McFETRIDGE: It is good to hear that there is no pressure being put on to do that.

The Hon. J.D. HILL: To be perfectly honest, we are putting pressure on our system to perform. Let us be clear about this.

Dr McFETRIDGE: But not at the expense of emergency surgery, though?

The Hon. J.D. HILL: No, we are not telling clinicians how to favour patients in order to reach a target, but we are putting pressure on our system. There is no doubt about that.

Dr McFETRIDGE: That is a nice segue here to this next question on Budget Paper 4, Volume 3, pages 35 to 37: Adelaide Health Service, performance indicators. Minister, how will the federal government's changes to the health insurance rebate, announced in the federal budget, impact on South Australian public hospital admissions? Independent research by Deloittes states that:

> It is anticipated that there would be an additional 845,000 Public Hospital admissions between 2012 and 2016...waiting lists for surgery would go from an average 65 days to 259 days by the Year 2015.

That is from the Australian Day Hospital Association, in a letter to me of 13 June. What impact will that have on South Australian elective surgery waiting lists?

The Hon. J.D. HILL: I am not too sure who paid for that report that the member just referred to as independent, but I have also seen other reports, and I do not know who paid for them, which suggest that it will not make much difference. We do monitor the number of South Australians who have private insurance, and it is about 41 per cent, 42 per cent, from memory.

What I know is that a proportion of people over the age of 65, and they are the ones who consume most of the health services, have private insurance; I think it is about 16 per cent or 17 per cent. So, if healthy people who have high incomes give up their private insurance as a result of the changes then I do not think it will have much impact. If pensioners, or elderly people, give up private insurance because of the changes then it may have some impact, but it will only be at the margins because a relatively small percentage actually have that insurance.

The reality is that it does not matter how much insurance you have, if it is an emergency you are most likely to end up in a public hospital; if it is very complex surgery or treatment that you need then you are most likely going to end up in a public hospital anyway. Just because people have private insurance does not (sadly) mean that they use it; they still turn up to public hospitals expecting public benefits. So, I think it is unlikely to have a major impact in South Australia.

Interestingly, the number of people over the age of 65 who have private insurance does seem to be going up. That is probably a good thing, but I am not sure that the commonwealth's changes to rebates would have an impact on that because I assume that those people are in income levels where the commonwealth rebate will not have an impact.

Dr McFETRIDGE: I think we work on about an 8 per cent average for South Australia's share of those sort of things, so it is about 68,000 additional public hospital admissions between 2012 and 2016, which means that it is an issue for both of us. The issue of getting people into hospitals is still a serious one, and I see, from the CapPlans that the waiting times in EDs, the average length of stay (ALOS) in EDs, is still—I cannot believe this is true—at the Flinders Medical Centre, 449 hours. I do not believe that, it must be a typo. That was as at yesterday. That is about two or three weeks. What is the average length of time for a patient to be waiting in the ED to be admitted to the hospital?

The Hon. J.D. HILL: I will get that information for you, because I know I have it here somewhere. While we are looking for that, just in relation to emergency services at the Royal Adelaide Hospital, I am advised that there has been an increase in emergency services at the Royal Adelaide Hospital this year of 10 per cent. So, despite whatever the member has been told, we have actually done 10 per cent more emergency work at the RAH this year. We do not have any data to say they were waiting any longer. The RAH has introduced an acute surgical unit and it has access to a dedicated theatre, so that has helped with some of the throughput issues there. In relation to, what was it, emergency departments?

Dr McFETRIDGE: There is obviously a typo going on at Flinders, because as at last Thursday the average length of stay (ALOS) in the ED at Flinders was 534.3 hours, which I do not believe, and then—

The Hon. J.D. HILL: I would be pretty confident that is not accurate.

Dr McFETRIDGE: So, would I—yesterday it was 449.3 hours, so I think there is an issue there. I think you need a new typist.

The Hon. J.D. HILL: I will tell you what I am advised. In 2010-11, waiting times for emergency departments have continued to improve, while attendances have continued to increase, with 72 per cent who are seen in time, and that is the times that are set out by the clinicians as the amount of time that people should wait. As at year to date, May 2011, 72 per cent of patients were seen in the appropriate time level, and that is the highest result we have ever achieved. So, despite claims that might be made to the contrary, emergency departments are performing better than ever. I think something like 59 per cent-plus patients have been seen, treated and discharged or admitted within the four-hour target that we have. Our target for this year for the achievement of that four-hour rule was 60 per cent, and we are just shy of that target. So, despite the busyness that occurs, the system is actually working remarkably well.

Dr McFETRIDGE: I thought it was 55 per cent this year for patients seen within the four-hour target.

The Hon. J.D. HILL: It is 60 per cent.

Dr McFETRIDGE: That was the target, but you actually achieved 55 per cent.

The Hon. J.D. HILL: 59 and a bit .

Dr McFETRIDGE: From your CapPlan readout—I believe these are from the Royal Adelaide, last Thursday, 23 June—the ED ALOS, the time from being admitted to the ED to then being admitted to hospital, was 85.9 hours. Yesterday at the Royal Adelaide, the ED ALOS was 50.1 hours. That is a long time to be waiting. That is from your CapPlan readouts yesterday.

The Hon. J.D. HILL: I advise the member that for the metro to May 2011, the visit time within four hours was 59.4 per cent. It varies a bit across hospital sites, obviously. Some are better than others, but 59.4 per cent was the target. In relation to emergency department times generally, as I said in my introductory remarks, we have reduced the median time, that is, where 50 per cent are seen every year for the last three years. The median time is now only 24 minutes that people have to wait before they are seen. It is easy to point to figures where things are over that—say, somebody had to wait for so many hours, and the like. There will always be outriders, but you need to look at the averages and the median times, and that shows that the hospital system is improving. More people are being seen more quickly and within the target time frames than ever before.

Dr McFETRIDGE: When you get your averages, are you doing them on categories 1, 2, 3, 4, and 5? Do you count the resuscitation patients who need to be seen immediately, the 10-minute patients and the very urgent patients? The average figure that is used a lot is the cat 3 (urgent) patient, who needs to be seen within 30 minutes. If you average all those out, you are going to make it look better than it really is. Cat 3s are what I look at all the time. A category 3 patient should be seen within 30 minutes. It has improved on what it was when we were in government; I

admit that. However, it was 64 per cent last year and it is 63 per cent this year, so it has actually gone down.

The Hon. J.D. HILL: No, you are not correct there. The year-to-date 2010-11 figure is 71 per cent. That is until the end of May. That is where we are travelling at. The 2008-09 percentage seen in the recommended time was 64 per cent. In 2009-10, the percentage seen in the recommended time was 67 per cent. The percentage year-to-date is 71 per cent. So, there is a three per cent improvement each year, despite the growth in numbers.

In 2008-09, the median time people waited was 27 minutes. In 2009-10, the median time was 24 minutes and for the year-to-date, the median time is 20 minutes. So, these are real stats which show real improvement in our emergency departments in terms of the amount of time people wait to get attention. Of course, it covers all patients. We also know, as I said before, that 59.4 per cent are seen and treated within the four hours.

Dr McFETRIDGE: That is a bit different from page 35 of Budget Paper 4, Volume 3. Under Performance indicators, percentage of patients attending EDs who were treated within accepted time frames: resuscitation, 100 per cent—you would expect that; emergency (should be seen within 10 minutes), last year it was 77 per cent, this year it is 77 per cent; urgent (seen within 30 minutes), last year it was 64 per cent, this year it is 63 per cent—it has gone down 1 per cent; semi-urgent (should seen within 60 minutes) has gone from 65 per cent to 66 per cent; and non-urgent has gone from 85 per cent to 87 per cent. It is not a significant increase.

The only place I have seen a really significant increase—and I am so pleased; as I said, my grandson is a frequent flyer there—is at the Women's and Kids. That is where it has gone up from 54 per cent last year—and it has been a disastrous one there; this is urgent 30-minute patients—to 82 per cent. I hope that is the case. I hope that is not because you have changed the accounting figures at the Women's and Kids, because they deserve reality.

The Hon. J.D. HILL: I reject that. The member is happy to believe every negative figure, but for anything that is positive he thinks somebody has fiddled the books. This is not the basis on which the health system works. It certainly is not the basis on which our system works. We do not have an incentive payment system, as the Victorian government had, which kind of encouraged people to fiddle data. The reality is our emergency department—and the figures show it—have improved year on year, year after year for the last few years. As at the end of May, 71 per cent were seen within the recommended times, whether that was 10 minutes, 30 minutes, 60 minutes or 120 minutes, and the median waiting time was just 20 minutes right across our metropolitan hospitals. That includes the busiest hospitals and the least busy hospitals.

In relation to the Women's and Children's, I can give some advice as to why we have seen such an improvement. The Women's and Children's Hospital implemented around this time what is called an advanced practice nurse-led see-and-treat service for minor injuries and presentations. Often parents will take kids to the Women's and Children's for issues that they have which could often be seen by a GP but, because they are kids, they want to take them to the Women's and Kids Hospital. So, we have this advanced practised nurse-led see and treat. I went and visited it just recently on my day with the Nurses Union staff.

We have also had an increased focus from management and clinicians to make sure that triage categories were a priority, and close monitoring through the CYWHS performance review committee. In May 2010, the Women's and Children's Hospital came in line with the SA Health standard definition for triaging patients in the paediatric emergency department. This had a minor impact and changed the definition from 'medical intervention' to 'clinical intervention' and brought the Women's and Children's in line with the other emergency department services in South Australia.

Dr McFETRIDGE: Minister, your own budget papers from 2008-09 show the Women's and Kids, triage category 3, urgent 30 minutes, the actual in 2008-09 was 48 per cent. In the 2009-10 budget the estimated was 54 per cent, and then we move on. I will admit this was better than when we were in government in the Adelaide Health Service. It was not really good, but it went from 55.3 per cent in 2001-02 to 60 per cent in 2008-09—this is category 3, 30 minutes—64 per cent in 2009-10 actual, and the estimated result for this year is 63 per cent. So, I wish you well, minister. I just hope it does work, because it is not looking flash at the moment.

The Hon. J.D. HILL: That obiter commentary, Madam Chair, is—

Dr McFETRIDGE: They are your figures, minister; I am just reading out of the budget papers. I am just trying to help.

The Hon. J.D. HILL: No, you are interpreting figures by saying it does not look flash, and I reject that absolutely and completely.

Dr McFETRIDGE: They are your figures, John; I am just trying to help you, mate. They are your figures.

The CHAIR: Member for Morphett, I cannot actually hear what the minister is saying.

The Hon. J.D. HILL: I am saying 71 per cent of our patients were seen within the recommended time, which is an improvement over each of the last two or three years, and 20 minutes was the median time that patients waited to be treated in an emergency department. That shows a system that is improving. I think that is something to be celebrated, and it is a tribute to the people who work in those departments and who manage them.

Dr McFETRIDGE: Our doctors and nurses do their very best and they are wonderful people. This is the same budget reference. We are talking about acute medical units here, and you mentioned them before. Can you provide the committee with evidence-based assessment of the success of these units and the impact it has on ED waiting times, as well as ED to admitting to the hospital waiting times?

The Hon. J.D. HILL: I am sorry, I am not following what you are talking about there.

Dr McFETRIDGE: The acute medical units. Can you provide the committee with an evidence-based assessment of the success of these units and the impact it is having on not only ED waiting times but, more particularly, the ED to admitting into the wards of the hospital waiting times?

The Hon. J.D. HILL: These units are being rolled out across our system now. They have not been in for very long in some cases, but we are starting to see the benefits from them being in place. These are separate wards which are usually adjacent or near the emergency department where, after initial triage, a patient assessed as needing admission are able to be admitted straightaway without having to go through the usual sorts of protocols. We will see more and more of this over time.

It is a sensible system. I think it has been used in the British national health system and other jurisdictions as well, for that matter. I guess we do not have the kind of technical evidence at this stage, but certainly the anecdotal evidence is that it is working very well. The head of emergency at one of the hospitals told me how it has actually aided the operations of the emergency department very well. There is an evaluation proposed for this next financial year. The evidence to date is that it is improving the flow from the emergency department into the hospital.

Dr McFETRIDGE: I will move onto another important area that obviously affects our elective surgery waiting lists, that is, outpatients. Budget Paper 4, Volume 3, pages 32 to 34, Adelaide Health Service, the outpatient models. Minister, last year you told the committee (this is when the SBC had come out with its plans to privatise 10 per cent of outpatients, $160,000 or something like that, I think it was), when I asked you about what the unmet need was—

The CHAIR: I am so sorry for interrupting you, member for Morphett. Just to clarify, did you say pages 32 to 34?

Dr McFETRIDGE: Yes, 32 to 34, Adelaide Health Service.

The CHAIR: That is three pages, so could you tell me precisely where.

Dr McFETRIDGE: It would be under the performance indicators.

The CHAIR: So it is actually on page 35.

Dr McFETRIDGE: Thank you, ma'am. There is a typo here then. My staff do an excellent job. I have one staffer who does the job of 14 ministerial advisers and 13,000 public servants, and she is very good at what she does. Last year, the minister told the committee in relation to outpatients:

> I am asked occasionally: how many people are on the waiting list of an outpatient clinic? The answer is: we do not know because those stats are not kept. They are kept by individual doctors and their services and individual hospitals.

The minister went on to say:

> The review...will undertake a comprehensive data review of all outpatient services...so we will get to know all the answers to those questions.

Minister, do you now have the answers to all those questions? What is the unmet demand, and how many are on these hidden waiting lists?

The Hon. J.D. HILL: I thank the member for that question because it is an area I want to focus on as part of the next process of reform in our system. We have focused a lot of reform on the emergency department and the elective surgery waits and, as I have indicated, we have seen improvements in both those areas. Unless you measure something, you really do not know how well you are going, and it is not something we have measured, and that is not because we do not want to know.

The capacity to have a centralised system has not existed, but we are getting to a stage where we can do that. We have certainly looked at how we can improve access to outpatient services and clean up some of the processes that have been put in place. For example, there are a number of patients who attend outpatient services who have been attending for years and years, and they just keep turning up and there is no real reason for them to turn up, other than inertia, so we are working our way through all that. I will ask Mr Swan to expand.

Mr SWAN: Thank you, minister, that is correct. Adelaide Health Services, particularly, have now completed the planning, design and diagnostic phase of reviewing outpatient services across their services. The early work focused on clarifying the target Adelaide Health Services had. In 2011-12, as a reduction in outpatient activity, we anticipate that there will need to be around 160,000 waited occasions of service reduced.

The audit and analysis of nine specialties have occurred and taken the last four to six months. Those specialties are renal, dermatology, vascular, cardiology, pre-admission, gastrology, renal, pain, and ophthalmic has now been completed. That has involved considerable consultation and involvement with clinicians right cross our healthcare systems and around 120 outpatient staff.

That information has allowed us to move to develop a framework to improve outpatient services that involves four phases: better access to services, better care, better pricing and managing outpatients, particularly making sure that the design of our outpatient services is in line with reducing duplication and improving pathways between GPs and our outpatient consultants in relation to the care requirements for the community.

Dr McFETRIDGE: I am very conscious of the time. There are a couple of other areas that I need to get onto. I refer to Budget Paper 4, Volume 3, pages 28 to 30 and Public Health Programs. Minister, how many sting operations are organised by the public health department and does the minister authorise these?

The Hon. J.D. HILL: I am not entirely sure what the member means by that question. He might amplify it for me.

The CHAIR: Excuse me, member for Morphett, these references that you are giving tend to be across three pages. Could you be more specific? That would be very welcome.

Dr McFETRIDGE: It is highlights, targets, anything you like. It is all about developing and implementing clean standards for hospitals; it is about workplaces. In fact, there is no listing in this budget paper as there was last year of premises that were supposed to be inspected by public health.

The Hon. J.D. HILL: Are you talking about inspections?

Dr McFETRIDGE: Yes.

The Hon. J.D. HILL: I am sorry. I was not quite sure what you were talking about. I have some advice on—

Dr McFETRIDGE: Minister, I will give you an example of what has been put to me as a sting operation being organised by the department. At 11.28am on 11 March, a woman driving a government-registered car (and I can give you the registration number of the car, if you want) entered Vili's bakery at Mile End and asked to buy a custard Berliner. When she was told that they were not making them, the woman left in the government car.

The CHAIR: Shock, horror! Woman driving government car tends to eat cake!

Mrs Vlahos interjecting:

Dr McFETRIDGE: Sorry?

Mrs VLAHOS: She was very hungry.

Dr McFETRIDGE: She was very hungry; well, it just seems strange that, after all the publicity about the allegations around salmonella and Vili's products, this woman would come there. Then, minister—

The CHAIR: I am sorry, can I just interrupt you there. The premise of that question is extraordinary. There are many, many people driving government cars. Perhaps she just wanted to eat a small cake?

Dr McFETRIDGE: I am interested that you make that comment, Madam Chair, because why then would another public health employee confirm to Vili's bakery staff that this was in fact a sting operation?

The Hon. J.D. HILL: Well, obviously, it was not a very effective one, because the person arrived in a car which identified her as a government employee, and then asked for an item which was not available. I am not too sure what the point of that sting was if, indeed, there were one.

Dr McFETRIDGE: It just goes to show the way—

The Hon. J.D. HILL: It does not go to show anything. You are making—

Dr McFETRIDGE: It does. It shows the association with Vili's.

The Hon. J.D. HILL: It does not show anything. You are drawing a whole range of conclusions based on some anecdotal evidence that you have.

Dr McFETRIDGE: He has got the video footage. I can give the registration number of the car. I've got the whole lot.

The Hon. J.D. HILL: If Vili's was so concerned about that, I am surprised that it did not come to me. I am not aware of any complaints about such an operation. We do undertake checks of food places; that is part of our responsibility. Food inspections are routinely undertaken by all our councils within South Australia. We assist them where we can. It is an essential part of our job to do that. I would hate to think that the member is suggesting that public health should not check on such matters.

Dr McFETRIDGE: You would like it done in a slightly more professional way, you would hope, wouldn't you, because, as you have just said, it was not terribly professional.

The Hon. J.D. HILL: If it was as you described it, but you cannot say that someone who randomly goes and seeks to buy a cake—

Dr McFETRIDGE: Another public servant confirmed it, though.

The Hon. J.D. HILL: Another public service confirmed it, well, I am not sure. These kinds of rumours and allegations based on anonymity do not really help, do they?

The CHAIR: The question is, I think, member for Morphett: was she on the grassy knoll with the cake?

Dr McFETRIDGE: She certainly didn't get a custard Berliner because Vili's is yet to be proven to be the source of the salmonella contamination of the food. There is an association but there is no evidence of the source.

Moving right along, because we have 15 minutes on this before we go to mental health, I refer to Budget Paper 4, Volume 3, page 32.34, 'car parking'. The implementation in the 2010-11 budget is starting tomorrow. We should remind everyone that, starting tomorrow, you will be charged to park in government hospitals. Of the $8.1 million outlined in the 2010-11 budget for hospital car parking revenue and office sub-leasing, how much is from hospital car parking?

The Hon. J.D. HILL: I think I actually gave that figure before. It is about $5 million in the next financial year.

Dr McFETRIDGE: There was an increase of $5.2 million last year.

The Hon. J.D. HILL: Let me just go through the detail for you. It certainly is a revenue initiative, and we announced it last budget. A revenue target of $11.646 million has been set for 2011-12. We are having a consistent approach to car parking in the metropolitan area, and that is what we are doing. I am not sure what other information the member is seeking.

Dr McFETRIDGE: Perhaps you can answer this then, minister. Last year, budget papers showed that car parking revenue increased by $5.2 million. Was this an accounting treatment change from trust funds into operating funds or was it a real increase?

The Hon. J.D. HILL: No, the advice I have is that it was part of our savings strategy.

Dr McFETRIDGE: No, this was revenue increase.

The Hon. J.D. HILL: Perhaps I will ask one of my officers to explain that.

Mr SWAN: The $5.2 million you referred to in 2010-11 was the first component of introducing car parking fees to hospital sites that have not been charging. That has not been realised as we have had to take on a considerable amount of planning and consultation with local councils, our staff and union bodies. That increases to $11.6 million in 2011-12.

Dr McFETRIDGE: Can the minister guarantee South Australians that the government will not privatise hospital car parks, as recommended by the Sustainable Budget Commission?

The Hon. J.D. HILL: The announcements that we made last year were that the car parking will not be run by the health department any longer. They will be run by private car parking companies.

Dr McFETRIDGE: So you are privatising the car parks?

The Hon. J.D. HILL: Car parking is not a core hospital business. We do not run car parking, for example, at the Royal Adelaide Hospital, where there are very few car parks. We are just having a consistent approach in place to make sure that car parking is provided but that there is a fair return on the investment that goes into making sure that car parking—

Dr McFETRIDGE: How are hospital budgets going to be affected by parking fees for doctors, nurses, chaplains and volunteers? Are they coming out of the health budget, or do they pay for it themselves?

The Hon. J.D. HILL: Staff who use the car parking at the Royal Adelaide Hospital now pay their own way.

Dr McFETRIDGE: Can they salary sacrifice that?

The Hon. J.D. HILL: I believe so. People who use car parking—

Dr McFETRIDGE: Will they be able to continue to salary sacrifice?

The Hon. J.D. HILL: I do not see why not. It should not affect their industrial entitlements. Car parking is paid for at a range of sites now. This was just making it consistent across the board.

Dr McFETRIDGE: Are you going to sell the car parks or just privatise the running of them?

The Hon. J.D. HILL: We are not selling the car parks. There is no determination, but we will not be selling government land.

Dr McFETRIDGE: Have you done any modelling on the revenue the government expects to receive each forward year for car parks?

The Hon. J.D. HILL: That is in the budget papers, which you have just referred to.

Dr McFETRIDGE: That was for car parking and subleasing of office accommodation. I might have missed the answer, but how much was from car parking alone?

The Hon. J.D. HILL: It is only car parking. I am not sure which page you are referring to. If you go to last year's 2010-11 Budget Paper 6, Budget Measures Statement, page 103, it shows $5.174 million as the estimated operating revenue for this financial year and $11.646 million for the next operating year, the 2011-12 operating year.

Dr McFETRIDGE: Are patients, particularly those at Hampstead and some of the other hospitals, who have to go frequently, able to get discounts, remissions?

The Hon. J.D. HILL: There will be a range of concessions put in place. I will just go through them with you. The hospital general manager will be able to endorse exemptions for car parking arrangements, and these will include: volunteers; patients who are required to attend the health facility at least once a week for an extended period (and that is over at least four weeks); visitors attending ANZAC Day and Remembrance Day ceremonies and functions at the Repat, for example; other circumstances that are deemed clinically appropriate by the hospital general manager; and other matters on a case-by-case basis.

Of course, veterans who are gold card holders will be exempt and white card holders will be able to clean car parking expenses from the Department of Veterans' Affairs when they are receiving treatment for their specific conditions. So, there is a range of exemptions.

Dr McFETRIDGE: There's no going back on this. In the last few minutes available, let's move on to another area that has been outsourced now, and that is the Parent Helpline. The reference for this is Budget Paper 4, Volume 3, pages 35 to 37, Sub-program 3.1: Adelaide Health Service. What percentage of callers end up directed to emergency departments, and what percentage are redirected to their GP?

The Hon. J.D. HILL: Well, we do not run Healthdirect, of course, so we do not keep those stats. We could ask them for that information. Calls will not be directed to the emergency department; the patients will be told, in certain circumstances, if they ring Healthdirect—some people might ring Healthdirect and say, 'I have these symptoms.' There is a set of protocols which are on the screen, which the nurse refers to, asks a series of questions, and then advice is given based on the answers to those questions.

That advice could be, 'Go immediately to an emergency department,' and if they give that advice, often they will ring the ambulance and have the ambulance come to the person's house while they keep them online. More often than not, of course, it will be, 'See how you feel in a day or two and go to a GP as soon as you can,' or 'within the next week', depending on the circumstance. It might be, 'Keep your fluids up and get bed rest.' I mean, whatever the—

Dr McFETRIDGE: A Bex and a lie-down.

The Hon. J.D. HILL: It could well be. It will help people who are anxious, or people who are not sure what to do, and it appears to be very well received by the public. But I am not aware of any stats that we keep. In fact, the evidence would seem to be that it stops people from going to the emergency department unnecessarily because they are able to receive simple advice promptly and they cannot do that in the middle of the night, for example, because GPs are not available.

Dr McFETRIDGE: Just on the Parent Helpline itself, is the minister aware that there are an average of 30 night time calls to the Parent Helpline—well, there were, not anymore—and many of them were very complex. The nurses answering the calls all had post-graduate qualifications in child and maternal health, lactation consultancy and child development theory. Minister, do you have the same level of service and expertise at Healthdirect?

The Hon. J.D. HILL: The Parent Helpline—despite what people might have believe—has not closed. The Parent Helpline has been around for a long time, and it was set up well before Healthdirect was established. It seems sensible—and this is a decision made by the Women's and Children's; the hospital which you so thoroughly praised area, and I agree with you and your praise of it—decided that it was unnecessary to have two services operating at night when there are relatively few phone calls overnight.

There are something like, I am told, between two or three phone calls an hour over the evening, so if there are 10 hours that are considered to be 'night time', it would average out to be between 20 and 30 phone calls a night. The majority of those phone calls are medical. Parent Helpline was set up to help people deal with parenting issues, rather than medical interventions, and so that service is obviously still available. The majority of calls overnight are for medical purposes, so they are connected through to Healthdirect, which is able to assist them. If it is a general inquiry about parenting, then they are referred back to the Parent Helpline the following day, or somebody will ring them back.

If they need assistance in the middle of the night, then the nurses on the Healthdirect line will be able to assist them. In addition, of course, the commonwealth government is now in the process of establishing a GP Direct, which is an ancillary element of Healthdirect, so doctors will be online overnight for patients, including parents who might need to talk to a doctor. The number of overnight calls, on average, are between 25 and 27. The maximum we have had was 43, and the minimum was 16. So it is in that range.

Dr McFETRIDGE: Minister, just on the same budget reference: do you agree with the Minister for Education, the Hon. Jay Weatherill, who told parliament last week:

> The truth is that every family that has a newborn child comes under enormous pressure. It does not take many nights of sleeplessness for parents to feel desperate, and an environment where they are supported is a fantastic thing.

Do you think that removing the night-time facilities at the Parent Helpline has done what the minister thinks should be done?

The Hon. J.D. HILL: We have not removed it; that is the point. There is still a 24-hour service run through the Parent Helpline overnight. Instead of using the service of nurses employed by the Women's and Children's Hospital—remember, there was only one nurse on duty, I am told,

at any given time, who could only answer one call at a time—we now have a bank of nurses who are trained, and resident in South Australia, to provide services to parents. There is still somebody there who they can talk to and still somebody there to help them. If parents require follow-up in terms of general issues about broader parenting concerns, then somebody will ring them back the next day.

Just incidentally, in relation to car parking, I just clarify that we are not looking at selling, but rather, leasing car parks.

Dr McFETRIDGE: Long-term leases?

The Hon. J.D. HILL: Not necessarily. We are looking at leasing them though.

Dr McFETRIDGE: ETSA-style leases. I could actually read an email from a very well-credentialled nurse, who has worked for many years on the helpline, about her concerns. I will de-identify it and pass it on to your office because it is pretty salient reading.

On the same issue of Healthdirect, has the minister read the Coroner's recent criticism of Healthdirect and have the recommendations been applied by the private operator of Healthdirect, Telehealth? I think there was a great example of how there is one particular outstanding issue with Healthdirect—that is, that there is no local knowledge—that was given by the former president of the AMA, Peter Ford, on the ABC yesterday. He said that there was a caller to Healthdirect, who is living in Modbury, and was first directed to a GP in Mount Gambier then to a GP in Port Pirie. Healthdirect is not quite as direct and as knowledgeable as we might like it to be.

The Hon. J.D. HILL: I am not aware of the particular circumstances. I understand that we referred the Coroner's comments to Healthdirect for some clarification. I cannot give you a lot more information, but I just make the point that Healthdirect, obviously, deals with tens of thousands of calls a year. If they make errors from time to time, I think that is very unfortunate. It obviously requires a great deal of scrutiny to make sure that it is properly remedied, but it does provide a service to people who otherwise could not get a service in the middle of the night.

I just remind the member that this was originally floated by the federal Liberal Party when it was last in government. It was implemented, I think, by my side, so there should be bipartisanship about this. It is always easy to point to errors and then condemn a system on the basis of one thing, but the thousands and thousands of people who have benefited from this system might have different views.

The CHAIR: Thank you, minister. As we are nearing the end of our time on this particular line, member for Morphett, would you like to read your omnibus questions in?

Dr McFETRIDGE: I would, but just very quickly, minister, are the leases for the car parks long-term, 99-year leases? Privatisations?

The Hon. J.D. HILL: We have not determined the length of the lease or how the leases will be organised.

Dr McFETRIDGE: Thank you. I will just read the omnibus questions in:

1. Will the minister provide a detailed breakdown of expenditure on consultants and contractors above $10,000 in 2010-11 for all departments and agencies reporting to the minister—listing the name of the consultant, contractor or service supplier, cost, work undertaken and method of appointment?

2. For each department or agency reporting to the minister how many surplus employees were there at 30 June 2011, and for each surplus employee what is the title or classification of the employee and the Total Employment Cost of the employee?

3. In financial year 2009-10 for all departments and agencies reporting to the minister, what underspending on projects and programs was not approved by cabinet for carryover expenditure in 2010-11, and how much was approved by cabinet?

4. Between 30 June 2010 and 30 June 2011, will the minister list the job title and total employment cost for each position (with a total estimated cost of $100,000 or more)—

   (a) which has been abolished; and

   (b) which has been created?

5. For 2010-11, will the minister provide a breakdown of expenditure on all grants administered by all departments and agencies reporting to the minister—listing the name of the

grant recipient, the amount of the grant and the purpose of the grants, and whether the grant was subject to a grant agreement as required by Treasurer's Instruction No. 15?

6. For all capital works projects listed in Budget Paper 5 that are the responsibility of the minister, will the minister list the total amounts spent to date on each project?

7. For each department or agency reporting to the minister, how many Targeted Voluntary Separation Packages will be offered for the financial years 2010-11, 2011-12, 2012-13, 2013-14 and 2014-15?

The CHAIR: The time for the examination of the Minister for Health having expired, I invite the Minister for Mental Health and Substance Abuse to the table. He is, of course, the same person.

Departmental Advisers:

Mr D. Swan, Chief Executive, SA Health.

Mr J. Woolcock, Executive Director, Finance, SA Health.

Mr D. Wright, Acting Executive Director, Operations, Department of Health.

Ms K. Martin, Director, SA Health.

Ms S. Cormack, Acting Executive Director, Drug and Alcohol Services South Australia.

The CHAIR: Will you make an opening statement, minister?

The Hon. J.D. HILL: No, I will forgo that joy.

The CHAIR: Member for Morphett, are you making an opening statement?

Dr McFETRIDGE: I think we will get into it. The member for Norwood has a question that he would like to lead off with.

Mr MARSHALL: I would like to ask a question about mental health on the APY lands. I refer to Budget Paper 4, Volume 3, page 42. Last year I asked a very similar question regarding the Drug and Alcohol Services SA facility at Amata. In response, both yourself and Dr Sherbon acknowledged, and I will quote from last year's *Hansard*:

> ...the commonwealth funded facility that was initiated by the previous federal government remains underutilised.

Dr Sherbon went on to say:

> ...the facility remains underutilised, and we are exploring options with Nganampa and the APY communities to increase the utilisation of the facility.

Dr Sherbon also said that there was no formal review at this stage, which was, of course, in September of last year. It turns out that there was a formal review. It was conducted by the Cultural and Indigenous Research Centre Australia and was provided to the state government in August 2010. That report reiterates, I suppose, widely held concerns about the underutilisation of that facility. By way of explanation, I thought I would read a small excerpt from that:

> The research indicates that the community in Amata have had little contact with the facility, and significant bridging work will be needed to encourage greater use of the facility among community members. Similarly, awareness of the DASSA service was limited, with little knowledge of the services it offers and the activities conducted from within the facility.

This report, which was funded by FaHCSIA, makes many recommendations for improving mental health on the lands. I am wondering whether you could update us in this estimates committee as to whether any of those recommendations will be included in your plan for mental health on the APY lands and what money has been specifically committed in the budget to implement that plan and to improve the utilisation of the facility at Amata?

The Hon. J.D. HILL: I thank the member for his question. I recall that he asked the question he referred to last year. I will give him the advice that I have, and we might try to add to that, if we can. The Amata substance misuse facility was opened in August 2008 and is operated by Drug and Alcohol Services SA. It is there to provide support, treatment and assistance to Anangu suffering from substance abuse issues.

DASSA's Mobile Outreach Program has developed significantly with visits to all communities to work with them with ether currently registered or newly referred clients. A total of 338 referrals relating to 275 individuals have been received since the commencement of the program. The Australian government Department of Families, Housing, Community Services and Indigenous Affairs commissioned a scoping study by the Cultural and Indigenous Research Centre Australia to examine current utilisation and provide options for expanding its use, and it undertook 39 consultations with a variety of people, I gather.

Country Health SA in conjunction with other SA Health and state government agencies, including the Aboriginal Affairs and Reconciliation Division of the Premier's department, is developing a plan for the centre's future use. A number of options are under consideration to better use the services and particularly to focus on improving the overall health and well being of people on the lands. Consultation will continue with community reps on the APY lands and Amata, other state and commonwealth government agencies, in particular Nganampa Health, of course, and the NPY Women's Council. DASSA is also revising its model of care to reflect an outreach service.

My desire—and I have instructed my agents, the government agencies involved in this—is to work out how it can become a service centre. I want it to be a place where Anangu can come and get assistance rather than a place that becomes a meeting house for people, not that that is necessarily a bad thing.

One of the options that we are interested in looking at as a result of the recent report into renal disease in central Australia is the option that was suggested of having a mobile renal bus which could be available to provide respite assistance to people on the lands who are coming back for business in a particular community. That could be based, for example, at this facility. That would seem to me a sensible kind of use of this facility. So, we are working through what we can reasonably put in there. As to mental health, it is not a mental health controlled facility. Obviously, there is a range of mental health initiatives on the land, and perhaps Derek Wright might be able to talk about that briefly.

Mr MARSHALL: I will just ask one supplementary question regarding the DASSA site. With respect, that is a pretty similar answer to that one you gave last year. There has been this fairly comprehensive report produced by CIRCA. My specific question is: in this budget and the forward estimates, is there a budget line where we are going to be spending money to address this very significant problem of under-utilisation of this facility on the lands?

The Hon. J.D. HILL: We do not have a budget relating to how we might use something. We have budget lines in relation to service provision for Aboriginal people who live on the APY lands. Additional resources have been made available to us through the commonwealth for a whole range of extra services. What we want to do is work out with appropriate cultural sensitivity whether that particular facility can be used to assist to deliver some of those additional services, and whether or not there are other services—such as the bus service I have just described—which could be used. I cannot comment until my agencies get back to us. This does take a lot of time to work through. If you want to know about the mental health plan, I am happy to give you advice. If it is just about this DASSA system, I think I have covered as much as I can at this stage.

Dr McFETRIDGE: I refer to Budget Paper 5, page 26, youth in-patient services. There is $2 million for youth in-patient services that will be targeted at 15 subacute beds and services through the metro area. Will Ward 4G at Flinders be getting any extra funding, particularly until the Statewide Service Strategy is implemented?

The Hon. J.D. HILL: That is perhaps mixing up a range of issues here. Ward 4G is not specifically a youth service, although I can see that a number of the people who use it are young people. Ward 4G is what people have used to described the Eating Disorders Unit, but of course the Eating Disorders Unit is just a subsection of 4G. Ward 4G is a general ward that does a range of things.

We are progressing with the eating disorders work and we will be spending more money to achieve the outcomes that we want there. I think I highlighted somewhere, either in the house or in the media—it was about $1.2 million, from memory, that we will need to commit to that. In relation to the subacute care, I will ask Mr Wright to provide some information to the committee.

Mr WRIGHT: The question was around the youth subacute facility that we have negotiated some funding from the commonwealth?

Dr McFETRIDGE: Yes. Thanks, Mr Wright.

Mr WRIGHT: We are in the process of working out the proposal for a 15-bed youth subacute unit, which will be a residential facility, and it will cater for young people from 16 to 24. We are in the process of completing the model of care for that. We have just agreed recently the dollars with the commonwealth.

Dr McFETRIDGE: Thank you. On the same line, minister, I refer to the Eating Disorders Reference Group final report and its recommendations. Did the reference group sign off on that final report and its recommendations before the minister tabled it in parliament last week?

The Hon. J.D. HILL: The advice I have is that the reference group was given a report, which was pretty close to final, and gave authority to the author of that report or the department to publish what had been agreed to, and that is pretty well what happened. I did note some commentary in the media to the extent that they had not seen the final report, but it may have been just because it had not been put in the typing format or whatever is required. However, I will ask Mr Wright once again if he can comment on that.

Mr WRIGHT: Yes, the advice that I have been given is that the reference group actually saw the draft report and made some comments, and then saw the final draft report, which obviously took on board the comments, and approved it to be sent out to the groups who had been involved in the consultation around the report. Specifically, that was a consumer group, a carer group and some community organisations. We will now work through it in terms of the implementation, and members of the steering group will obviously continue to be involved in advising on the implementation.

Dr McFETRIDGE: So that is a yes; they actually did sign off on the final report?

Mr WRIGHT: Whether they physically signed off, they approved it going out to the groups who had been involved in the original consultation. As I said, they actually had the initial draft report and made some comments on it, and also had the final draft report as well.

Dr McFETRIDGE: I have a real issue with some of these reports, because there have been a number of them over the years. I tried to FOI the SA Health 2007 review of the weight disorder service in South Australia. I got a letter back saying, 'A comprehensive search of the Department of Health files has been undertaken and found that no documents exist within the parameters of your application.' Yet, minister, I have the document; I was given the document. It is just not good enough if you are not looking hard enough or if you do not know where they are, because: June to October 2007, Southern Adelaide Health Service, Eating Disorder Service Review. It is government of South Australia, Southern Adelaide Health Service.

The pedantics and semantics that are being played on FOIs at the moment are really driving me nuts. In fact, last week I added up the costs that I was being asked for for FOIs, and it was over $550,000, minister.

The Hon. J.D. HILL: Perhaps, Madam Chair, I can answer this. I am sorry that the member thinks we are being pedantic. I can assure him that I have nothing to do with the FOI process; it is trained FOI officers who apply the law. If he wants information, he can ask me questions in parliament and I can try to provide the information to him. I would hate to think of the costs associated with the management of FOI requests that come from the opposition in our department. It would be a staggering amount of resource that is used to get information, and often similar information is requested over time. The FOI officers do their job according to law and that is that.

I am advised that in 2010 the Department of Health received 106 FOI applications, 80 of which were from members of parliament. This number does not include either internal or external reviews requested on initial determinations, nor does it include FOIs made to: Adelaide Health Service; Country Health; Children, Youth and Women; and ambulance services. As of April 2011 the Department of Health this year had received 91 FOI applications, 71 of which were from members of parliament. All of these FOI requests have to be managed internally at the cost of a huge amount of time and resources. They are all done according to the law.

Dr McFETRIDGE: Just quickly on the youth inpatient services: will young adults at risk of self harm, suicide or eating disorders be able to access these services?

The Hon. J.D. HILL: The answer generally is yes, but in relation to eating disorders we are setting up a separate service which will be managed in a different way. I cannot imagine, once we have established an eating disorders clinic, why somebody would want to go to a general clinic unless they had some other specific need which required that level of attention.

Dr McFETRIDGE: Budget Paper 5, page 26, Intermediate Beds—and we will move on to Glenside here. The DASSA sites that have been consolidated at Glenside: has their site been finalised yet because I understood the government was going to lease land from the Chapley group who had bought land from the state government; is that correct?

The Hon. J.D. HILL: I will ask Mr Wright to give the detail to that. As I understand it we are still in negotiations with the purchasers of the site in relation to some of the DASSA facilities, but others have been finalised.

Mr WRIGHT: I think you are referring to the outpatient services because the inpatient services have already been identified and obviously they are part of the Glenside development on the Glenside site. There will be an outpatient service that will be on the Chapley Retail Group and, as the minister says, we are still in negotiations with the Chapley Retail Group around that.

Dr McFETRIDGE: Thank you for that. Minister, I know you will probably take the rest of the time answering this, although I hope not: what is the current status of the Glenside redevelopment? There was $54 million allocated for intermediate care facilities—

The Hon. J.D. HILL: When you say the current state, you mean how advanced are the capital works programs?

Dr McFETRIDGE: Yes. Is it on time, on budget? Is it progressing along as you expect?

The Hon. J.D. HILL: That is a lot of information. What I am told is that in April 2008 we released the Glenside Campus Master Plan, Precinct 1 New Health Facilities and Open Space: site preparation activities began in March 2010; construction of the facilities commenced in late May 2010; 48 per cent or $59.744 million of the total project has been committed; expenditure to date has been primarily allocated to the following tasks:

- enablement process including professional fees;
- procurement of the IT Hub;
- delivery of the service facilitation works package;
- commencement of the construction of Precinct 1 New Health Facilities, including completion of construction of the facilities management hub building and commencement of construction of the 20 supported accommodation units; and
- design team professional fees and managing contractor costs associated with the Precinct 1 New Health Facilities.

There have been some delays to works as a result of environmental auditor concerns; through the required process of satisfying an environmental auditor, a level of investigation and reporting well in excess of that anticipated has been required; the project team is implementing a number of strategies to target recovery of current forecast cost overruns, including strategic tender management and so on; there has been a 16 to 20-week delay associated with the remediation program to the programmed commencement of construction works for the inpatient units; and a programming review workshop was established to revise the delivery program with the aim of minimising the impact of the delay.

This has meant the completion date of the new facilities is expected to be September 2012. It was supposed to be 28 July 2012; it will now be the end of September, so a couple of months' delay. The Glenside master plan delivers five integrated precincts, and you are probably aware of what those are. I will not go through that. With respect to the construction of the new health facilities, by September 2012. The management hub, finished by December 2010. Supported accommodation will be completed by August this year. Then inpatient units, including rehab, Helen Mayo House, DASSA, IPU and acute will be finished by September next year, and the front of house will be finished by the same time.

Dr McFETRIDGE: With reference to the same budget line and reference, have the stakeholders, such is the PSA and SASMOA, been included in the ongoing design and build? Are they happy? They had, I think, 130 issues last year.

The Hon. J.D. HILL: I do not know whether I would ever use the word 'happy' in the same sentence with some of those organisations, but they should be happy to have been consulted to the extent that they have, I would think.

Since late 2008 the design team engaged to deliver the new health facilities has undertaken extensive consultation. More than 150 people were consulted directly, as well as nine

ongoing internal stakeholder work groups and over 16 external stakeholder groups. There has been a whole range of processes. There has been extensive consultation with all the unions—the nursing union, the salaried medical officers, the PSA and the Liquor, Hospitality and Miscellaneous Union—right through the project.

I have masses of information about all this. I am advised that we have set up a specific consultation committee with the unions as well. There are a range of issues which we have addressed, and I understand that it is all going okay at the moment. I have not had any complaints from any of those organisations about the process that we are going through in recent times. They had some issues early, but my understanding is that they have all been addressed.

Dr McFETRIDGE: That seems to fit in with what I heard when I was at a meeting of—I think they call themselves the Australian Health Executives and Professionals Association. It was at the Arkaba, and I remember a lady was a facilitator for the new plans at Glenside. I have not got my notes with me, but she said, 'We brought the unions in too early and not everybody's on the bus.' I thought, 'Well, there's a fair way to go.' That was probably 18 months, two years ago, but I am glad to see that it is progressing and that people are being consulted.

Moving on; I do not have a particular reference for this. I can probably find one for you, ma'am, if you want me to, but I am sure the minister will be quite happy to answer this. How many of the recommendations of the Stepping Up report have been implemented?

The Hon. J.D. HILL: The general advice I have is that we are about two-thirds the way through implementing that report, and we are pretty well on track to have it all implemented in the time frame. There are some areas where it has been a little difficult trying to find a community centre in the northern area. I think that has been a bit problematic—an intermediate care centre, rather than the northern area. It is just the construction time. It has actually been going very well.

Mr VENNING: I would like the minister to put something on the record. I appreciate the discussion that we have had in relation to the Barossa hospital, but you have the business plan now, are you able to give us an update?

The Hon. J.D. HILL: I am always happy to accommodate my friend from the Barossa. As I said to him privately, we have done the business case and it does stack up as a business case to build a new hospital. It is the best of the options available to provide health services in the Barossa. There are two hospitals there, and it is better to build on the fresh site rather than to upgrade or maintain—

Mr Venning interjecting:

The Hon. J.D. HILL: In many cases, it is true, obviously. It is good to see that the Liberal Party is in favour of closing two old hospitals and building a new one, so I think that is a good thing. The business plan demonstrated that. We do not have a budget to do what the member would like us to do. We applied to the commonwealth as part of the capital funds that it had available. We were not successful with this proposition. We will do some more work on it and we may well submit it again in the future. We are not allowed to say what we submit to them, because they will rule out any projects, I think, or they object to us doing that, so I do not want to comment about what we may or may not do. Certainly, the more other priorities are dealt with, the higher up the priority list the Barossa hospital is.

Our priority for expenditure in country health is to support our overall strategy for health service delivery, which is to upgrade general hospitals, and that is where the capital funding has gone. That is not to say that there are not other priorities. Just put it on the record and make it clear to the member, it is not because we think there are no votes in the Barossa for the Labor Party.

Mr Venning interjecting:

The Hon. J.D. HILL: As I pointed out to him, there are very few votes for us in Ceduna, Port Lincoln or Mount Gambier, and we have capital works in all of those towns. I understand it was a joke he was making, and I respond in kind.

Dr McFETRIDGE: I am sure the member for Schubert will be happy for having had his little input. Back to mental health and substance abuse. I refer to Budget Paper 4, Volume 3, page 36, subprogram 3.1, Adelaide Health Service performance indicators. Given the support of naltrexone implants in conjunction with existing programs for drug rehabilitation in Western Australia, supported, I must say, by both Liberal and Labor governments, will the minister consider funding a naltrexone implant program when it is approved by the Therapeutic Goods Administration for use here?

The Hon. J.D. HILL: There is a clinic in Western Australia which uses this technology. There seems to be some anecdotal evidence that it has some beneficial outcomes, but it has not been through the Therapeutic Goods Administration approvals process. The advice to me is that we should not start using it until after it goes through that process. We have offered to help, or work through, a research process with the Western Australian clinician. We are not opposed to it, but we will not do it until the TGA has said it is okay. I am not sure how they are managing it in Western Australia, but the advice to me is that it is a risk we should not take without that approval.

Dr McFETRIDGE: This will probably be my last question. Minister, why are detained patients in our secure facilities able to just walk out as freely as they do, particularly to have a smoke? It was described to me by a carer from Woodville that detained patients from Crammond are lined up like birds on the wire along Woodville Road, having a smoke, wandering through the hospital. Then we hear this morning about patients—and they are patients, they are not prisoners; I know that—leaving the secure facility. So, it cannot be good for the consumers and it cannot be good for the public.

The Hon. J.D. HILL: The whole notion of detention, of course, is an absolute misnomer; we unfortunately use that word. There is a variety of reasons that people end up in mental health facilities. By and large, people go there under voluntary circumstances, as any patient does in any hospital. They turn up, they want help, and they get help.

Sometimes, the law is used to require a person to be in a mental health facility. It is usually because that person's needs are such that they cannot properly look after themselves and they are either a risk to themselves or a risk to somebody else, so they are technically detained. That does not mean that they are incarcerated. The whole notion of therapy in a mental health facility is to help people recover. Putting someone in a gaol when they are mentally ill does not aid that recovery.

They are allowed, generally, to move about the place, and they are monitored very closely, generally, by the staff. The majority of detained patients are not incarcerated. Sometimes the circumstances are such, and the level of the acuity is such, that detained patients do have to be restrained in some way under lock and key, or through some even more onerous provision, but that happens very rarely. That is just the nature of the way the system operates.

It is not a prison and sometimes people do leave. Generally, they are found pretty quickly and, as I said, in a radio interview this morning, they tend to turn up to familiar places—their parents', a favourite hotel, or somewhere like that. The staff generally are able to work out where they are. It is a balancing act all the time for the proper provision of care.

Dr McFETRIDGE: I have a short question, Madam Chair.

The Hon. J.D. HILL: I have some further information for the member for Morphett. He asked about the amount of artwork at the new renal unit in the RAH. I am advised that $15,000 from patient donations has provided those artworks. In relation to car parking at the current RAH, in 2010-11, the revenue was $3.3 million, the expense was $2.2 million, the net income was $1.1 million. In relation to security guards at the RAH, the budget in 2010-11 was $5.2 million, in 2009-10 it was $5 million. Information prior to that is not readily available.

Dr McFETRIDGE: Thank you for that. Palm Lodge closed last week. Have the employees—four nurses who were working on a roster system, a cook, one admin officer and, I think, a cleaner—been offered positions within the mental health system?

The Hon. J.D. HILL: I will just ask Mr Wright to go through those details.

Mr WRIGHT: As I explained last week when we did a radio interview together, all the staff have been consulted. They have all been offered new positions. One administrator will continue at Palm Lodge to decommission it, and there is one staff member who is taking a voluntary package.

Mr MARSHALL: My questions relate to Budget Paper 4, Volume 3, page 42, and relate to the APY lands mental health plan. What progress is being made with this plan? When will it be ready to be finalised? What funding is available for programs and for staff? Will there be funds in this for housing?

The Hon. J.D. HILL: I have some information about the mental health plan for the APY lands. Videoconferencing capacity on the APY lands is seen as a priority for telemedicine and distance consultation in order to meet the requirements of the new Mental Health Act 2009. Review of the service agreement between the Northern Territory and South Australian Mental Health

Service has taken place for the provision of support for consumers who live in the lands requiring mental health, acute and ambulatory services in Alice Springs.

Country Health SA Aboriginal Health Directorate is facilitating the Remote Area Health Services Network and the Aboriginal Health Care Plan workgroups. Both of these groups are providing input into overarching plans, such as the Aboriginal Health Improvement Plan, which identifies social and emotional health and mental illness as a priority action area.

Country Health SA Mental Health is working with the Aboriginal Health Directorate's planning process to ensure the Mental Health Care Plan is integrated and forms part of the Aboriginal Health Improvement Plan.

This financial year, proof of concept and connectivity has been established for videoconferencing. Videoconferencing equipment has been installed and is now operational at Nganampa Health in Umuwa. The draft service agreement between the Department of Health and Families, Northern Territory, and Mental Health and Country Health SA has been completed.

Funding has been provided from Country Health SA to Northern Territory Department of Health and Families of $270,000 per annum for the provision of mental health services, including transition of care for people from the APY lands who access services in Alice Springs. Country Health SA has been actively involved in the Aboriginal Health Improvement Plan process and will continue to work with others involved in a cooperative, coordinated and timely fashion.

Targets for 2011-12 are the planned further roll-out of videoconferencing to Amata, Fregon, Iwantja, Mimili, Pipalyatjara and Pukatja. This is contingent upon further advice and consultation with Nganampa. A service agreement between Country Health and the Northern Territory will be finalised.

A mental health nurse practitioner candidate will be appointed with a specific portfolio of remote area, encompassing Aboriginal mental health. That will be done in partnership with the Royal Flying Doctor Service. As part of the scope, the position will include service provision to the APY lands. We have a visiting child and adolescent mental health service working up there as well.

Dr McFETRIDGE: Thank you. This revolves around the aim to reduce smoking because we know that smoking is the biggest cause of cancer. I think the minister has the appropriate officers here to answer this. Does the Livestrong cancer centre or the South Australian government pay Lance Armstrong or any of his businesses a licence fee for the name Livestrong? If so, how much and is it an annual fee or a one-off fee?

The CHAIR: Surely this is a question that was directed to the Minister for Tourism last night?

Dr McFETRIDGE: No, this is health.

The Hon. J.D. HILL: If government does, it is not through the health department, that I am aware of.

The CHAIR: No, it is not.

The Hon. J.D. HILL: So, I cannot answer that question, I am sorry.

Dr McFETRIDGE: It will be nice to find out if we actually do. It has been raised with me. Federal funding cuts in Budget Paper 5, page 26: how much federal funding is the state government hoping to access under the National Partnership Agreement on Mental Health for accommodation, emergency departments and community-based crisis support?

If you cannot answer that one, I will just go on to the next one, in the few minutes remaining that we have. Under Labor's national mental health reform measures, from 1 November 2011, the yearly maximum allowances for sessions of psychological treatment were reduced from 18 to 10, with no exceptional circumstances enabling additional sessions. Minister, can you advise the committee how many South Australians with mental illnesses will be affected by this measure and what treatments will be put in place by SA Health to ensure that those who need it can access treatment when needed? I think that is 13 per cent of individuals, I have been told here.

The Hon. J.D. HILL: I have got the COAG information which I can give you, if you like. My understanding is that the commonwealth has changed the arrangements to reflect the reality that the normal number of services that people require, in order to get therapeutic benefit, was below the level which they had funded. So, I guess they were, sort of, thinking that there was some overservicing involved. If that is correct, there should not be any real impact on our health service.

In addition, I think they have put in extra funding to make sure that people with the most acute needs get extra services.

Dr McFETRIDGE: Thank you, minister. Budget Paper 4, Volume 3, page 28, program—

The Hon. J.D. HILL: I just have one other bit. We also, as a state, put 30 clinicians into GP surgeries to assist in mental health management.

Dr McFETRIDGE: I know the minister has made some comments on this particular program, but can the minister tell the committee what changes in the provision of services, funding or any other assistance that may be necessary are being envisaged by the Department of Health, through mental health, for the Second Story or other similar programs for same sex-attracted people?

The Hon. J.D. HILL: That is a service that has been around for some decades now. The Women's and Children's Health Service has determined to review that to make sure that it is properly focusing on vulnerable young people, including same sex-attracted young people. I have given an assurance to the gay community that the two programs they are the most concerned about—Ignite and Evolve—will continue to be funded. This is not a budget saving exercise: they are just looking at a program.

I have said to representatives of the gay community, who came to see me, that I think it is absolutely essential that all programs are periodically reviewed, and that change may occur (but that is not necessarily a bad thing), but that this is not a priority that we are going to move away from. We want to make sure that we are providing the services to the people who need them in the most appropriate way.

Dr McFETRIDGE: Budget Paper 5, page 26, investing expenditure summary, James Nash House. Why was only $1 million of the budgeted $12.25 million for the James Nash House redevelopment spent?

The Hon. J.D. HILL: Because it is partly funded through land sales. It is a $19 million budget so the $1 million, I guess, was a preliminary expenditure. We are going through the planning process to work out how we can deliver the extra spaces on that site.

Dr McFETRIDGE: The scope and expected completion date, have they changed?

The Hon. J.D. HILL: The completion date will be in line with the development at Glenside, but I am told that it is towards the end of next year, December of next year.

Dr McFETRIDGE: Budget Paper 5, page 26, Mental Health Early Intervention Care Facilities. Given the controversial and subjective nature of early psychosis testing, can the minister advise how health and wellbeing checks for three year olds under the federal government's national mental health reform program will be administered in South Australia; how many children will be tested; and what will be the consequences of tests to children and their families?

The Hon. J.D. HILL: That is a commonwealth initiative, as the member suggested. We have had no discussions at this stage with the commonwealth. It will be interesting to see what it has in mind and obviously we will try to work through whatever we can do in a cooperative way and take advice from child psychiatrists who work for us about the best way of doing these things.

Dr McFETRIDGE: Why was there such a tiny reduction in the prevalence of smoking in 19 to 25 year olds in the last year? It was 0.1 per cent or something like that; it was a tiny reduction. Are our smoking reduction programs working? The plain packaging of cigarettes is something that I have an issue with. I think it will certainly reduce the profit margins of the cigarette companies but I am not so sure that it will be effective in actually reducing the incidence of smoking. Our programs at the moment do not seem to be doing a lot. What have we got wrong?

The Hon. J.D. HILL: The overall trend is really what is important, rather than one year compared to another. We have seen significant reductions in smoking levels in South Australia over a long period of time. I guess it is a bit like road safety issues, you just need to keep having new things happening to bring it to people's attention.

In the last financial year we have increased advertising quite considerably. In fact, on every occasion that I have watched commercial television recently I have seen a large number of ads promoting the quit message, which I think is a good thing.

The advice to me is that there are three things that we need to do in order to reduce the amount of smoking in the community, and they are: putting up the price of tobacco, that is something out of our control but the commonwealth has done that; increasing the advertising level

to about 700 target audience reach potential (TARPs) points in a particular period of time, and we are advertising at that rate; and reduce access and deglamorise smoking to the greatest extent possible.

We have recently announced a whole range of initiatives over time to do that: making sure that tobacco is not consumed on health properties; we have targets to make all government places smoke free over the next couple of years; we are giving local government the authority to declare areas in their bailiwick smoke free; making children's playgrounds smoke free; and, of course, we want the restaurant and hotel industry to make outdoor eating and drinking areas smoke free. So, all of these things.

I think it is important that they are done over time, because it is like the measures that are put in place to reduce road accidents, you do not do everything at once and then expect a big outcome. Having debate and discussion in the community about all of these things actually helps raise the issue, and I think that is the smart thing to do.

We are seeing improvement, but we want to see faster improvement. I am personally very committed to doing everything I can, and I hope we can get bipartisanship around this, if nothing else. I am particularly very keen to see a greater focus on the take-up of smoking. If we can stop children taking up smoking, we can virtually wipe it out. We know that most people start smoking when they are children. The age at which boys start smoking is about 15, or thereabouts, I think, and, for girls, it is 16 to 17.

It is illegal to supply tobacco to minors. Anybody under the age of 18 who has received tobacco which then causes them to take up smoking legally—we know that a certain percentage of that comes from retailers, and we are going to take a heavier approach to ensure that retailers comply with the law. There is not a lot we can do if older brothers and sisters and parents give their children tobacco. We cannot intrude into family circumstances and fine people, but I think we can mount strong arguments in the community that people should not make addicts of their siblings and children—or their work colleagues or anybody else they happen to come across.

People who encourage others to smoke are really pushing a dangerous drug on those people. I think that is an ethic that we need to get across. The way we help do that is to, of course, get the message out there to de-glamorise smoking to the greatest extent we can.

We now have people standing outside of all our hospitals—often in wheelchairs with drips attached to them, bandages on, in terrible health—smoking. I can think of no more powerful message to anybody passing a hospital site than to see somebody in that state smoking. It is not attractive, it is not glamorous, and it is highly unlikely to make a young person want to take up smoking, and I think that is a good thing.

Dr McFETRIDGE: Just on the hospitals, is smoking still allowed in the psych ward at the RAH?

The Hon. J.D. HILL: No.

Dr McFETRIDGE: With that, we will hand it over to Southern Suburbs. Thank you, Madam Chair, thank you, minister, and thank you to all the staffers for all their hard work.

The Hon. J.D. HILL: Can I also thank my staff, the committee for the questions, and my officers for their help today. As for any questions we have not been able to answer—I think we got most of them in the course of the day—we will get back to you as soon as we can.

The ACTING CHAIR (Mr Sibbons): There being no further questions, I declare the examination of the proposed payments completed.

DEPARTMENT OF PLANNING AND LOCAL GOVERNMENT, $14,692,000

ADMINISTERED ITEMS FOR THE DEPARTMENT OF PLANNING AND LOCAL GOVERNMENT, $2,313,000

Membership:

Mr Griffiths substituted for Dr McFetridge.

Mr Pengilly substituted for Mr Marshall.

Witness:

Hon. J.D. Hill, Minister for Health, Minister for Mental Health and Substance Abuse, Minister for the Southern Suburbs, Minister Assisting the Premier in the Arts.

Departmental Advisers:

Ms S. McCormick, Director, Office for the Southern Suburbs.

Mr T. Nicholas, Principal Finance Officer, Department of Planning and Local Government.

Mr M. Petrovski, Director, Local Government and Regional Communities, Department of Planning and Local Government.

The ACTING CHAIR (Mr Sibbons): I declare the proposed payments open for examination and call on the minister to make a statement, if he wishes.

The Hon. J.D. HILL: Given the time, I will forgo any opening statement.

The ACTING CHAIR: Do you wish to make a statement?

Mr GRIFFITHS: No, and can I save time by not referring to budget papers. There is only one example of where it exists, anyway, so we all understand that it is there.

The ACTING CHAIR: Thank you, member for Goyder; away you go.

Mr GRIFFITHS: As the son of a lady who has lived in the southern suburbs for 20 years, it is dear to my heart also. It needs every bit of support for its economy to be strong in the future. I just put that on the record. Minister, can you confirm when Ms McCormick was actually appointed to the role?

The Hon. J.D. HILL: September 2009.

Mr GRIFFITHS: Was that position advertised widely? How was the recruitment process undertaken?

The Hon. J.D. HILL: I cannot recall, but it was advertised.

Ms McCORMICK: It was advertised. In fact, I was resident interstate at the time and found it through Seek or something, or the state government—

Mr GRIFFITHS: It is a bit difficult for me to hear the answer, unfortunately.

The Hon. J.D. HILL: What Ms McCormick said was that she was living interstate at the time and saw it through an internet search site.

Mr GRIFFITHS: I note in the highlights for the program that one is to collaborate on economic development planning that occurs within the region. At a briefing that was provided to the shadow minister on 16 December last year, it was stated that Ms McCormick was part of the steering group for the Darlington Transport Study. Are you able to update the committee on the progress of that study and the officer's involvement in that?

The Hon. J.D. HILL: It would be up to the transport minister to update the committee in detail on the study, but I can give you some information about the study. It has been a particularly important study for us in the south. It was a major investigation by the Department for Transport, Energy and Infrastructure into future transport options and land use arrangements, and it is part of the planning for a non-stop north-south corridor.

It obviously has particular relevance to a range of areas that we are interested in in the Office for the Southern Suburbs: Tonsley Park, Science Park, Flinders Medical Centre and Flinders University. We collectively refer to that as the Flinders precinct. The study includes a plan for the upgrade of South Road; in particular, the South Road-Sturt Road intersection; the South Road-Flinders Drive intersection, including consideration of adjacent intersections at Ayliffes Road and the Southern Expressway. It also addresses rail in the precinct, four-way connectivity and interchange facilities.

Department for Transport, Energy and Infrastructure collaborated with the Office for the Southern Suburbs on the road and rail solutions. I know the Office for the Southern Suburbs was an active participant and was able to pass on views of locals and independently give suggestions to that study. In October 2010, the department released its environmental report for public

consultation, and that report includes proposed road, rail and interchange solutions generated through the study. The proposed solutions would support the optimal economic development of the Flinders precinct, which is what we want to see, of course, through a whole range of processes.

There has been no identified funding for this project at this stage and no specific funding for the study came out of our budget either, other than the time of the office staff and Ms McCormick's time.

Mr GRIFFITHS: As an extension of the role of the office and, similarly, the involvement that it has had with opportunities at the Tonsley site and with land controlled by the LMC for the Noarlunga TOD, can you give an update on what that group has done?

The Hon. J.D. HILL: In relation to Tonsley, we had a much stronger role. When the Mitsubishi closure occurred, the Premier gave me authority over the negotiations in relation to the Tonsley site, in collaboration with the then deputy premier and treasurer, but I sort of took the lead on that, and the Office for the Southern Suburbs was intimately involved in the process. We had many meetings negotiating with the owners of the site, with local government and other interested parties.

We set up a body which involved key government agents, local government, Flinders University and the Southern Economic Development Board, which really thought through some of the issues. That produced the goals which were eventually achieved to purchase the land by government, to clarify what its purpose was as a modern mixed-use employment precinct which would be focusing on clean technology, and then develop a master planning process.

We went through all that process and then I thought it was appropriate, once we got to that stage, to pass on the detail of the work to my colleague minister Koutsantonis, who now chairs the steering committee we set up in his role as Minister for Industry and Trade. Once we got the proper concept in place, which was what the south wanted, his agency obviously has the capacity to do the detailed work. We did not have that.

Mr GRIFFITHS: I am aware of budget announcements related to TAFE investment that is going to occur on the site, but has anything else actually started there, be it private investment or government investment?

The Hon. J.D. HILL: Yes, there is a private company there. Tier5 is working from the site at the moment. There are a range of private organisations that want to be part of it, that have identified themselves to us or to minister Koutsantonis's department. TAFE is there. The university wants to be involved in the site. So, there are a range of interested parties.

We are just going through the detailed planning process about how the site should be used. I don't think there is anything further I can say other than it is full steam ahead now and we are working through the master plan. We are working on the master planning exercise which will then set the framework by which all of these other things can occur; I think it is an exciting opportunity for the south.

It is the kind of example where government can actually make a difference—because if we left it to the marketplace who knows what would have occurred on the site—and we can optimise the outcomes. We do not necessarily want to be the long-term owner of the site, but we want to make sure that the developments that occur support the overall vision of having a lot of economic activity there.

Dr McFETRIDGE: Chair, my question for the minister also referred to the Noarlunga TOD. Do you have some details on that?

The Hon. J.D. HILL: Yes, we have certainly been involved in that issue as well. I can give you a little bit of information about that. The Noarlunga transit oriented development will be a significant component of sustainable urban development for the southern suburbs. It will accommodate population growth and provide for economic development in a form around the Noarlunga station. It is estimated that it could accommodate some 6,000 residents and will add to the 4,000 people to those currently working in the centre.

The southern suburbs office is represented on the Noarlunga station's project control group led by LMC which guides the planning for that and another precinct in Christies Downs. An important focus of the control group has been on urban design around the Noarlunga railway station precinct to provide a high-quality destination attracter and catalyst for the redevelopment of the precinct. Obviously for all of those things you cannot just slap something together; it has to be an attractive place and we have been involved in that process and we will continue to be involved.

The City of Onkaparinga, of course, has a very keen interest and has its own documents out for public consultation and discussion and we are working closely with them as well.

Mr GRIFFITHS: Does the office have a vision for how many people it believes could be able to live at that TOD development site? I know it all depends on the density numbers and negotiations with council, but do you have any estimate?

The Hon. J.D. HILL: It is not so much the southern office vision; it is really the joint vision that has developed through collaboration with the local council and so on. The suggestion is that we could have 6,000 residents there so it will be fairly intense. The thing about these kinds of TODs—I am no expert on them, of course—they do take a long time to develop and they require a substantial capital investment. It, as a site, will have to compete with all of the other potential TOD sites around Adelaide. You cannot just do them all at once. Obviously, if you did try to do everything at once none of them would work, so you have to stage them.

Mr GRIFFITHS: Can I ask you a general question about the location, physically, of the office. I am led to believe by the shadow minister that it is based in the CBD. Is it rather unusual to have an office for the south that is not located within the region and would you prefer to see it within the region?

The Hon. J.D. HILL: It was originally. We set up a physical office in the region and we were paying a lot of rent and we had a boardroom and we had all the things that you would associate with an office. We had somebody who used to answer the telephone and do the reception work and odd people would drop in and want services—this is going back I don't know how many years ago now. Not very long after it started we thought, 'Is this really what we mean by an office for the south? It is not a physical space but it is an instrument which can be used to do things to make government work better.' It is not a service provider to the southern suburbs so we made the decision not to have a physical space.

Ms McCormick has a desk in town and she has access to desks all over the southern suburbs. She has access to desks in all of the councils that are part of our process of being cooperative and if she needs a place to work in the south she can do that. We do not have the overheads that we used to have, we got rid of them all together and I think that is smart governance.

Mr GRIFFITHS: You and Ms McCormick both confirmed that she was working interstate at the time of her being appointed to the position so therefore I do not know her work history or, indeed, her knowledge of the south. I would therefore guess that the role would involve a lot of trips to the south to ensure that you have the connections with the community and business opportunities. Can you give us some idea of what your diary might be like and how many times you are actually in the south connecting with the community so that you truly understand what their needs are?

The Hon. J.D. HILL: I am getting clarification, because it depends on diary commitments and the like, but Ms McCormick assures me that she is down there frequently; in fact, several times a week, generally. We have expanded the notion of the south, too, to include the councils covered by Holdfast Bay and Mitcham.

Mr GRIFFITHS: And Mitcham, also? Okay.

The Hon. J.D. HILL: The focus is still on Marion and Onkaparinga, it would be fair to say, but we have picked up the regional boundaries that have been put in place which cover those four council areas. We invite the CEs of the two newer councils, if you like, to the southern suburbs portfolio to attend meetings and to participate. However, our real focus has been on the outer south, which is where the needs would seem to be.

The ACTING CHAIR (Mr Sibbons): Member for Goyder, our time has expired.

Mr GRIFFITHS: That was a pleasant 12 minutes, Mr Chair.

The ACTING CHAIR: There being no further questions, I declare the examination of the proposed payments adjourned and referred to Estimates Committee B.

[Sitting suspended from 13:31 to 14:15]

DEPARTMENT FOR FAMILIES AND COMMUNITIES, $1,233,555,000

ADMINISTERED ITEMS FOR THE DEPARTMENT FOR FAMILIES AND COMMUNITIES, $164,141,000

Membership:

Ms Chapman substituted for Mr Griffiths.

Ms Sanderson substituted for Mr Venning.

Witness:

Hon. J.M. Rankine, Minister for Families and Communities, Minister for Housing, Minister for Ageing, Minister for Disability.

Departmental Advisers:

Ms J. Mazel, Chief Executive, Department for Families and Communities.

Mr J. Ullianich, Executive Director, Financial Services, Department for Families and Communities.

Mr D. Waterford, Executive Director, Families SA, Department for Families and Communities.

Ms S. Barr, Director, Business Affairs, Department for Families and Communities.

Ms K. Bond, Parliamentary Liaison Officer, Business Affairs, Department for Families and Communities.

Dr D. Caudrey, Executive Director, Disability, Ageing and Carers, Department for Families and Communities.

Mr P. Bull, Executive Director, Organisational and Community Development, Department for Families and Communities.

Ms L. McAdam, Director, Community Connect, Organisational and Community Development, Department for Families and Communities.

Ms. S. Wallace, Manager, Strategic Policy and Intervention, Department for Families and Communities.

Mr G. Lamshed, Director, Corporate Services, Families SA, Department for Families and Communities.

The CHAIR: Good afternoon. Estimates committees are relatively informal procedures and, as such, there is no need to stand to ask or answer questions. If the minister undertakes to supply information at a later date, it must be submitted to the committee by Friday 30 September. There is a flexible approach to questions, based on about three questions per member, alternating on each side. I understand that the government has very few questions at this point, so we might get those out of the way sooner rather than later.

Questions must be based on lines of expenditure in the budget papers, and they must be referenced. I would particularly ask everyone to do that, from both sides, because we have a considerable number of people in the gallery today and I suspect they do not have copies of the budget papers in front of them, so they might like to know what we are actually referring to.

There is no formal facility for the tabling of documents before the committee, but documents can be supplied to the chair for distribution to the committee. I would also remind you to ask questions of the minister, not of her advisers.

Today we have before us the Minister for Families and Communities, the Minister for Housing, the Minister for Disabilities and the Minister for Ageing. We will begin with the Department for Families and Communities. I declare the proposed payments open for examination. Minister, did you wish to introduce your advisers and make an opening statement, if you have one?

The Hon. J.M. RANKINE: Thank you, Madam Chair; yes. I will make a very brief opening statement. The 2011-12 budget reinforces the Rann government's commitment to supporting the

most vulnerable people in our community to work with them to assist their independence and their full participation as South Australian citizens. Sadly, it is sometimes necessary for the Department for Families and Communities to intervene in the lives of children, young people and families to support change in their lives. For some people, this is for a very short period of intervention in a time of crisis; for other people, the period of assistance may last for many years.

In this budget we have allocated $69.1 million to the state's child protection system; $50 million will be spent supporting the growing need for alternative accommodation; $41.7 million over four years will be used to meet home-based, residential and emergency care services costs; and an additional $8.4 million will be spent on six new homes as part of two new residential care facilities, which will help us achieve the goal of having no children in hotel-style accommodation.

While it is sometimes necessary for children to be separated from their families, the children who maintain links with their birth parents and relatives are far better off than those who do not. Our government firmly believes that reuniting and supporting families to provide a safe and secure environment for their children is far better than enforced long-term separation.

Through a $19 million boost we will ensure more intensive programs for families at risk to help parents and children deal with their challenges. We will give families the face-to-face individual attention and support they need to live safely together. Over the past six years, the government has implemented a range of initiatives arising from the Keeping Them Safe 2004 reform. In addition, the outcomes of the Mullighan Children in State Care Commission of Inquiry 2008 have led to significant reforms for the protection of children.

The draft 'Directions for alternative care in South Australia 2011-15', which was distributed for consultation last year, is an endeavour to move the alternative care sector forward, with a shared vision and purpose. In 2011, implementation of the first stage of the directions will commence. The directions have a central vision to enable all children and young people in our care to experience a childhood in all its fullness and, to that effect, we are keeping children, young people, their families and carers at the forefront of these strategies. The major strategies include:

- strengthening the focus on the residential care sector;
- strengthening the relative and kinship care program;
- supporting children, young people and their dedicated carers through programs like Other Person Guardianship;
- enhancing support to carers;
- prioritising Aboriginal and Torres Strait Islander children and young people; and
- strengthening our relationships with our alternative care partners.

The preferred course of action for many children placed in alternative care is timely reunification with their family. In 2011-12, DFC will establish dedicated, multi-faceted reunification teams to work in partnership with families and the court system to remedy the family problems that brought the children into care and return children home.

Through integrated and collaborative case management practices, we will ensure that the voices of children, young people and carers are effectively and appropriately heard.

The CHAIR: Thank you, minister. Member for Bragg, do you have an opening statement?

Ms CHAPMAN: No, I do not, but I am happy to read in the omnibus questions at this point.

1. Will the minister provide a detailed breakdown of expenditure on consultants and contractors above $10,000 in 2010-11 for all departments and agencies reporting to the minister—listing the name of the consultant, contractor or service supplier, cost, work undertaken and method of appointment?

2. For each department or agency reporting to the minister how many surplus employees were there as at 30 June 2011, and for each surplus employee what is the title or classification of the employee and the Total Employment Cost (TEC) of the employee?

3. In financial year 2009-10 for all departments and agencies reporting to the minister, what underspending on projects and programs was not approved by cabinet for carryover expenditure in 2010-11, and how much was approved by cabinet?

4. Between 30 June 2010 and 30 June 2011, will the minister list the job title and total employment cost of each person (with a total estimated cost of $100,000 or more)—

(a) which has been abolished; and

(b) which has been created?

5. For the year 2010-11, will the minister provide a breakdown of expenditure on all grants administered by the departments and agencies reporting to the minister—listing the name of the grant recipient, the amount of the grant and the purpose of the grants, and whether the grant was subject to a grant agreement as required by Treasurer's Instruction No. 15?

6. For all capital works projects listed in Budget Paper 5 that are the responsibility of the minister, will the minister list the total amounts spent to date on each project?

7. For each department or agency reporting to the minister, how many Targeted Voluntary Separation Packages (TVSPs) will be offered for the financial years 2010-11, 2011-12, 2012-13, 2013-14 and 2014-15?

The CHAIR: Thank you very much, member for Bragg. In that case, I think we may begin with your questions.

Ms CHAPMAN: Thank you. Principally, I will be referring to Budget Paper 4, Volume 2, but, as the minister would be aware, there are a number of other references to areas of her responsibility in other budget papers, which I will identify as we proceed. I start at page 143, which details the ministerial office resources, and I ask: will the Department for Families and Communities be paying for your legal costs in relation to the defamation case, Easling v Rankine?

The CHAIR: I do not think, member for Bragg, that that is a question which actually does follow a budget line.

The Hon. J.M. RANKINE: I am happy to answer the question.

The CHAIR: Are you?

The Hon. J.M. RANKINE: There is no provision within the Department for Families and Communities budget. I have indemnity provided by cabinet and it will be, I assume, paid for in the normal way.

Ms CHAPMAN: And so, in those circumstances, the indemnity will be covered for that part of the proceedings which are yet to proceed, and not the part, as you have already acknowledged to the parliament, which you will be meeting out of your own pocket?

The Hon. J.M. RANKINE: That is exactly right.

Ms CHAPMAN: How much so far has been expended for the costs of your proceedings to date?

The Hon. J.M. RANKINE: I have not yet received an account.

Ms CHAPMAN: Does the outposted—I think, was your description—Crown Solicitor's Office representative in your department have any responsibility in respect of those proceedings or only other advice and representation as required by the department?

The Hon. J.M. RANKINE: I have engaged a private solicitor.

Mr SIBBONS: My question refers to Budget Paper 4, Volume 2, page 150, Performance indicators, which is at line 5. Will the minister please advise how the reform of the Families SA anti-poverty program will ensure that the most vulnerable families in the community will continue to receive these services?

The Hon. J.M. RANKINE: I thank the honourable member for this question. I want to point out that there has been a lot of misinformation about the perceived reforms in this particular service. The facts are that the amount of emergency financial assistance provided in South Australia—

The CHAIR: Excuse me, minister. You have a point of order?

Ms CHAPMAN: Yes. I notice the reference relates to the Anti-Poverty Services, about which the minister has been asked some questions. The documentation actually specifically says, in this year's budget, that the 'Anti-Poverty Services are currently under review with final recommendations yet to be released', which is the excuse detailed in the report as to why the

information there is all not available. So, if the minister is going to be asked questions about information which is not available in the published reports, then I would ask her to table them.

The Hon. J.M. RANKINE: For goodness sake.

Ms CHAPMAN: Well, you didn't do it last year, Jennifer.

The Hon. J.M. RANKINE: The budget papers were published—

Ms CHAPMAN: Not available, it says

The Hon. J.M. RANKINE: That is right. The budget papers were published before final determination was made in relation to who would be providing these services. I am about to give the committee the information about that.

Ms CHAPMAN: Then my point of order—

The CHAIR: Order! In relation to your first point of order?

Ms CHAPMAN: Yes.

The CHAIR: I would ask that we listen to the minister's response for a little longer. She has had barely any chance to respond to that question. Perhaps after a certain period of time, if you still feel that we are diverging, by all means do it.

Ms CHAPMAN: I am happy to take your adjudication, Madam Chair, but can I just clarify this? What I am seeking is the information.

The CHAIR: No; that is my ruling on your point of order. So please, minister, do carry on with your answer to the member for Mitchell.

The Hon. J.M. RANKINE: Thank you. There has been a lot of misinformation about the reforms in relation to this service. As I was about to say, the facts are that the financial assistance provided to South Australians will not be reduced but will be better managed and better delivered.

Ms CHAPMAN: Point of order, Madam Chair. I think the minister is clearly defying your ruling about hearing the information that is sought. I make a further point of order to say that, unless the minister is prepared to table the information, which she has failed to disclose for the reason she says that it was not available prior to the budget paper, that she releases all of the information which is currently described as not available—the number of financial support services provided, etc. Once that has been tabled, then she can go on and give some explanation or excuse or whatever—

The Hon. J.M. RANKINE: You don't make the rules.

Ms CHAPMAN: —about the service and so on.

The CHAIR: Order!

The Hon. J.M. RANKINE: You don't make the rules.

Ms CHAPMAN: The committee must have that information before we can—

The CHAIR: Member for Bragg, order! I do not, at this point, accept the premise for your point of order. As I have said, it might be instructive to actually listen to the minister's response in some form, other than that of two sentences, before we actually attack it. So, minister, if you could carry on, we will all listen with some interest.

The Hon. J.M. RANKINE: Thank you. I do point out that today is the end of the financial year, so it is a bit rich to ask for those figures on the last day of the financial year, before we can actually give them. I can tell the committee—

Ms CHAPMAN: So, it is in the budget paper, which has an estimated result?

The Hon. J.M. RANKINE: That's right.

Ms CHAPMAN: You have been here a long time, Jennifer. You should know that by now.

The Hon. J.M. RANKINE: We cannot give you the actual result.

The CHAIR: Order!

Ms CHAPMAN: You give an estimated result.

The CHAIR: Order!

The Hon. J.M. RANKINE: Why don't we just—

The CHAIR: Order! I do hope that this exchange does not set the tone for what threatens to be a very, very long afternoon. I would ask the minister to finish the answer to the question that was asked by the member for Mitchell without any further comment.

The Hon. J.M. RANKINE: Under the new model, Families SA staff who continue with the anti-poverty program—and this was a budget saving last year—will be focusing their work on financial counselling services for clients of Families SA. Financial assistance and counselling for people who are not clients of Families SA will move to other agencies, including the non-government sector.

From 1 July 2011, the major focus of the Families SA anti-poverty program is to work with children, young people and families who are in contact with Families SA care and protection and youth justice services. Historically, this service has been a combined financial counselling and customer service program which covered a broad range of responsibilities. The staff employed by Families SA in the anti-poverty program were never full-time counsellors and have performed a range of tasks.

There are approximately 100 staff who are qualified to provide financial counselling as part of their work and in 2009-10 these staff provided 5,512 episodes of financial counselling, that is about one episode per week per staff member, and 16,437 episodes of financial assistance, that is about one episode per business day per staff member. This is because their general customer service roles absorbed a large proportion of their time.

The changes to the anti-poverty program will produce a much more efficient approach to service delivery. Under the new model, a small proportion of the continuing 5,600 episodes of financial counselling will need to be provided by non-government organisations and negotiations are being finalised to ensure that these are adequately funded. This is actually a great opportunity to reduce the number of agencies that people have to go to on any one occasion, and for the one agency to distribute several financial services at once whilst incorporating financial counselling.

The government is partnering with 10 Low Income Support Program providers that will receive funding for emergency financial assistance payments as well as funding for administration costs. These agencies are: The Hutt, for the Adelaide Hills region; Lutheran Community Care in the Barossa; SPARK Resource Centre for eastern Adelaide; Centacare Eyre and Western Region and Far North; Anglican Community Care for the Limestone Coast; Anglican Community Care Murray and Mallee; Anglicare Northern Adelaide; Anglicare Southern Adelaide; UnitingCare Wesley Bowden, Western Adelaide; and UnitingCare Wesley Port Pirie, Yorke and Mid North.

On top of this, domestic violence financial assistance will be distributed by the Victim Support Service program. The Energy Emergency Payment Scheme will be managed by Families SA concessions and accessed in the same way as before. Families SA is still in final negotiations with a non-government organisation about an innovative partnership to deliver the financial counselling program. I can confirm, however, that Families SA will continue to provide full financial counselling and emergency assistance payments for the Fleurieu and Kangaroo Island, and Coober Pedy and APY lands.

With these reforms in place, we still spend more than double the amount of money per capita on financial support for people in our community compared to other states around the country. Around the nation, expenditure on financial counselling and support services range from around 60 cents per head of population to, following the reforms to the South Australian service, $2.60 per head. The national average is approximately $1 per head of population.

In South Australia we provide a greater level of service and support, twice as much as most states around Australia, and we are not removing one cent from the pockets of people who are experiencing financial and social disadvantage.

The CHAIR: Thank you, minister.

Ms CHAPMAN: Madam Chair, I raise a further point of order on the matter I previously raised, and that is that the minister, having acknowledged that the review is complete and that she is now able to give the information to the committee, table the missing information out of the budget papers on page 150, which were previously NA (that is, not available) because the review had not been completed. Having given your assessment about what you are going to do about it, minister, I ask you to table that information to the committee. I think the only one that possibly you answered was 16,437 as the estimated number of episodes, at about point 5.

The Hon. J.M. RANKINE: We will take that on notice and provide it when we can.

Ms CHAPMAN: Are you saying you have not got it?

The CHAIR: In relation to your point of order, member for Bragg, there is no formal facility for tabling of documents in estimates before the committee. However, the documents can be provided to the Chair for distribution, but you cannot formally table them in *Hansard*.

Ms CHAPMAN: Thank you, Madam Chair. Then I would ask the minister to provide that information. She has just given a summary about how fabulous this is going to be, and now she will not give us the information, which she has failed to publish in the budget papers. She has given us an explanation; namely, that it was not available at the time of publication. I fully accept that but, having come to this committee to espouse what the resolution is to do and how fabulous it is going to be, we want the information on the completion of that inquiry to be presented to the committee. With all the army of people sitting behind her, surely we can have it.

The CHAIR: I would suggest that the minister take this as a question on notice.

The Hon. J.M. RANKINE: I am happy to do that.

Ms CHAPMAN: I will come back to that later, thank you. While we are on page 143, which is where I was before, of your ministerial office staff, minister, you have indicated there—

The Hon. J.M. RANKINE: Sorry, what page are you looking at?

Ms CHAPMAN: Page 143. In addition to the staff you have in your department, how many from your department are in your office?

The Hon. J.M. RANKINE: There has been no change in the number of staff in my office over the last 12 months, so the same as it was last year.

Ms CHAPMAN: That was not the question, minister.

The Hon. J.M. RANKINE: No, I know, but I will have to sit here and count them out on my fingers; I do not have that off the top of my head.

Ms CHAPMAN: Well, how many fingers have you got—10 like the rest of us? You have 8.8, according to this document, of ministerial own staff. I am asking how many from the department are in your office as well.

The Hon. J.M. RANKINE: I am told that 7.6 FTEs are funded by the department.

Ms CHAPMAN: What is the total number, in number of persons, both in your office and from the department, that is, who you employ as part of your own office resources?

The Hon. J.M. RANKINE: I will get that checked, and we will get back to you about that.

Ms CHAPMAN: Thank you. At page 150, of the performance indicators that are published is the top one the number of child protection notifications screened? Much of this information last year, I recall, was not available because you were changing over to a new computer system.

The Hon. J.M. RANKINE: Yes.

Ms CHAPMAN: It seems, now, that you have a target from the information provided of 26,000 in this year about to conclude. You estimate having screened 24,500; that is a missing of the target of 1,500 children's cases that have not been screened. Could you indicate how many child abuse notifications were received and not screened?

The Hon. J.M. RANKINE: I think you are confusing those numbers. The target is the estimated number of child protection notifications not that come in but are accepted for—

Ms CHAPMAN: Screening, investigation?

The Hon. J.M. RANKINE: Yes.

Ms CHAPMAN: Correct.

The Hon. J.M. RANKINE: The target is an estimation of the number of those that may come in. The estimated result is what they expect to have been screened by the end of this financial year, deemed warranting some attention, because there are some that are received that I understand do not reach that threshold.

Ms CHAPMAN: I understand that and that is why I am trying to clarify the 1,500 difference there, whether that reflects an exact number of the reduced amount that have actually been received or whether any of those were received and not screened.

The Hon. J.M. RANKINE: That is just an estimate of those that have been screened.

Ms CHAPMAN: Correct.

The Hon. J.M. RANKINE: Yes.

Ms CHAPMAN: So you are saying there are none that have come in there that have been received and not attended to by a screening process; that is, to establish the threshold. Is that what you are saying?

The Hon. J.M. RANKINE: No. They are all assessed during that process; they are all assessed.

Ms CHAPMAN: So the answer to that question then is no; they have all been screened.

The Hon. J.M. RANKINE: They have all been assessed, yes.

Ms CHAPMAN: How many calls were received on the Child Abuse Report Line that were not answered?

The Hon. J.M. RANKINE: I am told we could work out how many drop-out calls there were but we could not tell you how many of those were never re-contacted.

Ms CHAPMAN: To clarify, when you say the number of calls that rang in and hung up, presumably, or discontinued in some way before they were answered—that is what you can identify?

The Hon. J.M. RANKINE: Apparently; that is what I am told.

Ms CHAPMAN: Do you have some process where you can identify where they have come from so that you can ring them back? Is that what you are saying?

The Hon. J.M. RANKINE: No.

Ms CHAPMAN: No.

The Hon. J.M. RANKINE: Or whether in fact they have rung back two minutes later.

Ms CHAPMAN: Correct, in which case you would take them off that category.

The Hon. J.M. RANKINE: No. We would not know who they were.

Ms CHAPMAN: No, if they rang in a second time and said, 'I did try before, earlier, and I hung up. I am letting you know,' so presumably—

The Hon. J.M. RANKINE: That would be part of the count.

Ms CHAPMAN: —they would be audited in that process.

The Hon. J.M. RANKINE: They would still be part of the count.

Ms CHAPMAN: You would not make any adjustment for that?

The Hon. J.M. RANKINE: I do not think there is a process to be able to do that.

Ms CHAPMAN: In any event then, you will be able to get to us the number of calls that have dropped out?

The Hon. J.M. RANKINE: I am advised we should be able to get that and, if I can, I will be happy to provide it.

Ms CHAPMAN: When you get that information could you also ensure that the after-hours line, which is the crisis line that takes those calls from four in the afternoon until nine the next morning, also has that information?

The Hon. J.M. RANKINE: Yes.

Ms BEDFORD: My question relates to Budget Paper 4, Volume 2, page 152, in the performance indicators. Will the minister advise, in relation to children and young people in alternative care placements, what action is being taken to ensure they have the opportunity of a lifelong attachment to their carer families.

The Hon. J.M. RANKINE: In South Australia children are only ever removed from their parents when it is no longer safe for them to stay in their homes. The decision to remove a child from its parents is weighed up against all evidence of whether the child is at imminent risk of significant harm, and it must be a last resort.

For those children and young people who must be removed from their families, it is imperative that alternative care placements are stable and continuous and a loving and safe environment. The Rann government has made a commitment to ensure that children and young people requiring alternative care placements are not only matched appropriately to their individual needs but also experience alternative care placements which are based on this stable, continuous and loving foundation. If there is no family member able to take on the kinship carer role, then it is important that children and young people have the opportunity to develop and maintain lifelong attachments and relationships with their carers.

The Other Person Guardianship program is evidence of this commitment. The care planning policy and the Other Person Guardianship program provides the overarching structure to ensure all children and young people in care experience stable and nurturing lifelong family attachments that support their identity formation and emotional and psychological development.

An Other Person Guardianship team has been established to ensure the progression and implementation of Other Person Guardianship. The team will be reviewed within six months with a view to expanding this program. The team will: provide support and guidance to staff to progress Other Person Guardianship arrangements, provide specialist information, provide advice and consultation to non-government organisations and alternative care peak bodies, and undertake the training of staff and promotion of the program.

The Other Person Guardianship team will also work in conjunction with the Other Person Guardianship Panel. The panel is integral to the quality assurance of assessment of Other Person Guardianship arrangements prior to making an application. The panel aims to increase accountability, transparency and objectivity with expert multidisciplinary representation to inform decision-making.

Foster, relative and kinship carers are the foundation on which the majority of children and young people in alternative care rely. The selfless actions of these families who put their hands up to take on the child that was not born into their family, a child who is incredibly vulnerable and has come from a situation that has placed them in danger in some way, is to be commended.

To support children, young people and the dedicated carers who nurture them, I am proud that the Rann government is working hard on reforming the system and putting in place things that make the job of caring for our most vulnerable children a little easier. That is why we are actively exploring the option of transferring guardianship to the carer where detailed assessment shows that it is in the child's best interests to do so.

The transferring of legal guardianship to carers not only provides the carer with increased rights, responsibilities and decision-making powers but also enables a child or young person's living arrangements to mirror that of other Australian children as a permanent member of a family and enables an increased likelihood that the child or young person will develop a secure attachment to and trust of their carer. This in turn increases the likelihood of the child or young person reaching their developmental potential. So, again, I take this opportunity to thank the carers and families and commend their amazing efforts.

Mrs VLAHOS: My question is in relation to foster, relative and kinship carers. I refer to Budget Paper 4, Volume 2, page 152, Performance indicators, particularly to dot points 5, 1 and 2. Will the minister please advise how the government is supporting foster carers?

The Hon. J.M. RANKINE: As I have just said, foster, relative and kinship carers really go to the very heart of our alternative care system and are very much the unsung heroes, I think, in our community in—

Ms Chapman interjecting:

The Hon. J.M. RANKINE: Sorry—was that for me?

Ms CHAPMAN: Pay them a bit more then.

The Hon. J.M. RANKINE: We are paying them a whole lot more than what you paid them. Thank you for that, because we are—over 50 per cent more than what you paid them. It's fine to come in here and make your wisecracks, but your words never match your actions.

Ms CHAPMAN: You are not even paying them on time at the moment, that is why they are ringing me, complaining.

The CHAIR: Order! Let us return to the answering of the question.

The Hon. J.M. RANKINE: When the Rann government was elected in 2002 it inherited a dysfunctional child protection—

Mr Pengilly interjecting:

The CHAIR: Member for Finniss, do not inflame things.

Ms Chapman interjecting:

The Hon. J.M. RANKINE: It was dysfunctional.

The CHAIR: The minister will continue answering the question; that would be good.

The Hon. J.M. RANKINE: It was under-resourced, it was under-staffed and buried within the former department of human services. Since coming to power, the Rann government has shone a light on child protection, making it the responsibility of everyone in the community to take care of our vulnerable children and young people.

We have almost trebled the funding to Families SA, which is now just short of $300 million—this compared to a budget for family and youth services in 2001-02 of just $90 million. Under the previous Liberal government, the number of foster carers declined, carer payments declined in real dollars and the alternative care system was in crisis. They had a report—

Ms CHAPMAN: Point of order. The question was: what support is being given to foster carers? I do not want to hear about ancient history. She can go on about it all she likes. The budget is nearly three times—

The CHAIR: Point of order.

Ms CHAPMAN: —what it was in 2002, so we can have a debate about that if she wants to. The question was: what sort of support is being given to foster carers?

The Hon. J.M. RANKINE: Point of order, Madam Chair—

Ms CHAPMAN: Not the ones who are dead.

The Hon. J.M. RANKINE: —I got pulled up—

Members interjecting:

The CHAIR: Order, member for Taylor, member for Finniss!

The Hon. J.M. RANKINE: I got pulled up quite significantly during my budget reply speech when I referred to the member for Bragg and then said 'she'. I will point out to the member for Bragg—

Ms Chapman interjecting:

The Hon. J.M. RANKINE: That's right, yes. I would suggest that when she is referring to me that she refers to me as 'minister'.

The CHAIR: Let us refer, first, to the member for Bragg's point of order.

Mr Pengilly interjecting:

The CHAIR: Order, member for Finniss! In between you, me and the 400 people in here, you know that this afternoon is going to be a little punchy. Do not inflame the situation, member for Finniss. Do not inflame the situation, I beg of you. Now, let us return—

Mr PENGILLY: I take your counsel, but people would pay for tickets to come in here for this.

The CHAIR: Has anyone here paid? No, they haven't. Returning to the member for Bragg's point of order—

Ms CHAPMAN: Which is?

The CHAIR: Your point of order, member for Bragg, is that the minister is providing an overarching greater picture, a context for which she is going to place the very nub of her answer.

Indeed, the member for Taylor has indicated that she is very happy for this context to be provided, as she has only been a member for some—

Ms CHAPMAN: She is reading a book.

The CHAIR: I think that she is reading the budget papers.

The Hon. J.M. RANKINE: You might have a novel tucked in yours.

The CHAIR: No, we are all reading the budget papers.

The Hon. J.M. RANKINE: You might have a novel tucked in yours, but I am sure that the member for Taylor does not.

The CHAIR: Carry on, minister.

Mr PENGILLY: Madam Chair, I am feeling significantly left out.

The CHAIR: Is this a point of order?

Mr PENGILLY: There are a lot of females in the chamber. I wish they would get on with it.

The CHAIR: You can leave if you want to, member for Finniss. No-one is keeping you here. Alright, all levity aside, minister, please finish your answer.

The Hon. J.M. RANKINE: Thank you, Madam Chair. I am putting this in context, and it is particularly relevant to the member for Bragg's interjection when I started my answer. The alternative care system when we came into government was in crisis. They had a report in 1999 indicating that the system was worsening and it never saw the light of day (it was pulped, I understand), and children in need of care and protection were looked after in offices because they had nowhere else to go.

The CHAIR: Minister, point of order.

Ms CHAPMAN: We are back in 1999 now. We are going backwards for goodness sake.

The Hon. J.M. RANKINE: Yes; you pulped it.

Ms CHAPMAN: Can you come to today, and can we find out what you are doing for foster carers now?

The CHAIR: Order!

The Hon. J.M. RANKINE: Let us understand the difference.

The CHAIR: Order! There is so much interjection going on that, unfortunately, it is difficult to work out who is responding to what. I think that the minister may have been responding in her historical approach to something that the member for Bragg may have said. Be that as it may, I am sure that the minister is drawing to a close her very comprehensive answer.

Mr PENGILLY: We live in hope!

The CHAIR: Carry on, minister.

The Hon. J.M. RANKINE: No, I finished the page. In South Australia we currently have 1,040 children living with foster carers and a further 950 children living with relative or kinship carers. In October 2006, there were just 826 registered foster and relative carers; today we have 1,042 and a further registered relative and kinship carers—

Ms Chapman interjecting:

The Hon. J.M. RANKINE: —no, I am talking about the kinship carers, not children—and there is a further 1,100 registered foster carers. The alternative care support payment includes the fortnightly payment to family-based carers, including foster, relative and kinship carers, to contribute to the cost of caring for a child. This payment also includes start-up payments, loadings to help with extra costs of caring for a child with ongoing special needs, and incidental expenses to cover the occasional extra needs of children in alternative care that are not covered by the fortnightly carer payment or loading.

Since July 2007, foster carers have received increases in their carer payments of around 52 per cent, and, with a further increase scheduled for 1 October this year, this will bring the 2011 budget for carer payments to around $24.2 million. This equates to around $9,600 per child per year that relative and kinship carers receive to help them support children in their care.

The CHAIR: Thank you very much, minister. The member for Bragg.

Ms CHAPMAN: Great! I refer to Budget Paper 1, page 9, 'The government wants to see the length of time children spend in alternative care reduced.' And minister—that's you, minister; I'm not talking about she—in November last year said—

The CHAIR: Did you have a point of order, member for Mitchell?

Mr SIBBONS: Yes, Madam Chair. That is very unparliamentary behaviour from the member for Bragg.

The CHAIR: Yes; on that point of order, I do think that we should all, myself included, refrain from using provocative language. Please, carry on, minister. Were you answering the question?

The Hon. J.M. RANKINE: No. I was about to say that the member for Bragg is so arrogant, and if there is anyone in this chamber who has nothing to be arrogant about, it is the member for Bragg.

The CHAIR: I have just referred to provocative language and perhaps the withdrawal of same.

Ms CHAPMAN: Thank you. I would ask her to withdraw that.

The CHAIR: 'Her'.

Ms CHAPMAN: I called her minister, and that was offensive in some way. She calls me arrogant, and she gets away with it. What is going on here?

The CHAIR: Member for Bragg, you did indeed call her minister, but you also asked her a rhetorical question, and you pointed out to her that she was herself, which I do not think is particularly parliamentary either. We may be wasting time on this, so let's just get an answer to the question.

Ms CHAPMAN: In November last year, you said:

> I am very pleased that within the next six months I am very hopeful we will not have any children in long term emergency accommodation.

How many children were in long-term accommodation in 2010-11 and what was the longest stay for a child in that form of care?

The Hon. J.M. RANKINE: I think I was referring to motel-style accommodation.

Ms CHAPMAN: Emergency accommodation?

The Hon. J.M. RANKINE: Emergency accommodation, yes, not long term. Long-term accommodation is stable accommodation. We want them in long-term accommodation.

Ms CHAPMAN: How many children in this past year—2010-11 (it expires in a few days)—have been in long-term emergency accommodation?

The CHAIR: And this is in relation to 152, still?

Ms CHAPMAN: Page 9. We are on Budget Paper 1, page 9, Madam Chair.

The CHAIR: Apologies.

Ms CHAPMAN: I read the quote from that.

Ms Bedford interjecting:

Ms CHAPMAN: No, you were not listening. The quote was—can you find it, Madam Chair—'The government wants to see the length of time children spend in alternative care reduced.' Budget Paper 1, page 9.

The Hon. J.M. RANKINE: That's right.

Ms CHAPMAN: The minister's got it, which is amazing; but she's got it.

Ms BEDFORD: What budget line is the emergency accommodation?

Ms CHAPMAN: No; anything that is in there. I can ask questions of information in the budget.

Ms Bedford interjecting:

Ms CHAPMAN: It is in there. Madam Chair, for goodness sake. We have other committee members saying that I cannot ask any question unless there is a dollar next to it. The minister has just gone on a rant about foster carers in 1999—

The CHAIR: Member for Bragg, you would know, through your own participation in this process, that budget reference lines are actually called for in relation to each question. However—

Ms CHAPMAN: Absolutely.

The CHAIR: However—

Ms CHAPMAN: And so I can refer to targets—

The CHAIR: However—

Ms CHAPMAN: —and objectives and anything else.

The CHAIR: However, I understand that you may also, I suppose, go through budget papers and ask questions of things that are in the budget, and it is true that in Budget Paper 1, Budget Overview, we do have page 9, which of course does have its own specific referencing in the budget—which I am sure you would be happy to give us—but you may still ask this question.

Ms CHAPMAN: Thank you.

The Hon. J.M. RANKINE: Madam Chair, there will always be situations where there are children not in family-based care, and we have put resources into a number of ways to provide more appropriate accommodation for those young people who cannot be placed with families. Now, in the last 12 months, we have opened the Queenstown facility, and one at Noarlunga, and these are taking 12 children each. We now have, in this budget, funding to build another six homes.

We have refurbished eight units at Tregenza in Elizabeth to take 24 children, and we are allocating houses from the economic stimulus to accommodate young ones in a much more appropriate environment. I have been very keen to ensure that we do not have young ones in motels and, in fact, that does not happen any more, other than for an emergency overnight stay. But, there are still some children that are in inappropriate accommodation.

We are hoping that this stimulus housing coming on-line, and the addition funding we have in this budget, will mean that no children will be in that type of accommodation any longer. Now, as for the number of children in long-term care in Housing SA houses or those CRCs, I cannot give you that figure, but we can take that on notice and come back to the committee.

Ms CHAPMAN: I appreciate the minister's indication of that, but I did not ask her about CRSs; I asked her about long-term emergency accommodation, wherever that may be placed, during 2010-11.

The Hon. J.M. RANKINE: That includes, as I said, Housing SA houses, because they—

Ms CHAPMAN: Wherever they are placed?

The Hon. J.M. RANKINE: Wherever they are based, and they are—some of them are in the country, and some of them are in metropolitan Adelaide, and that's a much—

Ms CHAPMAN: And in the past 12 months—the second part of my question was: what was the longest time a child has spent in long-term emergency accommodation?

The Hon. J.M. RANKINE: Yes, well, as I said—

Ms CHAPMAN: All on notice?

The Hon. J.M. RANKINE: Yes, thank you.

Ms CHAPMAN: Thank you. I refer now to Budget Paper 3, page 17: given the Treasurer's statement in his budget speech, with which I agree, he states:

> A motel room is no place for a child who has suffered the disruption of being removed from his or her family.

Just in case you missed that, minister Snelling's statement is in Budget Paper 2, page 2. My question is: will the minister explain, then, why the funding for the construction of the accommodation for these children will not be completed until 2015?

The Hon. J.M. RANKINE: Minister Snelling was talking about the construction of the six new homes—those two facilities with six new homes. We have to obviously go through the

process of finding a location, and going through the contracting process. So, we will actually get them done as quickly as we possibly can.

Ms CHAPMAN: And are you saying—it is 2011 now—that you cannot build them in less than five years?

The Hon. J.M. RANKINE: We are getting them done as quickly as we possibly can.

Ms CHAPMAN: During the 2010-11 year, what was the average number of children in motel accommodation?

The Hon. J.M. RANKINE: I do not have that off the top of my head, but I can tell you that it is a rarity now for a child to be in a motel. There are, however, as I have said, children who are housed in apartments or bed and breakfast-type accommodation. So, the numbers of those vary, because we have been pushing very strongly to get them into housing as it comes on-line, but we are happy to get an average figure for you, if that helps.

Ms CHAPMAN: Of those figures, minister, last year, I think you budgeted something like $27 million to cover the costs of these stays.

The Hon. J.M. RANKINE: Yes.

Ms CHAPMAN: How much was spent?

The Hon. J.M. RANKINE: I think that is in the budget papers, isn't it?

Ms CHAPMAN: If it is, it is not obvious to me.

The Hon. J.M. RANKINE: Okay.

Ms CHAPMAN: I usually ask for it each year. You usually provide it at some stage. I think you gave an answer about six months later.

An honourable member interjecting:

Ms CHAPMAN: Yes. A lot I didn't.

The Hon. J.M. RANKINE: While the office does a check for it, I think, off the top of my head, it was around about 23.5.

Ms CHAPMAN: What proportion of the additional funding for the support in alternative care that has been announced will be spent on emergency accommodation in this forthcoming year?

The CHAIR: Member for Bragg, are you still referring to Budget Paper 1, page 9, or are you referring to Budget Paper 4, Volume 2, page 152?

Ms CHAPMAN: No. Budget Paper 3, page 17. We are talking about emergency accommodation.

The Hon. J.M. RANKINE: There will be $41.7 million over four years providing additional resourcing for alternative care arrangements. As I understand it, how that is going to be expended is yet to be streamed through.

Ms CHAPMAN: Can the proportion that I am seeking be taken on notice?

The Hon. J.M. RANKINE: Yes.

Ms CHAPMAN: For this year? It starts tomorrow.

The Hon. J.M. RANKINE: I am told that any figure you get will be predictive—

Ms CHAPMAN: Indeed.

The Hon. J.M. RANKINE: —because we do not know yet what the growth will be. It may not be possible to give you that figure.

Ms CHAPMAN: Well, an estimate, at least, as you have in preceding years.

The Hon. J.M. RANKINE: Yes.

Ms CHAPMAN: Thank you. I turn to youth emergency care, which is at Budget Paper 4, Volume 2, page 151. Will the minister confirm that the government has paid private contractor HenderCare $1.88 million for the provision of emergency care services, for seven months, at the Tregenza emergency youth accommodation facility?

The Hon. J.M. RANKINE: I do not have the detail of individual contracts here but, again, I will take that on notice.

Ms CHAPMAN: Minister, do you recall whether HenderCare were, ultimately, the contractors to provide that service?

The Hon. J.M. RANKINE: Yes, they are, I am told.

Ms CHAPMAN: Alright. The detail then, I will take on notice. Thank you. Is it the intention that the new alternative care facilities to be operated by the government will be by the government or by the private sector, such as occurs at Tregenza?

The Hon. J.M. RANKINE: It is our intention to have those that are in metropolitan Adelaide run by the government, and I understand that those that will be in country regions will be a partnership between government and not-for-profit organisations.

Ms CHAPMAN: Is there some reason why Tregenza was put out to the private sector?

The Hon. J.M. RANKINE: Yes. It was put out because we needed to get people in there quickly. In some of our other facilities, we also have commercial providers of care whilst we go through the process of engaging more staff.

Mr SIBBONS: My question refers to Budget Paper 4, Volume 2, pages 149, 167 and 168, performance indicators, at lines 4 and 5. Will the minister outline how the Stronger Families, Safer Children program is progressing?

The Hon. J.M. RANKINE: The Stronger Families, Safer Children program started back in April 2009 and, since that time, has supported 1,330 children. This is a $28.4 million program to provide early intervention for at-risk children and their families to prevent their progression through the child protection system.

Stronger Families, Safer Children supports the reunification of children who have been separated from their parents, and many of the services are provided in close partnership with the non-government sector, which is funded until June of next year. These partners include early intervention services provided by the Catholic Church Endowment Society, Nunkuwarrin Yunti, Aboriginal Family Support Services, UnitingCare Wesley Port Pirie, and the Catholic Diocese of Port Pirie.

Intensive placement prevention services are provided by Anglicare and the Catholic Diocese of Port Pirie in conjunction with Aboriginal Family Support Services. Reunification services are provided by Anglicare SA, the Catholic Diocese of Port Pirie, Aboriginal Family Support Services, UnitingCare Wesley Port Pirie and Anglican Community Care.

From 1 July 2010 to 30 April of this year, the last time the NGOs reported their data, the Stronger Families, Safer Children program had supported 412 children through interventions such as parenting skills development for their parents, practical in-home support, therapeutic interventions, playgroups for children and referrals to other networks and services.

The program has also delivered staff training for NGO partners, which is a crucial component of service delivery. The first phase of the program evaluation has been completed and was released in May of this year. The results will be used to enhance the performance of the program into the future.

In this year's budget, reunification services also received a boost, with $19 million committed to ensure more intensive programs for families at risk. This additional funding will give families the face-to-face individual attention and support they need to live safely together. It is expected that in the next year Stronger Families, Safer Children will provide services to 600 new at-risk children and their families.

The CHAIR: Thank you, minister. Before the member for Bragg asks any more questions, I would remind you that it is nigh upon 3.15, so when you are ready if you wish to move to South Australian Housing Trust, Housing SA, HomeStart Finance and Affordable Housing.

Ms CHAPMAN: I have a few more on this. Budget Paper 4, Volume 2. I will ask some questions in respect to the Fair Work Australia case at present which will have an impact on the cost of provision of services by NGOs. You would be familiar with that preliminary decision, minister. We are waiting for the final decision to come down as to the percentage that will be granted for equal pay for people in the social and community service industries.

Treasurer Snelling has announced that there will be some accommodation of this and some contingency provision. I note in the general budget papers at page 156 of Treasury and Finance, that is, Budget Paper 4, Volume 4, there are a number of contingency provisions there which would normally cover EB requirements; that is, not disclosed individually but some contingency for that. Is there any other contingency for that in your portfolio, or is it all in Treasury?

The Hon. J.M. RANKINE: It is all in Treasury.

Ms CHAPMAN: I will move to the Parks, Budget Paper 3, page 21, which you would be familiar with, minister. The project announced in last year's budget to sell this facility has now been reviewed and remodelled, and we have had a report from Monsignor Cappo dated April 2011 indicating that we are now going to have no longer a welfare hub but a sports facility. The Premier, as you know, has announced that he has adopted this vision, so I have some questions about that.

Firstly, in relation to when this report first came to you, I note that, from freedom of information, in letters of instruction from Monsignor Cappo to your department, in particular your CEO, in October of last year about what your department was to do to facilitate this inquiry and review, he wanted a couple of committees established to prepare the work for this report, and that, as I say, has now been published. The Premier announced on 2 May in his press release that he had the report. My question is: when did this come to cabinet?

The Hon. J.M. RANKINE: I do not know that I need to answer questions in relation to cabinet business.

Ms CHAPMAN: Very well. Have you read the report?

The Hon. J.M. RANKINE: I have. Would you like me to read it to you?

Ms CHAPMAN: You have? That is good. I will assume that because your department has been active in preparing most of it, so I am assuming you had a chance at some stage to read it. I have some questions about it. My first question is—

The Hon. J.M. RANKINE: I will make the point that the Social Inclusion Unit prepared that report, not my department.

Ms CHAPMAN: Do you want me to read the letter to your own division requiring your department to set up the units, to provide the information and prepare that?

The CHAIR: No.

The Hon. J.M. RANKINE: We provided information to the Social Inclusion Unit that it required to go through the process and make its assessments. We did not write the report.

Ms CHAPMAN: I did not say you did write the report.

The Hon. J.M. RANKINE: Nor did my agency.

Ms CHAPMAN: I said that you provided much of the information—

The Hon. J.M. RANKINE: As did other agencies.

Ms CHAPMAN: —including a request by Monsignor Cappo that a working group titled the social and recreational services group and an infrastructure group be set up in your department to do a number of things—to canvass the options, meet with the stakeholders, etc. Anyway, we have established that you have read it; that is a good start, because what I want to ask you is what are the projected costs of relocating the following services from the Parks: Families SA Metropolitan Aboriginal Youth and Family Services, Families SA C3MS Training Centre, Housing SA computer training centre, Housing SA regional office, Families SA Safe Babies team and the DFC Facility Services?

The Hon. J.M. RANKINE: Monsignor Cappo's report is still being consulted on. People still have the opportunity to—

An honourable member interjecting:

The Hon. J.M. RANKINE: No. As I understand it, it is on the website and people are providing feedback.

Ms CHAPMAN: I am sure they will, minister.

The Hon. J.M. RANKINE: They are.

Ms CHAPMAN: These are your services that are currently on the site, that are detailed in the report, and I am asking you—his proposal, the vision that has been accepted by the Premier, the vision that has been accepted—

The CHAIR: Order!

Ms CHAPMAN: Can I finish the question, Madam Chair?

The CHAIR: No, actually, you cannot, because the question that you asked previously has not even finished being answered by the minister.

The Hon. J.M. RANKINE: There is no budget provision currently for transfer of any of those services.

The CHAIR: Thank you, minister.

Ms CHAPMAN: What is the projected cost, minister, for these services that your department has at this facility to be relocated?

The Hon. J.M. RANKINE: We will work that through.

Ms CHAPMAN: It has already been published, minister. It is a $25 million exercise that your government has said that it is accepting as its vision. It is going to sell $10 million worth of property and use it to build a sports hub, and you do not know and you are going to work on what the cost is going to be to relocate all of the services from your department, in a property you now own that is going to be flogged off. Are you serious?

The CHAIR: A rhetorical question one assumes.

Ms CHAPMAN: No idea what the cost is going to be?

The Hon. J.M. RANKINE: It depends on what option we take, it depends on whether there—

Ms CHAPMAN: Alright. Well, can I ask you this: have you got any idea where they are going to go?

The CHAIR: Member for Bragg, please allow the minister to finish—

The Hon. J.M. RANKINE: No, I am not throwing numbers at you—

The CHAIR: Order!

The Hon. J.M. RANKINE: —willy-nilly when we have not made clear decisions yet.

The CHAIR: Order, minister! Please allow the minister to finish answering the questions you ask before you then ask another question while she is answering the first question, because it is very confusing for all of us. Minister.

The Hon. J.M. RANKINE: I am not throwing figures out to you when we have not decided what the make-up may be, whether we would be renting, building or purchasing. We will work that through, make some decisions and then people will know.

Ms CHAPMAN: So when the Premier stood in this house about a week ago and said that he was going to adopt the vision of this recommendation from this report, which gets rid of all your services to God knows where, you have no idea what it is going to cost, where you are going to put them or what services are even going to survive? Is that the position?

The Hon. J.M. RANKINE: There are a range of options.

Ms CHAPMAN: What did you put to him when he stood up here and said, 'This is what we're going to do'?

The CHAIR: I don't think the minister has to comment—

The Hon. J.M. RANKINE: Move on.

The CHAIR: —on personal conversations she has within cabinet.

Mr PENGILLY: Jennifer, you haven't answered anything about it.

Ms CHAPMAN: Not a thing.

The Hon. J.M. RANKINE: Move on.

Ms CHAPMAN: How many full-time equivalents will have an impact if all these services are taken away from the Parks? These are your services in your department.

The Hon. J.M. RANKINE: That's right, and we will work through that.

Ms CHAPMAN: You've got no idea.

Mr PENGILLY: No idea at all.

Ms CHAPMAN: How many are there at the moment, have you got any idea?

The CHAIR: I think the minister has answered that and with your help, member for Bragg, we will perhaps move on to the South Australian Housing Trust and the now 55 minutes that we have allotted to that.

Membership:

Mr Marshall substituted for Ms Sanderson.

Departmental Advisers:

Ms J. Mazel, Chief Executive, Department for Families and Communities.

Mr J. Ullianich, Executive Director, Financial Services, Department for Families and Communities.

Mr P. Fagan-Schmidt, Executive Director, Housing SA, Department for Families and Communities.

Ms S. Barr, Director, Business Affairs, Department for Families and Communities.

Mr J. Rolfe, General Manager Retail, HomeStart Finance, Department for Families and Communities.

Mr D. Huxley, Director, Corporate Services, Housing SA, Department for Families and Communities.

Mr G. Myers, Coordinator Strategic Projects, Business Affairs, Department for Families and Communities.

Mr M. Hicks, Adviser.

The CHAIR: Minister, do you wish to make an opening statement?

The Hon. J.M. RANKINE: Yes, thank you. I am joined on my right by Mr Phil Fagan-Schmidt, who is the Executive Director of Housing SA. 2010-11 has been a year of hard work, innovation and achievement by Housing SA, the South Australian Housing Trust, HomeStart Finance and many community organisations that support affordable housing and sustainable communities in South Australia.

Ms Chapman interjecting:

The Hon. J.M. RANKINE: I beg your pardon?

The CHAIR: Please carry on. Don't feel that you have to respond to any interjections at all.

Ms Chapman interjecting:

The Hon. J.M. RANKINE: Really?

Ms CHAPMAN: Yes.

The Hon. J.M. RANKINE: I am surprised you read it. During 2010-11 my department reached a significant milestone in completing the 1,000th dwelling constructed through the Nation Building Economic Stimulus Plan social housing initiative. Another 378 new properties are planned for completion under this program, and we have already upgraded another 503 properties, far exceeding our target of 391.

Of the 1,000 new dwellings constructed, 511 were built for South Australian tenants of the Housing Trust and 489 for community housing organisations. This project has continued to support jobs and training while housing those most in need. For some time now Housing SA has provided more than just bricks and mortar. Major reforms to the homelessness sector were implemented

during 2010-11 which included the selection of preferred support providers: agencies which are best suited to supporting the most vulnerable people in our community.

These organisations link up with social housing providers to ensure that we achieve the best outcomes in property management as well as individual support. In the first nine months of the reformed Homelessness Service, around 20,000 people were assisted. This does not just reflect the support we provide to homeless people but is also testament to the support we give to those at risk of homelessness. The only thing better than getting someone off the streets is preventing them from getting there in the first place. Beyond public housing and homelessness support, Housing SA continues to play a major role in the private rental market.

As at 30 April, 19,829 people had received bond or rent in advance through my department's Private Rental Assistance Program, and these grants are provided in recognition of the high cost of establishing housing in the private rental market. I am pleased to report that we are on track to exceed the assistance which was provided in 2009-10.

Housing SA also operates a Private Rental Liaison Officer program to assist people to find and secure private rental accommodation. These liaison officers have developed strong networks with local real estate agents and private landlords and conduct workshops to provide customers with hints and tips on applying for and securing housing in the private rental market.

On 4 February 2011, I had the pleasure of officially opening Ladder St Vincent Street with Senator the Hon. Mark Arbib, the commonwealth government Minister for Social Housing and Homelessness. This innovative program provides young people with long-term self-contained accommodation with 24 hour, seven days a week on-site support. Young people are provided with case management and access to a number of life skills programs and all commit to engaging in employment, training or education when they enter the facility.

Ms Chapman interjecting:

The Hon. J.M. RANKINE: You can ask that when I am finished. The first client moved into the building on 25 February this year. Jointly funded through the commonwealth and state governments, the AFL Foundation and the AFL Players Association, Ladder St Vincent Street provides an opportunity for group and individual mentoring sessions with past and present football players and elite female athletes. Housing SA will provide tenancy management while St John's Youth Services will provide case management and support.

Some exciting capital programs gained momentum in 2010-11. The construction of stage 1A of the Woodville West Urban Renewal Project commenced, and planning has begun for the second stage. My department continues to involve the community in planning their new neighbourhood. Construction was completed on 18 units for aged homeless people in Melrose Park. Whilst regulations require a minimum six-star energy rating, these units achieved up to 9.4 stars, which makes them not only affordable but very sustainable in a range of ways.

Work on the site of UNO Apartments has commenced and is on track for completion in mid-2012. This building will provide a mix of social housing and general market sales, with retail on the ground floor. The building is designed to provide 30 self-contained, safe and supported units for young people in crisis due to homelessness. Eighty-three per cent of units released for off-the-plan sales were sold in a matter of months, which is a resounding endorsement of this government's commitment to mixed communities.

The reinvigoration of Adelaide's northern suburbs has progressed through Playford Alive. We have also continued to invest significant effort towards housing in the APY lands communities funded under the National Partnership Agreement on Remote Indigenous Housing.

I was pleased to also sign a memorandum of understanding with the Aboriginal Lands Trust along with the Minister for Aboriginal Affairs and Reconciliation on 27 October 2010. This was a great step forward in establishing a long-term commitment to housing on Aboriginal Lands Trust communities across the state.

Following the signing of the MOU, the Yalata community on the Far West Coast has agreed to enter into a deed which secures tenure on Yalata land for the purpose of housing investment and management for 40 years. The deed is now being prepared for signing by myself and the Minister for Aboriginal Affairs and Reconciliation and will allow the much-needed housing construction to commence in Yalata during this coming year. Other communities, including Raukkan and Koonibba, have also agreed to sign onto the these new arrangements which will provide more housing, better housing and improved maintenance and services in remote communities.

In 2010-11 HomeStart Finance again supported thousands of South Australians through its innovative lending products, returned a financial dividend to government and retained earnings for future use. It managed this impressive achievement while lending to many applicants who were unable to gain approval from a bank at the time they applied.

My department continues to evolve over time and we are no longer just the provider of public housing. Looking towards 2011-12, we are reviewing the way in which we deliver services to make sure that South Australians receive consistent and quality information about their housing options and, importantly, that those in greatest need can access the assistance and support they require.

Ms CHAPMAN: Budget Paper 4, Volume 2, page 145 is the housing program, which now comprises three pages in the budget, because, as indicated on page 147, the South Australian Housing Trust financial particulars are no longer published. The notes suggest that all public non-financial corporations are no longer going to have that information provided. Am I correct in assuming that this is a directive that has come from Treasury, or is it something you have asked for?

The Hon. J.M. RANKINE: No, it is a directive that came from Treasury so that the Housing Trust is treated as similar organisations.

Ms CHAPMAN: Do you understand that the non-disclosure of that information means that none of the information about the South Australian Housing Trust, except abbreviated performance indicators, and in particular the financial material, is no longer available for these estimates?

The Hon. J.M. RANKINE: It will be available in the Housing Trust annual report.

Ms CHAPMAN: Yes, and that, of course, will not come until after today, usually by September or October, if we are lucky. Correct?

The Hon. J.M. RANKINE: It will be provided the same as it is for similar organisations like SA Water.

Ms CHAPMAN: Absolutely, but no longer available for us to view for the purposes of this? So, my question is, minister—

The Hon. J.M. RANKINE: It will be tabled in the house.

Ms CHAPMAN: —seeing that you have not got that information to us but you have been able to provide the number of employees in the agency for 2011-12 budgeted at 5,015.3 full-time equivalents, how many, as at today, are employed in the South Australian Housing Trust?

The Hon. J.M. RANKINE: I do not have that information. I am told that will be in the Housing Trust report.

Ms CHAPMAN: Do you have any idea whether it is much more than the 988.8 that you had last year?

The Hon. J.M. RANKINE: I am told that there would be very little change.

Ms BEDFORD: My question relates to Budget Paper 4, Volume 2, pages 146 and 147, with reference to the highlights for 2010-11 and targets for 2011-12. Will the minister advise how many existing public houses have been upgraded and how many new social housing dwellings commenced across South Australia as a result of the Nation Building Economic Stimulus Plan?

The Hon. J.M. RANKINE: I thank the member for Florey for her question—

Ms CHAPMAN: You should be thanking Tanya Plibersek.

The Hon. J.M. RANKINE: Well, Tanya is not in the chamber.

Ms CHAPMAN: What, you mean that you can't say thank you? That's all her money.

The CHAIR: Member for Bragg, order!

Members interjecting:

The CHAIR: Order! Let us not go down the path of unhappiness again. Member for Bragg, if you could resist from interjecting and if the minister could resist from responding to the interjections we would be in a happier place.

The Hon. J.M. RANKINE: Madam Chair, on numerous occasions, and I think every time that I have spoken publicly about the Nation Building Economic Stimulus Plan, I have recognised

this as an amazing contribution by the federal government. If I recall correctly, it is something that the federal Liberals objected very strongly to, but here in South Australia it has given social housing an amazing boost.

We are in the process of the largest build of social housing in 20 years. We were funded for 1,360 new dwellings, and I understand that we are going to exceed that with 1,378. Indeed, through projects like the UNO apartments, we are actually generating enough income to establish another 121 dwellings. We are incredibly grateful and appreciative of the money that the federal government has put into this. It was a nearly $6 billion program around Australia, and here in South Australia we received a little over $434 million, including $30 million for upgrading houses that were not habitable.

Initially, that money was for 391 homes but, in fact, we have upgraded 503 homes after receiving that money. So, it is on time and on budget. We are also using these homes to boost the capacity of community housing here in South Australia. A large number of the homes will be going to our community housing providers. That is good news for them, and I know that they have been very pleased with this program.

As I said, we have completed over 1,000 new dwellings currently; 1,011 were finished at the end of last year. The rest of the program will be completed by the end of 2012, and that will be for some of the more complex projects like the UNO Apartments, as I said, which is a 17-level apartment building in the heart of Adelaide. I think it is the first time we have had a specific mixed community construction like that. Certainly, Housing SA has never built such a large building. As I said previously, 30 young homeless people will be supported in that building, as well as social housing, community housing, affordable housing opportunities, and apartments sold at market rates.

We also used the money for the Woodville West Urban Renewal Project, and some medium density apartment sites are also under construction in Findon, Noarlunga and Christies Beach. We have managed, to date, to average the total cost of construction, including land, at $293,400. That is why we have been able to exceed our targets. We are very appreciative of the contribution of the Gillard Labor government, and Tanya Plibersek was a joy to work with.

Mrs VLAHOS: My question is about future sustainability of housing and rent changes. I refer to Budget Paper 4, Volume 2, Page 145 with regard to rental changes and financial commentary (dot point 2); page 146, Highlights 2010-11 (dot point 1); and page 147, Performance indicators table (Access Project). Minister, will you please explain what the state government is doing to ensure that affordability of housing continues to be available to those most in need in our community?

The CHAIR: That's your second question.

Mrs VLAHOS: Actually, it's one.

Ms CHAPMAN: Two; you asked the first one.

Mrs VLAHOS: No, that was the list of the documents I was referring to.

The CHAIR: I don't think we need to discuss that.

The Hon. J.M. RANKINE: You need to listen. Clean out your ears.

The CHAIR: Minister.

Mr PENGILLY: I beg your pardon? This hilarity and what not—

The CHAIR: Are you making a point of order?

Mr PENGILLY: Yes, I am. I take offence to the minister telling the member for Bragg to clean out her ears. It is a nonsense.

The Hon. J.M. RANKINE: Well, if she stopped talking, if she did something unique for once, and stopped talking and listened, she might understand what was happening.

Mr MARSHALL: Are you the presiding officer as well?

The Hon. J.M. RANKINE: She just needs to stop talking and listen.

Mr PENGILLY: You haven't answered a question all afternoon except for the Dorothy Dixers.

The CHAIR: Order!

The Hon. J.M. RANKINE: Ask a sensible question.

The CHAIR: Order! If you would like to carry on answering the question, thank you, minister.

The Hon. J.M. RANKINE: Thank you, Madam Chair. The government is working on several strategies in relation to our housing system, including affordable housing policies and the Access Project and rent reforms. As the budget papers show, the 15 per cent affordable housing policy has already exceeded 2,000 commitments from 25 developers, and I am pleased to report that another 2,000 are under negotiation. I make the point that I understand the official policy of the Liberal Party at the last election was to scrap this initiative. Given that we have not heard any new policy since then, I assume that still stands—

Members interjecting:

Ms CHAPMAN: Point of order: this is poor debate, it is inaccurate, it is unreliable and it is useless to the committee, so I ask you to rule that she desist from all this drivel—

The Hon. J.M. RANKINE: You would have to be the queen of unreliability.

Ms CHAPMAN: —and get on with answering the genuine question about the affordable housing that this government is doing—if it is anything at all.

The Hon. J.M. RANKINE: You take the cake. Unreliable?

Ms CHAPMAN: I ask you to rule on that, Madam Chair.

The Hon. J.M. RANKINE: Unreliable? Unbelievable.

Ms CHAPMAN: It is that as well; you can add that to the list.

The CHAIR: Right. Carry on please, minister.

The Hon. J.M. RANKINE: Thank you, ma'am. I well remember the member for Bragg coming in here, claiming that someone—

Members interjecting:

The Hon. J.M. RANKINE: —lost his kidney.

The CHAIR: Point of order, member for Bragg.

Ms CHAPMAN: I think it is very clear that the minister is reminiscing now—

The Hon. J.M. RANKINE: I am; about your blunders.

Ms CHAPMAN: —and it is not very helpful for our committee.

The CHAIR: Once again, I think there are useful discussions and I think there are slightly less useful discussions. I feel that this is a slightly less useful discussion which perhaps we should leave for another time (perhaps in the bar, who can say?) and perhaps we can get on with the answering of the question as asked by the member for Taylor.

The Hon. J.M. RANKINE: Thank you, Madam Chair. I make the point that, given that we have not heard any new policies—

The CHAIR: No.

Members interjecting:

Ms CHAPMAN: She should discontinue this answer if she is not going to—

The CHAIR: I am on my feet for a reason. These are important questions from both sides, and there are important answers. I would like to hear the questions but I would also like to hear the answers. I realise that all these questions are matters of great passion for those people here, but let us just actually hear the answers and then move to debate afterwards. Thank you.

The Hon. J.M. RANKINE: We are making it easier for low and moderate-income families to buy an affordable home through the Property Locator website, and more than 1,300 properties have been listed there so far. The site provides exclusive access to eligible buyers before these homes are placed on the open market.

We are supporting 3,800 new affordable private rental properties through the National Rental Affordability Scheme and partnering with community organisations to build around 500 new affordable rental properties through the Affordable Housing Innovations Fund. More than half of

these 500 new houses are already complete. I was very pleased to go to Gumeracha last Friday for the opening of four houses built up there by Unity Community Housing. It was a very nice function at one of its complexes, and I think we are providing Unity Community Housing with funding to build 67 houses. I am happy to correct that, but I think it is about that.

Providing more housing is not the only answer. We have to provide a smarter, more targeted and more responsive social housing system. Through the Access Project, we will ensure every housing service we officer is accessed by those who need help, and we will ensure that the right service is provided to the right household.

It will create a single housing register so that those in need only have to ask once to be linked with the best services for their circumstance. It will establish an integrated entry point so that those in need get the same level of service whether they talk to Housing SA, a community housing organisation, or a homelessness service.

This improved intake and assessment system will complement the fixed-term leases for public housing which commenced in October last year. New public housing tenants housed from 1 October last year will be offered a lease of one, two, five or 10 years, following a successful completion of a probationary term. These leases will promote clearer expectations regarding obligations to pay rent, treat their properties with due care, and get on with their neighbours.

Finally, in 2011-12, Housing SA will be implementing a range of changes that will affect the rents of tenants in cottage flats, tenants living with children, single pensioners and community housing tenants. The changes to single pensioner rents have contributed to the wider state budget that has delivered higher concessions and more support for those with disabilities.

The other changes are helping to support Housing SA as it delivers $200 million in rental discounts each year to public housing tenants, supports more than 20,000 people each year with private rental assistance and supports statewide specialist homelessness and domestic violence services. Changes to community housing tenants will provide improved maintenance and services and help to fund more affordable housing through NRAS.

I want to stress that no tenant will pay more than 25 per cent of their income in rent, increases will be limited to $10 per week in any six-month period, and that the government provided a long period of notice so that tenants can plan ahead for the changes.

South Australia provides more public housing per capita than any other state and has consistently been rated one of the most affordable and liveable places in Australia. All of these reforms will support our housing system, and our community, into the future.

Ms CHAPMAN: I listened with interest to the minister's statement about her government's commitment to Aboriginal people. So, I refer to page 147 and ask the minister: why has the number of Aboriginal customers assisted into housing by your department not only dropped last year, but is budgeted for the forthcoming year to be even less again? We have gone from 1,950 helped in the preceding year to an estimate for next year down to 1,600. Is the minister telling us that the situation is that Aboriginal people in need of assistance in some way or other has just reduced and there are fewer people in this category asking for houses? Is there no demand? What is the situation?

The Hon. J.M. RANKINE: I am advised that, in fact, the number of self-identified Aboriginal and Torres Strait Islander customers allocated into public housing, and those assisted into the private rental market, actually fluctuates. The numbers fluctuate and are very much demand driven. So, I am told that the reason for the difference in the 2010-11 target and estimates result and the 2011-12 target for the number of customers assisted into housing, as per that budget paper, is simply that it does fluctuate.

Ms CHAPMAN: Well, that may be so, minister.

The Hon. J.M. RANKINE: It does not reduce our effort.

Ms CHAPMAN: You mentioned self-identified Aboriginal and Torres Strait Islanders. I do not know if there is any other kind, but, in any event, of those who attend for assistance, you are not even fulfilling those targets that you provide assistance for. Are you really saying that only 1,600 people are going to turn up to ask for this? It is your own target.

The Hon. J.M. RANKINE: It is an estimation: it is not a cap.

Ms CHAPMAN: That is why I am asking you.

The Hon. J.M. RANKINE: It is not a cap.

Ms CHAPMAN: I am asking you, then, why your department has not assisted at least the number of people who have asked for it, according to your target.

The Hon. J.M. RANKINE: We do not have an indefinite number of houses.

Ms CHAPMAN: So, you are really saying that only those numbers of people have actually sought it. Is that what you are saying?

The Hon. J.M. RANKINE: Only those people have what?

Ms CHAPMAN: Actually sought the assistance.

The CHAIR: Before we take this any further, the minister has not actually finished answering that question, so perhaps she could answer that question.

The Hon. J.M. RANKINE: I am told that these numbers are an estimated result, and it does depend on people self-identifying. I understand that something like 21 per cent of customers who presented for specialist homelessness services were Aboriginal people who were assisted. I think I saw somewhere the number of people allocated into housing. Here we go: about 19 per cent of all allocations in 2010-11 were for Aboriginal people.

Ms CHAPMAN: I understand that. The indication here though is that, on the face of it, you helped 1,950 people in 2009-10 and this year you expect to only help 1,600. From what I am hearing from you, you are suggesting, are you, that only 1,600 applied; that it depends on the people who walk in the door?

The Hon. J.M. RANKINE: No, I am not saying that at all. We cannot immediately house everyone who presents to Housing SA. We have to have vacancies. We have to have vacant houses.

Ms CHAPMAN: So, you have more demand than you have houses available?

The Hon. J.M. RANKINE: We have a waiting list.

Ms CHAPMAN: Absolutely. My question then is: why are you proposing to reduce the budgeted number that you are going to help in this forthcoming year to less than what you did in the 2009-10 year?

The Hon. J.M. RANKINE: It is not a budgeted number, it is an estimation.

Ms CHAPMAN: It is a target.

The Hon. J.M. RANKINE: It is an estimation of the number of people likely to be assisted.

Ms CHAPMAN: No, it is a target.

The CHAIR: Thank you, minister. The member for Mitchell.

Ms BEDFORD: My question refers to Indigenous housing, so if I could have the next question.

The CHAIR: Certainly, yes. The member for Florey.

Ms BEDFORD: My question relates to Budget Paper 4, Volume 2, pages 146 and 147. I wonder if the minister, in the same context, could provide us with an update on the important work being undertaken through Indigenous housing reforms.

Ms Chapman interjecting:

Ms BEDFORD: I think this is a really important point to follow on from you, that is all.

The Hon. J.M. RANKINE: Under the National Partnership Agreement on Remote Indigenous Housing, we are investing in construction, refurbishment and reform of land tenure and housing services in Aboriginal communities on the APY lands in the Far North, on the far West Coast and in regional communities in the Murraylands, the Riverland, Yorke Peninsula and the Mid North.

We are negotiating long-term land tenure arrangements with landholding bodies, which secure the government's investment in housing assets for a minimum of 40 years. These land tenure reforms also commit South Australia to long-term housing service delivery and asset management in Aboriginal communities, meaning we will deliver high quality housing, maintenance and other related services.

While we already have the APY Ground Lease, we continue to engage with communities to negotiate deeds to vary as the capital program continues to roll out across the APY lands. I was pleased to sign a memorandum of understanding with the Aboriginal Lands Trust, which means that we can now move forward in communities like the Yalata community on the far West Coast, which has already agreed to enter into a deed.

On the APY lands, during the 2010-11 financial year, as at 30 June 2011, 28 new houses have been completed, achieving our target, and 58 existing houses have been refurbished, exceeding our target by six properties.

Mr MARSHALL: I rise on a point of order: repetition. This is the same piece of paper she read into *Hansard* only five minutes ago.

The Hon. J.M. RANKINE: No, it is not.

The CHAIR: It is 'minister'.

The Hon. J.M. RANKINE: It actually is not. I did not give these figures out at all.

Mr MARSHALL: I am sorry, it is exactly the same.

The Hon. J.M. RANKINE: No; well, you need to listen.

Mr MARSHALL: No, it is exactly the same.

The Hon. J.M. RANKINE: No, it is not, actually.

Mr MARSHALL: Yalata, then you are going to talk about Koonibba, which we will pronounce correctly; you won't.

The Hon. J.M. RANKINE: No, I have not mentioned Koonibba. I mentioned Yalata, by the way, but I am giving you the figures on the APY lands. I know that—

Mr MARSHALL: It would be more instructive to tell us how much you had to pay in a fine to FaHCSIA last year for failure to meet the requirements under the Indigenous—

The Hon. J.M. RANKINE: I know it does not interest you, but it may interest other people.

The CHAIR: Order! No point of order.

Ms CHAPMAN: Point of order, Madam Chair. The minister is suggesting to a member of our committee that he does not care about this issue.

Mr MARSHALL: It is outrageous.

Ms CHAPMAN: It is completely unacceptable. She is the one who had to spend—the minister; I am sorry—Her Majesty. The minister is the one who did not spend $900,000 last year and had to pay a fine back to the federal department because she failed to pay it for Aboriginal housing. So, it is just unacceptable that she starts accusing members of this committee that we don't care about Aboriginal housing. For goodness sake.

The CHAIR: Okay, one at a time. First of all, in relation to the minister's comment, which I did not hear, to the member for Norwood, I think it is an acknowledged fact that the member for Norwood has a deep and long-abiding interest in Aboriginal affairs and I am sure that none of us would think otherwise. Please carry on, minister, or had you finished?

The Hon. J.M. RANKINE: No, I have not. During the 2010-11 financial year, we have completed 28 new houses, achieving our target on the lands, and we have refurbished 58 existing houses, exceeding our target by six properties. Thirty-three new homes, along with an additional 18 homes, funded under the former Community Housing Program that were completed in 2009-10 have been allocated to households in greatest housing need on the land.

In 2010-11 we commenced construction on five homes, which will be located in Umuwa and dedicated to Anangu trainees employed by the Department for Families and Communities. The homes are scheduled for completion in mid-2011 and will provide accommodation linked to long-term sustainable employment and training opportunities. A further four homes have been purchased in Ceduna and Port Augusta, which will be leased to organisations that provide employment and/or training to Aboriginal people, and we are aiming for one more home to be purchased in Port Augusta this year. So, we were hoping to get in and have that completed.

Significant progress was made during 2010-11 to establish a workforce development model in partnership with the Department of Families, Housing, Community Services and

Indigenous Affairs and the Department of Education, Employment and Workplace Relations. A model has been developed, which is based upon working and learning in an industry setting, with Certificate II level training and building supervision provided on site.

Since October 2010, 22 Anangu participated in this working and learning approach, and I was really pleased to be able to visit Amata and Mimili in May and award Certificates I and II in Civil Construction to these 20 men. This is a significant long-term sustainable employment opportunity for those workers as we progress through the capital works program on the APY lands.

The CHAIR: Thank you, minister. Member for Mitchell.

Mr SIBBONS: Thank you, Madam Chair. My question refers to Budget Paper 4, Volume 2, page 146, dot points 4, 5 and 6, and page 147, dot point 5. Can the minister advise the committee about the Melrose Park development and other recent initiatives implemented by the state government in relation to specialist homelessness support for groups with specific needs?

The Hon. J.M. RANKINE: Can I say that the specialist homelessness support provided to individuals, families and groups who have high and complex needs or are at risk of homelessness is a really important initiative in our community. For so long these people were often the most marginalised, excluded and forgotten members of our community, but the election of the Rann government in 2002 saw social inclusion brought to the core of government.

These days we count the homeless and we make them count. We know that the rough sleeper numbers in the CBD have halved in recent years and this is no accident. It is supported by a $213 million investment into homelessness support services and capital projects. The Aged and Homeless Assistance Program provided long-term housing for 48 homeless people in accommodation units situated in the metropolitan area, and the Melrose Park complex, which was completed under the Nation Building Economic Stimulus Plan at a cost of $3.9 million, provides housing for 18 customers in homes that meet the best design and environmental standards.

The new buildings are required to achieve a minimum six star but these range from 8.3 to 9.4 stars, which makes them affordable and sustainable. Each unit features outdoor charging and secure storage for gophers, a lift for those living upstairs and a small second bedroom for visiting family or carers. Beyond the elderly, South Australia has implemented statewide programs which target youth, women and children experiencing domestic violence, Aboriginal South Australians and young families. The goal across all programs is to assist tenants to maintain their tenancy through support and assistance.

As I have said before, in February I had the pleasure of opening Ladder St Vincent Street and we are also providing supported services in Adelaide and Coober Pedy through the Aboriginal Transitional Housing Outreach Service which will be operational as of, I think, Monday next week. This builds on the success of the Aboriginal transitional accommodation centres in Port Augusta and Ceduna that supported 866 people to the end of April in 2010-11.

I recently approved funding to build the Findon Family Housing Project, which is a purpose-built facility providing 10 two-bedroom apartments which will provide supportive accommodation to young families. This will be ready for occupancy, we expect, by December this year and ongoing support will be provided through Centacare. The reformed Specialist Homeless Support sector helped around 20,000 people in the first nine months of operation. This is not just a reflection of the support that we are providing to the homeless, but a reflection of the support we provide to those at risk of homelessness, as I have said.

Mrs VLAHOS: For my question I will refer to Budget Paper 5, page 55, Capital Investment Statement, Public Housing Capital Maintenance, and Budget Paper 4, Volume 2, pages 146 and 147, particularly the Targets 2011-12, dot point 1. Can the minister provide an update on the work being undertaken by the Department for Families and Communities to provide housing for South Australians with a disability as this is particularly relevant to my electorate?

The Hon. J.M. RANKINE: Housing SA aims to build a minimum of 75 per cent of its new dwellings with special disability features. I am proud to report we have achieved more than 90 per cent in recent years. Through the Nation Building Economic Stimulus Plan, over 200 houses were constructed to fully meet the Australian Standard for Adaptable Housing, which includes class C disability access. A further $22.4 million of Nation Building Economic Stimulus Plan funds will build 41 properties that exceed class C specifications for people with serious and complex disabilities.

Of these, eight dwellings will be apartments within the Woodville West Urban Renewal Project. Each apartment will feature electronic monitoring and assistance devices in order to

provide a higher level of independent living in a neighbourhood environment. Woodville West will provide a minimum of 425 new homes over seven years and has been assessed against the World Health Organisation's age-friendly design criteria and received a gold rating. This rating is the highest available, confirming the development will provide an environment suitable for people to age in place, including those with mobility impairment or other age-related disabilities.

The Julia Farr Housing Project is a three-year, $21 million project constructing or refurbishing homes in community settings that will house people with a disability with high and complex needs. A total of 32 houses had been completed as at 31 May 2011, with a further 18 in varying stages of development. The 50 houses will provide 77 supported accommodation places. A small number of houses being built for the Julia Farr Association were contracted to Unique Building, which was unable to complete the work. While some additional costs were incurred, I am pleased to report that careful budgeting and contingency planning has meant all houses will still be delivered within the original budget of $21 million.

During 2009-10, Housing SA spent $4.1 million on 3,892 modifications in 2,147 properties. It is expected that similar results will be achieved in 2010-11 and 2011-12. As at 30 June 2010, 17,820 (approximately 40 per cent) of social housing dwellings have had some form of modification for people with a disability. These modifications range from grab or hand rails to more extensive modifications, such as wider doorways, ramps and fully modified bathrooms.

From 1 July 2010 to 31 May this year, 1,050 Housing SA allocations were made to people identified as having a disability. This represents 42.4 per cent of all Housing SA allocations for that period. In addition to work by Housing SA, supported accommodation for people with disabilities and the Ageing Carers Program will provide a total of 20 specialised purpose-built homes, including 42 new supported accommodation places.

Housing SA's capital works have also supported the '7 of 9' project, which is providing seven new homes similar to the Strathmont Community Living Project, for 35 clients with severe multiple disabilities who were living in nine obsolete community homes. The project is funded by the state government, with the homes built on land owned by the South Australian Housing Trust.

Homes will be delivered in two stages in Findon, Park Holme, Mitchell Park and Christies Beach. The total cost of the project was $7.1 million, including land costs of $2.75 million and construction costs of $4.35 million.

All newly constructed dwellings will be owned and maintained by the South Australian Housing Trust on a lease arrangement with Community and Home Support SA. The Homes for 100 Project is a partnership between Bedford and the state government to create homes for people with a disability. Both Bedford and the state government have contributed $5 million each to the $10 million project. The primary objective of this initiative is to provide people with a disability with desired levels of independence, access to services and facilities and appropriate and meaningful levels of quality support services from Bedford.

Again, I was really pleased only this week to go to the opening of three new homes under that program out at Lightsview, where I was joined by the member for Torrens. It was really heart-warming to have the CE of Bedford—

Mrs VLAHOS: Max Dyson.

The Hon. J.M. RANKINE: Yes—Max Dyson, tell the gathering that they had never had such strong support for their particular service from any other government.

Ms CHAPMAN: With all of your commitment to homelessness and dealing with that issue, can you please explain why—on page 147—you could not even get 100 people (which is your target) out of over 800 who sleep rough every night in this forthcoming year?

The Hon. J.M. RANKINE: We have actually assisted—

Ms CHAPMAN: Eighty-five.

The Hon. J.M. RANKINE: —many clients into stable accommodation. One of the great initiatives also is The Terrace on South Terrace where we can now house up to 100 homeless people. It is a fantastic service, and I would invite any member of this chamber to—

Ms CHAPMAN: Point of order. Whilst the service may be magnificent, my question was: why can you not even get 100 people who sleep rough into houses?

The Hon. J.M. RANKINE: I am telling you what we do. We have got accommodation for 100 on South Terrace. We funded Common Ground in Franklin Street. Light Square is up and

running and people are moving in or have moved in there. As I have said, I have talked about the Ladder at Port Adelaide that accommodates up to 24 young people. I think that the combined number of Common Ground is in the vicinity of 80 to 90 people.

Members interjecting:

The CHAIR: Order! Minister.

The Hon. J.M. RANKINE: They are the numbers only from the Street to Home project which operates in the central business district. The member for Bragg might think that you can just grab someone and throw them into a house. It does not quite work like that. Street to Home has been incredibly successful. We have halved the number of people sleeping rough in the city, and this service continues—

Ms Chapman interjecting:

The Hon. J.M. RANKINE: No; the latest number is 52. It has gone from 108—

Ms Chapman interjecting:

The CHAIR: Member for Bragg, point of order. Minister, point of order. Member for Mitchell, you have a point of order.

Mr SIBBONS: The minister is attempting to answer the question. She gets out four words and the member for Bragg interrupts. I am just hoping that the minister can have some clear pathway to answer the question without interruption.

The CHAIR: I am sure that the member for Bragg will take on that advice.

Mr Pengilly interjecting:

Mr SIBBONS: And the member for Finniss as well.

The CHAIR: Point of order, member for Finniss?

Mr PENGILLY: Yes, 397. Seriously, member for Mitchell, it has been tit for tat all afternoon. The member for Bragg is a delicate little petal, and she has been getting wound up regularly.

The CHAIR: She is, indeed, elegant, but I do not know that she is a vulnerable petal, and I do not think that she would describe herself as such. The member for Bragg is a confident parliamentary performer. I am sure she is grateful for your protection; I do not think she needs it. However, I do agree with the member for Mitchell that the minister has every right to be heard with some courtesy, with lots of courtesy, so please continue, minister.

The Hon. J.M. RANKINE: I have advised the committee that the homelessness sector has been reformed here in South Australia, and I can give the committee, I guess, a snapshot of the first nine months of the outputs of the reform: 11,000 clients have been assisted to sustain their tenancies or exit into sustainable housing; 21 per cent of clients identified as Aboriginal or Torres Strait Islander (above the 20 per cent target); 1,529 people received intensive tenancy support, compared to the year-to-date target of 439; and 198 people were provided with boarding house support, compared to the year-to-date target of 174. So, that is the bigger picture.

Ms CHAPMAN: Page 145, minister. Has the Aboriginal Transitional Housing Centre opened? This is the one for the metropolitan area which was announced by minister Weatherill in 2007, and you told the house in March that it would be open for business by 1 July.

The Hon. J.M. RANKINE: That's right, and, if you were listening to my response just a minute ago, I said that it will be operational come Monday.

Ms CHAPMAN: Excellent; thank you for that.

[Sitting suspended from 16:15 to 16:30]

Membership:

Mr Venning substituted for Mr Marshall.

Departmental Advisers:

Ms. J. Mazel, Chief Executive, Department for Families and Communities.

Mr J. Ullianich, Executive Director, Financial Services, Department for Families and Communities.

Ms L. Young, Executive Director, Disability and Domiciliary Care Services, Department for Families and Communities.

Ms S. Barr, Director, Business Affairs, Department for Families and Communities.

Mr G. Myers, Coordinator, Strategic Projects, Business Affairs, Department for Families and Communities.

Dr D. Caudrey, Executive Director, Disability, Ageing and Carers, Department for Families and Communities.

Ms L. Pugh, Director, Domiciliary Services, Department for Families and Communities.

Mr C. Bruno, Director, North Disability Services, Department for Families and Communities.

Ms L. Head, Director, South Disability Services, Department for Families and Communities.

Mr J. Fulbrook, Adviser.

The CHAIR: Thank you and good afternoon again. We now move to the Minister for Disability. Minister, would you care to make a brief opening statement?

The Hon. J.M. RANKINE: Thank you, Madam Chair. Supporting people with a disability in our community has been a key priority for the Rann government. Over the past year a number of significant reforms have begun, or have been progressed. We are all aware of the Productivity Commission's inquiry into disability support and care. This has the potential to drive major change in the delivery of disability services. We will continue to work with all the other governments around Australia in considering the commission's final report.

In February, along with all other jurisdictions, we also committed to the National Disability Strategy. This sets out a 10-year plan to improve the lives of people with a disability. It sets out an ambitious agenda that drives improvement in all government services, businesses and the community, and examines ways to improve and expand our efforts, especially in relation to key focus areas, inclusive and accessible communities, rights, protection, justice and legislation, economic security, personal and community support, learning and skills, and health and wellbeing.

We also have the Social Inclusion Board's disability blueprint, which will be central to shaping South Australia's implementation of that strategy. In July 2010, the Social Inclusion Board released its blueprint discussion paper. It has undertaken a comprehensive community engagement process, and we expect delivery of the final report in July this year.

These national and state reforms have complemented significant work undertaken by the Department for Families and Communities. Last December, I announced a new agency to deliver disability and ageing services, known as Community and Home Support SA. This began operating in January, and brings together services provided by Domiciliary Care, Disability Services, the Office for the Ageing, and the Office for Disability and Client Services. These new arrangements provide a support system that is easier to connect with and move through and will provide quality services, regardless of age, location or diagnostic condition.

I said last year in these estimates hearings that I was very pleased we had begun the first major steps to allow self-managed funding for people with a disability. I had the privilege of signing the first few funding agreements.

As of 31 May, there were 36 people with an individual funding agreement who were self-managing, and 13 who are developing the personal support and expenditure plans. This is in line with the initial target of 50 participants. However, we have had such positive feedback that I have increased the number of contracts for the first phase up to 70.

While self-managed funding will not suit everyone, nor will be compulsory, it will deliver a system that provides all people with the option of choosing their own services and support arrangements. We also continue to focus on tackling he pressure issue of unmet need. By far the greatest area is for accommodation support.

There has been substantial investment over the past year in new accommodation services that has significantly increased capacity, and I am told that we are currently delivering $73.8 million of supported accommodation projects for 377 people.

The DFC equipment program is also on target this financial year, to deliver over 5,000 pieces of equipment for people with a disability, and 600 home modifications. This year, we have again increased funding to disability services. The 2011-12 budget contains $56 million in additional funding over four years. This new money comes on top of the $70.9 million provided in last year's budget, and it is comprised of an extra $37.5 million in response to growth in demand for disability services. This will be used to provide a range of initiatives that invest in early intervention for children and adults, additional accommodation support, respite and day options.

I had the pleasure of recently announcing that, from this funding, over $1.5 million will be directed to Novita to deliver much-needed therapy, respite, and in home care—an extra $10.8 million over four years for disability equipment. This will fund additional pieces of equipment and home modifications, and we expect that we will exceed this year's target, as I have outlined. This will take the annual spending for disability equipment to $9.3 million in 2011-12: an extra $7.7 million over four years to allow 32 of the remaining 63 residents at Strathmont to move into the community.

Ms CHAPMAN: I refer to page 155. Minister, you are responsible here, as is confirmed, to provide for the support services for people with a disability. Have you or your department received any complaints from any person with a disability in the last 12 months that they have been assaulted, and that their cases have not been adequately pursued by SAPOL?

The Hon. J.M. RANKINE: I am aware that there have been cases referred to our Special Investigations Unit for investigation in relation to issues involving people with a disability. I do not have those figures at hand; I thought I did. I am not aware of any cases that we have referred to the Health and Community Services Ombudsman for investigation, but I will need to go back and check our records to give you an answer on that.

Ms CHAPMAN: Having (as I am sure you would have, minister) seen the assertion by the Health and Community Services Ombudsman that she had received at least five cases in the past 12 months of people with a disability whose cases had not been pursued by SAPOL, are you proposing to conduct any review or investigation into that matter as to why, if that is the case, or indeed to seek further information from her about that?

The Hon. J.M. RANKINE: Like you, I read both the article in the paper and the response from South Australia Police. I do not know whether or not it is correct that, in fact, the health and community services ombudsman could not identify the five cases that she actually referred to, so I am not sure about the veracity of those claims.

Certainly, we have been concerned about the vulnerability of people with a disability, and I have asked for some considerable work to be undertaken in relation to that. Last year, I asked Dr Lorna Hallahan to do some work and provide me with some information on best practice that she could identify in relation to protecting vulnerable people with a disability.

I asked her to do a high-level systems review and they examined world's best practice approaches to protecting vulnerable people. I asked her to provide me with advice specifically in relation to mandatory reporting. She provided me with their final report at the end of last year. It was very strong in that it did not support mandatory reporting. They recommended a review of the Disability Services Act and looking at a range of other factors that will ensure, as best we can, that abuse does not occur in the first instance.

In relation to the police, certainly, the article that I read in the paper was the first that I knew, I think, of her concern about these particular five cases. I will be keen to get information from Ms Sudano and have some discussions with the Minister for Police about this particular issue.

Ms CHAPMAN: I appreciate that, minister, and I agree. I think anyone reading that would be concerned so, have you actually, on this issue, sought that information or are you thinking about doing it? Where are we at on this, given her allegations? Have you called for her report or spoken to the minister or anybody about it?

The Hon. J.M. RANKINE: I will be speaking with Ms Sudano and we are preparing some information in my office to go to the Minister for Police, seeking his advice.

Mrs VLAHOS: I ask about the Strathmont devolution project as I have been following it in my electorate and have a keen interest in it. I refer to Budget Paper 1, page 8, dot point 4. Can the

minister provide a progress report or reports on the process of moving residents out of Strathmont and into the community?

The Hon. J.M. RANKINE: Strathmont is 40 years old. At its peak, it accommodated more than 600 people with an intellectual disability. I was really pleased that, as part of this budget, we will have $7.7 million to spend to assist 32 of the remaining 63 residents to move into appropriate community accommodation. We will go through the process of consulting with both residents and family members to ensure we do provide the most appropriate accommodation.

Since June 2005, the Redevelopment in Community Living Project has helped 146 people move into purpose-built homes within the community. To ensure that we improve the lives of those who have moved into the community, it is important, I think, to know what is being done right and where we can improve our services. It was for this reason that we commissioned an evaluation of the wellbeing and quality of life of the first 30 residents to move out into the community.

We also took this opportunity to look at the impact of the move on families, staff and volunteers. I think it is worth pointing out that not one of the 146 people who have recently moved have asked to return to live at Strathmont. This report is a snapshot in time and has been useful to help develop the best way forward in caring for people who have moved out into the community.

The evaluation found that the relocation process has delivered benefits not only for residents but for their families, staff and volunteers. This included increased family contact, more privacy, a more home-like and less institutionalised living environment, an increase in perceived life satisfaction, improvements in residents' health and an 80 per cent reduction in behaviours of concern, which include physical self-injury and injury to others.

Families reported increased satisfaction with the care given to their loved ones. This represents a significant shift in perception from the start of the research, when many families were uncertain and anxious about the move. Staff also said that the more homely environment gave great opportunities to provide residents with the support they needed. There was evidence of improved relationships amongst staff and residents.

The report outlines a number of recommendations to address, including: the development of individual detailed program plans for all residents, these plans will guide the delivery and monitoring of programs, supports and activities; a review of staff training, with greater emphasis being placed on delivering active support for residents; and improving the engagement of residents in the life of their local community, which will become a priority for the department in the short to medium term.

As a result, Disability Services is now reviewing its lifestyle planning process for those residents who have moved out of Strathmont. The review is being undertaken to identify strategies to bolster personal choice, meaningful community participation and access, and valued personal relationships with friends and family. It also aims to extend support networks outside family and paid worker relationships.

Some of the Strathmont Centre based recreation and developmental services will be moved to community-based settings closer to where residents are now living. This will further improve community access and participation. At the same time, existing services will be maintained for residents remaining at the centre.

A trial project is currently underway at two of the houses mentioned in the report. This aims to evaluate, review, develop and implement a model of best practice in supporting people residing in accommodation services.

There is no point in having a report if it does not highlight areas for improvement. Moving residents out of institutional settings remains a priority for this government. Having said that, we want to ensure that making this move goes well beyond a change in the bricks and mortar. This report and other key strategies will be used to ensure our commitment to improving the lives of residents now living in supported accommodation.

Mr SIBBONS: I refer to Budget Paper 1, page 8, dot point 2. Can the minister explain what steps the government has taken to ensure that South Australians with a disability receive much needed equipment and home modifications?

The Hon. J.M. RANKINE: I thank the member for Mitchell for his question. The 2011-12 state budget gave families in need the best chance of receiving a helping hand. Indeed, across my portfolios there was an injection of $149 million over four years. The budget will deliver an extra $10.8 million over four years to support both children and adults with vital disability

equipment and home modifications. This will mean, as I have said, that we will exceed the 5,000 equipment items and 600 home modifications on track to be delivered this financial year.

We know that factors such as increased life expectancy, improved medical science and more people surviving road accidents means that there is much more work to be done to assist people with a disability. Having said that, we have a proud record of delivering much needed disability equipment and home modifications. Since 2002, we have invested an unprecedented $50.5 million on disability equipment.

Our annual commitment to disability equipment repairs and home modifications will increase to $9.3 million. This is an increase of 95 per cent since 2002-03 and, based on current levels of demand, we expect this to clear the equipment waiting list and significantly improve management of it for the foreseeable future.

We have come a long way in making a difference on this important front. In 2008, we introduced the single equipment program. That was established under the guidance of my predecessor, the member for Cheltenham. This reduced waiting times for assessment and increased efficiencies, freeing up funds for extra equipment. Before this started, in 2006-07 the overall assistance for disability equipment was 1,941 items and 231 home modifications; as I said, compared to in excess of 5,000 and 600 respectively. The comparisons are even greater if you go back to 2001-02 when, under the former Liberal government, only 1,393 new items of equipment and home modifications were provided.

Ms CHAPMAN: The Strathmont upgrade was referred to, and that is in Budget Paper 6, page 42. What came first, minister, the decision to spend $396,000 upgrading the facilities at Strathmont or the negotiation of the sale of $396,000 for the Disability SA property at Croydon?

The Hon. J.M. RANKINE: What I can tell you is that we have been spending considerable amounts of money on maintenance for Strathmont, and this additional money is on top of that. In 2009-10, over $800,000 was spent on maintenance work and over $1 million will have been spent in 2010-11. That is on top of what has been budgeted for previously.

Ms CHAPMAN: Minister, perhaps you did not hear my question. I note in your budget you are proposing $396,000 for continuation of maintenance, for the reasons you have explained, that the facility is going to continue for the foreseeable future. You explained all that. My question was which decision came first: the decision to put in $396,000 for the maintenance for the Strathmont Centre this year or the decision to sell the Croydon property for $396,000?

The Hon. J.M. RANKINE: It was all done at the same time.

Ms CHAPMAN: I thought so.

The Hon. J.M. RANKINE: We sought permission to sell the property and to have those resources remain for a disability project—perfectly appropriate, and we had approval to do that.

Ms CHAPMAN: I have called for this before, though, and when you do ultimately sell it—and obviously there is a proposal ultimately to clear the property, for the reasons you pointed out—is that same commitment there, that the proceeds of sale of the Strathmont property will be used for disability services or accommodation?

The Hon. J.M. RANKINE: There is no decision yet around what will happen with those funds. I would imagine that we will have to go through the normal process that every department goes through when they sell an asset.

Ms CHAPMAN: It is concerning though, minister, because we are just about to sell half The Parks property, a property of your department, and that is not going to you; it is going to build swimming pools and other things, as per the report.

The Hon. J.M. RANKINE: It is going back into the community.

Ms CHAPMAN: I think I understand your answer, and that is that no decision has yet been made about what is to happen with those multimillion dollar proceeds of the Strathmont Centre land, which is in your department.

The Hon. J.M. RANKINE: There is a section of Strathmont land that is being sold that will help fund the new youth training centre at Cavan.

Ms CHAPMAN: That was an announcement some years ago. What I am asking about, though, is the Strathmont Centre.

The Hon. J.M. RANKINE: No decision has been made.

Ms CHAPMAN: Who were the tenants at the Croydon property before it was sold?

The Hon. J.M. RANKINE: We are not sure who the tenant was but we will get that information for you, and how long it has been vacant. I think it has been vacant for some time.

Ms CHAPMAN: In respect of the Strathmont proposal, under which, as has been confirmed, these people will be re-accommodated slowly in other accommodation, approximately half of those who are there at the moment under this year's budget will be relocated. You mention at page 158, in respect of Minda's assistance to this program, Minda's taking approximately 30 clients. Why is it necessary to delay all of the residents being relocated when funding can be available for the relocation of some in building purpose-built facilities, with the balance going to Minda, which as I understand it is still willing to take them?

The Hon. J.M. RANKINE: They are not going to Minda. That is 30 clients from Minda.

Ms CHAPMAN: My understanding is that Minda is happy to take the other 30-odd that are at—

The Hon. J.M. RANKINE: Have you been doing the negotiations for us? Thank you.

Ms CHAPMAN: I am happy to; it is a fairly important project, minister.

The Hon. J.M. RANKINE: It is an important project. Some of the people who are at Strathmont currently have significant disabilities and will require quite a specialised service. We need to be working through both what their needs are and also the concerns of their families, so we will be doing that and we will be doing it as quickly as we can.

Ms CHAPMAN: Is it anticipated that you will be selling the rest of the Strathmont property in the following financial year?

The Hon. J.M. RANKINE: No decision has been made but, like I said, we will be doing our best to have people appropriately accommodated out of Strathmont as quickly as we possibly can.

Ms CHAPMAN: I now refer to Budget Paper 3, page 20, which relates to client trust fund management. This is an initiative that was announced last year following a recommendation of the Sustainable Budget Commission, and in this year's budget you announce it will now be delayed until 1 July 2012. These are disability clients who have funds invested by your department, and officers of your department provide the supervision and management of those funds, currently, free of charge.

You will be aware of the considerable disquiet from those who use this service or, more particularly, their family members, in being transferred, they thought, only to the Public Trustee. I think you and certainly others have made statements to the effect that they do not have to go to the Public Trustee; they can use a private trustee company if they wish. Is the situation that these people will be required to pay, whether they go to the Public Trustee or a private trustee?

The Hon. J.M. RANKINE: If they engage a service, yes, I am assuming there will be charges levied for that service. There is also the opportunity to go before the Guardianship Board and a family member to take control, or in some instances I understand people can manage their funds for themselves.

Ms CHAPMAN: Minister, I think you well appreciate that the people who are having that service from your department at the moment are the very people who are, firstly, unable to look after themselves; or, secondly, do not have a family member to look after it; or, thirdly—

The Hon. J.M. RANKINE: No, that is not necessarily the case, I'm sorry.

Ms CHAPMAN: Or, thirdly, do not have the financial resources to pay someone else to do it, hence the public outcry about it. I suppose my question now is: why are you now delaying this fund initiative for 12 months?

The Hon. J.M. RANKINE: Let me make the point that no-one with assets less than $4,400 will pay fees according to the Public Trustee's current guidelines.

Ms CHAPMAN: Threshold, yes.

The Hon. J.M. RANKINE: Their current threshold. So that will not occur. We have delayed it because we need to go through a process clearly with each family to ensure they understand what options are available to them. In many instances, their circumstances will need to go before

the Guardianship Board once they have decided how they want to have their funds managed to get an order. So, it is a much lengthier process, I guess, than we had first anticipated and we do not want to rush people through these decisions. So, we have had that budget measure delayed for 12 months while we work through with these families.

Ms CHAPMAN: I refer to Budget Paper 4, Volume 2, page 159, under disability services. Given that the government has historically maintained a dollar value record of the disability equipment waiting list, will the minister confirm whether a similar figure has been historically calculated for other unmet disability needs categories and, if not, why not?

The Hon. J.M. RANKINE: My understanding is that we historically have not done that. There are a whole range of complexities in relation to the individual needs of people. So, to say that someone needs personal support, for example, there are huge variations on the requirements of each person on that unmet waiting list need.

However, we recognise that it is an uphill battle to provide all of the services needed for people with a disability but, when we compare what we are able to do here in South Australia to what occurs in other states, I am really proud of the effort that has gone in. I am proud that we have injected so much more money into disability services and the provision of supported accommodation. We are also in the process of ensuring that the data of the unmet need is publicly available on our government website, and I understand that will occur come early July. I understand that we will update those monthly so that people are aware of what the need is on a constant basis.

Ms CHAPMAN: I am not sure I fully understood that, minister. So, we have not done it historically for other things other than equipment, but you are going to be doing it as of tomorrow?

The Hon. J.M. RANKINE: No, the unmet need that is published now, we will be publishing monthly.

Ms CHAPMAN: Which relates to disability generally.

The Hon. J.M. RANKINE: The unmet need for disability services will be published monthly.

Ms CHAPMAN: This relates also to disability equipment. It may just be for the aged, because it is also referred to on page 165. Mr Caudrey, who is sitting to your right, gave evidence to the Legislative Council's select committee last week to the effect, 'The department has historically calculated a dollar value for the disability equipment waiting list.' I will quote from it, if you wish, 'The practice has been maintained until recently.'

The Hon. J.M. RANKINE: For equipment, yes.

Ms CHAPMAN: 'But, of course, in the latest budget, we have now had new recurrent funding which is hopefully enough to cover the ongoing needs for equipment. If it is not, then we would need to maintain that practice that we know the value of the waiting list.' Whilst we have heard the aspirations that that will hopefully cover—obviously, for your Treasurer to allocate an amount of money to cover that need—there needs to be some assessment done of the dollar value of the disability waiting list.

The Hon. J.M. RANKINE: Are you talking about equipment?

Ms CHAPMAN: Equipment, yes.

The Hon. J.M. RANKINE: Yes, well, we will continue to do that.

Ms CHAPMAN: My question is: what was the value of the disability equipment waiting list as at 30 June, that is, today?

The Hon. J.M. RANKINE: We will have to take that on notice, but I think that it was quite small because of another injection of funding. Here we go. Excellent. The dollar value for unmet need for children for equipment was zero, and the dollar value for unmet need for adults was $785,210 as of 31 May.

Ms CHAPMAN: And for 30 June 2010?

The Hon. J.M. RANKINE: For 2010, $1,499,000.

Ms CHAPMAN: That was for both adults and children?

The Hon. J.M. RANKINE: No, that was for adults; and for children, $2,941,000. As you can see, a significant drop in the unmet need for equipment, and, with the injection of funding into this year's budget, we expect that we should be able to manage need as it arises.

People will not be issued with equipment always in a week or four days' time. I think that four days is generally the turnaround time from the time of prescription for a standard item. There will be occasions where people have specialised pieces of equipment that need to be constructed specifically for them, and they are measured and tested and measured and tested and changed, but it will not be that they are languishing on the waiting list because the funds are not available.

Ms CHAPMAN: The very significantly reduced amount for this year in dollar values, that is, this forthcoming year, is because of a one-off injection, one of these one-off payments? If it resumes at the level of what we are looking at there, at about $5 million as a waiting list, is there funding for that? Is that what you are saying?

The Hon. J.M. RANKINE: Over the last two years we have had additional recurrent funding. In the total budget across all agencies, I am told, it is in the vicinity of $19 million recurrent.

Ms CHAPMAN: Thank you. I refer to page 156. Here we have an explanation in the financial commentary. It explains that, under the new funding arrangements, I think that you are paying to the commonwealth an extra $26.6 million because of the responsibility of your department meeting the cost of people with a disability who are in aged-care facilities.

There is an increase in funds on the other side of the ledger from the commonwealth to you for extra provision for specialist disability services of $14.9 million, and that is reflected in the figures above from estimated result to budget. Do you see that? The net cost of the subprogram increases from this year to what is anticipated to the forthcoming year of some $16 million. Do you see that?

How much of that extra $16 million is actually to fund existing services and not new services because, as you will see from that, the significant extra payment that you are making to the commonwealth far outweighs what it is paying you. Essentially, $12 million of that is needed to pay the funds to the commonwealth.

The Hon. J.M. RANKINE: I am told that you need to look at this in the context of the whole transfer. The federal government is taking responsibility for all of those people we are currently providing services for who are over 65. We have responsibility for those who are under 65. My advice is that we expect that to be budget neutral at this stage.

Ms CHAPMAN: So where is it in the budget? Is it in ageing, the other half?

The Hon. J.M. RANKINE: Sorry?

Ms CHAPMAN: The ageing portfolio on the other side of it is a lot less. It does not seem to make sense, that's all.

The Hon. J.M. RANKINE: I am advised that there will be an adjustment in the NDA payment. It looks as if we are getting more here, but there will be an adjustment under the National Disability Agreement.

Ms CHAPMAN: Okay; so where does the deficit show up in your budget papers here?

The Hon. J.M. RANKINE: I am told it is budget neutral; there is no deficit, but there is an adjustment. It is budget neutral until 2014.

Ms CHAPMAN: Yes, I understand that, minister; but on this page it describes, under the disability client services, where you are paying more to the commonwealth and where they are paying the extra back. When you go to the ageing section of your department here, it shows again where there is an adjustment for aged care people, as distinct from HAC services where there has been a readjustment, according to that agreement. I understand that.

What I am saying is that here there is a net amount, under this silo, so to speak, of an extra $12 million out of your budget that you have to pay the commonwealth in this forthcoming year. So, if there is a corresponding payment that you get back, and some, to make it a whole lot neutral, I would just like to know where it is.

The Hon. J.M. RANKINE: I am told that wherever there are unders or overs in any of these sub-programs, it gets adjusted in the NDA payments.

Ms CHAPMAN: I have no doubt it does, minister. You are assuming, having signed this agreement, that South Australia is going to get an amount that may be over, or budget neutral, in the sense of what you are getting, but, similarly, you are going to be transferring some services to the commonwealth, and they are going to be transferring some responsibility to you. I understand that; that is clear from the exclamatory note.

The Hon. J.M. RANKINE: No. I think we have had responsibility for all of the services, and the commonwealth is taking over some services.

Ms CHAPMAN: Correct.

The Hon. J.M. RANKINE: So it's not transferring between the two.

Ms CHAPMAN: Alright, well let me put it this way: in this area, under this section—because you are the one who has divided it, not me; I can only rely on what's here—under 'Office for Disability and Client Services' you explain a very substantial increase in money, of expenses, because, it explains:

...[the] impact of the aged care funding reform arising from the need to reimburse the commonwealth for persons with a disability who are over 65...

The Hon. J.M. RANKINE: Yes.

Ms CHAPMAN: And they have to be accommodated within the residential aged care sector. That is under the new agreement. You are going to hand over $26.6 million.

The Hon. J.M. RANKINE: On page 162, under 'Financial commentary', it indicates a $20.2 million increase in income 'due to the increasing commonwealth contribution for aged care services to the over 65s.'

Ms CHAPMAN: Correct, and that is why—

The Hon. J.M. RANKINE: And in brackets is $16.7 million; isn't that about what you calculated the other expense to be?

Ms CHAPMAN: No; $26.6 million is what you are paying them under 'disability'. There is a $20.2 million increase over in the ageing portfolio primarily 'due to the increase in commonwealth contribution for aged care services...to the over 65s'.

The Hon. J.M. RANKINE: Rather than go round in circles, we will get a detailed written response so you can have clarity about where it is at. I think that is the best way to go.

Ms CHAPMAN: Thank you. Assuming for the moment then that information will come forward to identify that that is budget neutral in the sense of what is going back and forth to the commonwealth (or funding from them), of the increased funds for the net cost of the program—$143 million across to $159 million (I am now back on page 156)—that is an amount of about $16 million. How much of that is for existing services, and how much is for new services?

The Hon. J.M. RANKINE: We have injected $37.5 million over four years, and that will be for new services. Also included in that, I am assuming, will be the $7.7 million for Strathmont. So, $37.5 million over four years for disability services and $7.7 million for Strathmont.

Ms CHAPMAN: Yes, I understand the announcements, minister—

The Hon. J.M. RANKINE: Well, that is what is in the figures.

Ms CHAPMAN: I understand that, but they are the announcements that are packaged up for budget day, which you have repeated—what is going to be committed to new projects over four years. This is this year, and in the forthcoming year, and I have no doubt there is a portion of that money in there, because in your Budget Measures booklet there is often a code indicating provision of how much per year over the four years for various initiatives, if that is what they are described as. I am asking you, for this forthcoming year, in relation to disability, of that $16 million, how much is for new services?

The Hon. J.M. RANKINE: Alright, I will take that on notice for you.

Ms CHAPMAN: Thank you. I was interested to hear about the construction of the new supported accommodation units for people with a disability. You outlined some more information about these units and the commitment to completing them. Page 55 of Budget Paper 5, Capital Investment Statement, gives us an update on what is happening with supported accommodation for people with a disability with aged carers.

The Hon. J.M. RANKINE: Sorry, what page are you on?

Ms CHAPMAN: Page 55.

The Hon. J.M. RANKINE: Page 55. Capital investment, yes.

Ms CHAPMAN: I refer to Supported Accommodation for People with Disability with Aged Carers. These are people who are obviously living at home, their parents are aged, and they are waiting for some accommodation. You made an announcement for capital works for this but, last year, it was due to be finished today. Now, in this year's budget, it has been delayed 12 months. Is there any reason for that?

The Hon. J.M. RANKINE: My understanding is that this project is actually on track.

Ms CHAPMAN: It says 'June Quarter 2012', and my records show that it was actually scheduled to be completed in June 2011 in last year's budget.

The Hon. J.M. RANKINE: I will check that out.

Ms CHAPMAN: Thank you. With respect to completed projects for disability accommodation by other parties, one property springs to mind, and that is Harrow Trust at Glenside. It has been finished for some time now, and I understand it is to be occupied and managed with services under grants from your department. Is there any explanation as to why that is still empty?

The Hon. J.M. RANKINE: We have provided some money for Harrow Trust, but that is a privately run organisation. So, I cannot give you a direct answer today about that, but I can certainly find out for you.

Ms CHAPMAN: Yes. My understanding is that your department is funding the managers of it and that may be so; that is, they have got the money and have not done anything. But I drove past it the other day and you might be interested to know that it was empty.

The Hon. J.M. RANKINE: Well, we will find out.

Ms CHAPMAN: Take that on notice, thank you.

The Hon. J.M. RANKINE: We have certainly provided the funds for the support in the house. It was one of those projects, I think, where people were looking for families to buy in so that people had a sense of ownership and permanency in that accommodation.

Ms CHAPMAN: On page 157, is the review being undertaken, I think by Monsignor Cappo, for the Disability Services Act on track? Is it due today?

The Hon. J.M. RANKINE: My understanding is that it is due sometime in July.

Ms CHAPMAN: In July. Okay. Again, still on disability, minister, on page 160 there is an explanatory note, subparagraph (c) 'Increase in episodes of respite is due to a fourth bed being available for emergency purposes.' Where is that proposed to be available?

The Hon. J.M. RANKINE: I will take that on notice for you.

Ms CHAPMAN: Where are the current three?

The Hon. J.M. RANKINE: I am told it is a place called Palm Grove. It has always had three places there and we are adding a fourth.

Ms CHAPMAN: At Palm Grove?

The Hon. J.M. RANKINE: Yes.

The CHAIR: We are now moving to Ageing.

The Hon. J.M. RANKINE: I will just very briefly outline some of the initiatives that have been implemented for older South Australians.

The CHAIR: Sorry, minister. I apologise for interrupting. Did you have any new staff you wanted to introduce?

The Hon. J.M. RANKINE: No, they are all the same. At the last election, we committed to the introduction of personal alert systems for older South Australians. That is $2.9 million over four years and we expect that that is going to help around 2,400 older South Australians. I think we launched that service back in April.

We have also implemented a Seniors Wise program. There is $3.1 million for 25,000 home visits and Meals on Wheels are involved in that particular program. We are also very keen to keep older South Australians active and connected in their community, and that includes the flexible working arrangements project and better information for seniors.

We have also allocated (last year) $2.15 million in additional money for 12 community passenger networks to help older South Australians in regional areas. These networks coordinate, broker and provide transport services for eligible people who would not otherwise be able to get around in their communities.

Mr Venning interjecting:

The Hon. J.M. RANKINE: I can outline that for you in a moment, if you would like to give me two seconds. We cover 12 regions across the state and, in the first half of the financial year, made more than 24,000 passenger trips for nearly 5,000 clients. Negotiations will continue with local councils to establish further passenger networks.

We also have some small grants. Certainly, the Grants for Seniors program is a very popular program, and the Positive Ageing Development Grant. The Home and Community Care program costed at $174.3 million in 2010-11, is a program that is jointly funded by the state and commonwealth governments to provide in-home support for people.

In 2011-12, the state budget, as I have said, has allocated nearly $19 million for the (across our portfolio) equipment program. Every October we celebrate the International Day for Older Persons and Every Generation festivals, with events across the state recognising the achievements of older people. As to our demographics, I think we are a state where the numbers of older people are increasing. It puts us in the best possible position with our planning to cater for the emerging trends of older people.

As I have said, we are on the front foot in planning for future needs through our age-friendly environments and communities initiative. Our current Thinker in Residence, Dr Alexandre Kalache, will also be focusing on age-friendly housing, transport, civic participation, accessibility to public buildings and parks and job opportunities. His residency will provide South Australia with the chance to tap into world's best practice initiatives and build a community that caters for South Australians, whatever their age and stage of life.

Ms CHAPMAN: In this section—and if you are not following it, it commences at page 161, Madam Chair—obviously there is a significant reduction in the net cost of providing services for this portfolio, which is quite stark. Whilst there is an explanatory note as to the new agreement with the national funders, I would like some explanation as to why that is so—$98 million down to $79 million?

The Hon. J.M. RANKINE: I am told that it is exactly the same reason: the federal government is taking over responsibility for all services provided for people over 65.

Ms CHAPMAN: So, can you assure the committee that there will be no reduction in services available as a result of that net funding?

The Hon. J.M. RANKINE: My understanding is that is the case and, in fact, we are working very hard to make sure that this transition is seamless and does not impact on older South Australians; that it is an administrative transfer not something that impacts on service delivery or quality.

Ms CHAPMAN: One issue, and I refer to page 162, is that once one reaches the age of 65 years there is an apparent lack of access for somebody who has a disability. Once they turn 65 they have to go into the aged care category. Are there any proposed changes to that approach?

The Hon. J.M. RANKINE: They will age in place but the commonwealth will pay.

Ms CHAPMAN: In relation to those who are under 65 years of age who are currently placed in a commonwealth-funded aged-care facility—and I think there are something like 50 or so at any one time who are in those circumstances—my understanding on reading these budget papers is that the state will fully reimburse the commonwealth for the cost of those.

The Hon. J.M. RANKINE: That is my understanding.

Ms CHAPMAN: Essentially, this realignment of funding will mean that South Australia is responsible for those who are under 65 years who are in need of services and the commonwealth will be responsible for the people who are over 65 in need of any services.

The Hon. J.M. RANKINE: Yes.

Ms CHAPMAN: I refer to page 161 again. This really relates to the provision of services and support to older South Australians, as identified in the description and objectives. Given the high proportion of aged South Australians who frequently attend public hospitals, will the minister explain what action she has taken to protect them against the introduction of paid parking at all public hospital sites?

The Hon. J.M. RANKINE: That is a matter you need to speak to the Minister for Health about. I do not think parking fees are levied according to your age.

Ms CHAPMAN: Correct, and that is why I am asking you, minister.

The Hon. J.M. RANKINE: It is not my responsibility and it has nothing to do with these budget papers.

Ms CHAPMAN: Absolutely nothing to do with the Health decision to obtain revenue from people who are either admitted or visiting, so that is why my question to you is what action you or your department have taken to provide some support—as you say in the budget papers—to older people, given that they are both the predominant age group that use hospitals and those who are visiting outpatients, and probably those who are visiting people in hospital? If you have not done anything, that is fine, but I just want to know if there is anything that you or your department have done to try to assist older people with what will clearly be an extra financial burden for them, whether they go to the hospital for their own outpatient service or whether they have their family come to visit them.

The Hon. J.M. RANKINE: One of the things that we have done to help older South Australians, of course, is the introduction of free public transport, which I think has been an enormous boost to those people with a Seniors Card. I have had correspondence from people. One letter springs to mind recently, saying it was the most important initiative they thought the state government had introduced. As I have said, we have introduced community passenger transport networks, but I would imagine that anyone parking in a car park that requires payment will pay the allocated fee. I am not aware of whether there are discounts for older people or not, but I would expect they would pay the going rate, the same as they do in the city.

Ms CHAPMAN: I am sure they will, minister. I am sure that is exactly why the Minister for Health has announced that he is going to require everyone to pay for parking at public hospitals. I am not here to debate the meritorious aspects or otherwise of that policy; it has clearly been announced. I have no doubt that, if they go and use those facilities, they will have to pay no matter what their age is. I am really asking what your department has done. Clearly you are indicating that there has been no initiative at this stage. Is there anything your department has done, or you requested it to do, to identify what impact this will have on senior South Australians and whether there is any proposed consideration to provide some support because of that extra cost to them?

The Hon. J.M. RANKINE: I have not asked the department to do any work on that.

Ms CHAPMAN: Will you?

The Hon. J.M. RANKINE: I would need to have more discussions with the Minister for Health, but at this stage I am not asking them to do that work, no.

Ms CHAPMAN: In saying that, are you indicating that you will have some discussions with the Minister for Health?

The Hon. J.M. RANKINE: I have discussions with him on a regular basis.

Ms CHAPMAN: On this issue?

The Hon. J.M. RANKINE: I talk to him about a whole range of issues that come up in relation to all my portfolios, so I am happy to talk to him about this one as well.

Ms CHAPMAN: Thank you. I have Budget Paper 5, page 22, on the domiciliary care case management system. Why did the department fail to complete the implementation of a new client management system for Disability SA and Domiciliary Care SA in 2010-11 as listed in the 2010-11 budget? Why is the project now going to take two more years to complete after it has already been delayed for one year?

The Hon. J.M. RANKINE: My understanding is that we were using the same engine as Health and they were going to cease using that, which forced us to allocate this money to develop

a new system. I am advised that that is no longer the case so we have been able to take more time to basically scope out what it is and the sort of system that best suits our needs.

Ms CHAPMAN: With domiciliary care having been transferred from health to you, there is some proposal to actually do a new client management system still?

The Hon. J.M. RANKINE: Yes, there is, but we now have a longer time frame in which we can do that.

Ms CHAPMAN: Is there something wrong with it at the moment, as to why it needs to be replaced if you do not have to align it with Health?

The Hon. J.M. RANKINE: The concern was that at one stage we were not going to have that support so it was necessary to look at what we might do, but now we have time to consider where we go into the future with this.

Mr SIBBONS: I would like to take the minister to a reference in Budget Paper 4, Volume 2, page 162, Description/objective, line number 7. Can the minister advise how the state government is working to strengthen the rights and responsibilities of residents within retirement villages?

The Hon. J.M. RANKINE: Today I announced a review of the Retirement Villages Regulations 2006 so that retirement village residents, operators and any interested members of the public can have their say on the effectiveness of the protections they are currently afforded. The Retirement Villages Act is designed to regulate the rights of residents of a retirement village, and the regulations determine what information must be included in or supplied prior to signing a contract.

The regulations cover many matters of detail which are integral to the operation of the act. Retirement villages are a unique accommodation option and the decision to live in a retirement village often comes with a number of responsibilities. It is vital that people who are considering retirement villages feel confident in the standards of industry and feel secure in making a lasting decision that will suit them throughout their retirement.

The review will focus on ensuring the regulations reflect the need for transparency and accountability in the industry to ensure older South Australians are protected. Members of the public, residents, advocacy groups and industry are all encouraged to have their say about how the regulations could be strengthened. The discussion papers identify some areas of concern that have been raised with me by residents and operators including vacation of properties, management, accounting and auditing practices.

It is important to note that the majority of the 500-plus retirement villages in South Australia have very few complaints and offer a positive lifestyle choice for their residents. There are still further measures we can take to ensure that everyone's rights are protected. The discussion papers are now available from Disability, Ageing and Carers and anyone wanting to comment and make a submission is encouraged to do so in writing prior to Friday 26 August.

The CHAIR: Do you have a supplementary question?

Ms CHAPMAN: Just on the retirement. Perhaps I read it wrongly in the paper, minister, but can people only make submissions on the regulations or is there still an opportunity to make a submission on the act?

The Hon. J.M. RANKINE: This review is on the regulations because that is where all the details of the rules are and the sorts of things that people have been expressing concern about.

Ms CHAPMAN: Sure, but what I am saying to you is that, if someone has a concern about a section of the act, are they able to put in a submission to you?

The Hon. J.M. RANKINE: Yes, of course.

Ms BEDFORD: My question relates to Budget Paper 4, Volume 2, page 163. Can you provide to us an update on the Personal Alert Systems Rebate Scheme announced by the government as part of the active ageing policy to help older South Australians who live alone feel a lot safer and supported in their own home?

The Hon. J.M. RANKINE: I thank the member for Florey for her question. As I said, this was an election commitment. The scheme is now fully operational. It commenced on 8 April this year. A number of different alert systems are available, and the scheme supports older South Australians to access the type of alert system that works best for them. This investment will provide

support for about 2,400 South Australians. The rebates are up to $380 to purchase and install an alarm, and up to $250 a year to help pay for the monitoring services.

We expect that 120 people will receive the rebate this year. Applicants need to be older pensioners who live alone, are at risk of falls or medical emergencies and have a referral from an appropriate health professional. A limited number of rebates were provided for monitoring services to those who were eligible but had only recently purchased their system. However, in response to some feedback and suggestions about the scheme, I am currently looking into the possibility of extending the rebates for those people who have purchased a monitoring system. So, if they have already purchased a system, we will backdate it to a particular date to allow them to participate. That is under consideration at the moment.

Ms CHAPMAN: So, is there no longer an age limit on this?

The Hon. J.M. RANKINE: Yes, there is an age limit.

Ms CHAPMAN: You have to be over 80 or something, do you not?

The Hon. J.M. RANKINE: Yes and no. Generally, the scheme is for people over 75, but the first phase of that has been for the oldest people and, come 1 January, we will be going into the other age groups. It was just simply a management tool to deal with the most vulnerable.

Ms CHAPMAN: There is no longer going to be an age limit on that this forthcoming financial year?

The Hon. J.M. RANKINE: From 1 January next year those 75 and over are eligible.

Ms CHAPMAN: But currently I think it is 80 or 85, is it not?

The Hon. J.M. RANKINE: Yes, 85.

Ms CHAPMAN: That is what I thought.

The Hon. J.M. RANKINE: They are the most vulnerable so we were dealing with them first.

Ms CHAPMAN: I understand.

Mrs VLAHOS: My question is about the Seniors Card. I refer to Budget Paper 4, Volume 2, page 163, Performance indicators, line 4. Will the minister outline how Seniors Card holders across South Australia benefit financially from the directory, Your Lifestyle Guide?

The Hon. J.M. RANKINE: The Seniors Card discount directory, Your Lifestyle Guide, lists businesses—

Ms CHAPMAN: I do not mean to interrupt, but I must have the wrong page number. Was it page 166?

The Hon. J.M. RANKINE: —it is page 163—from all over the state that offer a discount or special offer to our Seniors Card holders. There are a whole variety of products. There are about 309,000 cardholders in South Australia. The system was developed to give something back to seniors as a recognition of what they have contributed to our community.

Some of the examples of discounts and benefits listed in the new edition include up to 25 per cent discount on Australian rail journeys with Great Southern Railway; 50 per cent off coach fares; heavily discounted meals at many restaurants; 10 per cent off fitness equipment; discount at some chemists; and discount entry to attractions, such as the Adelaide Zoo and Monarto Zoo—and even the Australian Ballet season, I understand, for 2011.

There is some discount off electrical equipment and free technology seminars for seniors. It also provides information about concessions that people might be eligible for. I think that more than 100 businesses in country regions are advertising in the new brochure, but, importantly, I am really pleased to be able to announce today that Seniors Card holders can now use their cards in New Zealand thanks to a new reciprocal agreement signed by the Premier and the New Zealand Minister for Ageing.

New Zealand's SuperGold Card—its discount and concession card—is issued free to all eligible older people and veterans; and, like South Australia's Seniors Card, it recognises the contribution that seniors have made and continue to make in our community.

This new arrangement will mean that Australian Seniors Card holders visiting New Zealand will have access to business discounts offered to SuperGold Card holders, and similarly New Zealand SuperGold Card holders visiting South Australia will have access—

Ms CHAPMAN: Is that for the Premier's benefit?

The Hon. J.M. RANKINE: He's not that much older than you, is he?

Ms CHAPMAN: Much older, thank you very much. He might need it.

The Hon. J.M. RANKINE: He works more than 20 hours a week. I think that this is a great initiative for those people who are out and about and travelling, and it is great to have that sort of partnership with the New Zealand government.

Ms CHAPMAN: I refer to page 161. The footnote here describes that the state is now responsible for the packaged community care and residential care services for persons under the age of 65 from 1 July. These are those people with a disability who are in aged-care services, and we referred to it before. How many people are currently in those circumstances, that is, who are aged under 65 years of age who are currently in an aged-care facility?

The Hon. J.M. RANKINE: I do not know whether I have got the figures. I saw some figures the other day. I think that something like 50 people are under 50 years of age. I think that there are about four young people under about 30 years of age who are in our nursing homes, but I do not have the total number of those. There is a much larger number between 50 and 65 who are in nursing-home accommodation. I can advise that there are 487 people who are under 65 in nursing-home accommodation.

Ms CHAPMAN: Sorry, how many?

The Hon. J.M. RANKINE: It is 487.

Ms CHAPMAN: Who are under 65?

The Hon. J.M. RANKINE: Under 65. That is in total, but the vast majority of those are people between 55 and 65; 202 of them are between 55 and 65.

Ms CHAPMAN: Do I assume from that, minister, that that proportion—which is under half, but is a significant proportion—are people who may have some health condition, like Alzheimer's, that causes them to be in there earlier than one would expect they would need nursing care.

The Hon. J.M. RANKINE: People are in nursing homes for a range of reasons. There are some younger people in nursing homes in country regions simply because of the lack of supported accommodation that might be available in the small town that they want to live in, so they are accommodated in a nursing home. Some people have chosen to stay there. There is a program to get young people out of nursing homes, but we have put a lot of effort into providing support for those who choose to stay and diverting people from going into nursing homes. There is a range of reasons why they might be in there—it may be disability, it may be a health-related issue.

Ms CHAPMAN: Can you perhaps indicate this? I appreciate that there are a number of categories of people who are in there; that is, those who are a bit younger than one would expect but there is good reason for them to go in there prematurely, needing support, and there are those, though, who are clearly inappropriately housed there because there is just no other accommodation for them.

The Hon. J.M. RANKINE: That is right.

Ms CHAPMAN: Of that number, how many, at least approximately, are in that category?

The Hon. J.M. RANKINE: Who are inappropriately housed?

Ms CHAPMAN: Yes.

The Hon. J.M. RANKINE: I guess we would ideally like not to have anyone under 65 in a nursing home facility. I think the young person in nursing home program was quite successful. I think we exceeded our target. I do not have them here; they are in another folder. We exceeded our targets in relation to that and diverted people. Certainly, it is one of those areas that we need to be working on to get people out of nursing home care. Sometimes it is the only choice, though. It is nursing home care or, in some instances, remain in hospital. People are choosing that; people are choosing to go home to their local community.

Ms CHAPMAN: I do not dispute that, minister. In fact, I can think of one occasion when I visited Millicent. There was a young woman who was a resident in a nursing home where her mother was residing. She had significant disabilities from birth. It was the family's choice that they be housed together, and everyone was happy. She would turn up in this category of statistics. From what we were discussing an earlier, all this cohort of people the state is paying for because they are under 65.

There is a group with those who are in this program of getting them out, that is, getting them into appropriate accommodation. The last I heard, there were about 50 or so who are in that category, who are looking to find alternative accommodation. Whilst some effort is made annually to relocate some of these people, others come on the list. I am really looking for that figure, as to what it currently is. Is it the same, or is it getting worse? Just give me some idea.

The Hon. J.M. RANKINE: It is difficult to know how many of those people want to move out. We want to get people out of Strathmont. Minda is working to have people in its facility more appropriately housed, and we do not want to have young people in nursing home accommodation if they want to move out, but I do not think we have a figure of who wants to move out. We work with people individually to try to accommodate their needs.

Ms CHAPMAN: Sure. Can you tell me how many were wanting to move out of aged care housing in this last year and have moved?

The Hon. J.M. RANKINE: I am told that we have assisted 87 people since the inception of the Young Person in Residential Aged Care program.

Ms CHAPMAN: When was that?

The Hon. J.M. RANKINE: As at 31 May. Eighty-seven—

Ms CHAPMAN: Last year?

The Hon. J.M. RANKINE: No, this year; as of 31 May this year, 87 people. So, 27 have moved from nursing homes into supported accommodation; 43 have been assisted to move into supported community accommodation, rather than into a nursing home; and 17 people who chose to stay received a lifestyle enhancement package to keep them connected to their local community and families.

Ms CHAPMAN: So in the last 3½ weeks, these people have all been placed somewhere; is that what you are telling me?

The Hon. J.M. RANKINE: No, I said as at 31 May.

Ms CHAPMAN: Well, that's right, but we are now in June—

The Hon. J.M. RANKINE: Under the program—

Ms CHAPMAN: Yes?

The Hon. J.M. RANKINE: Well, I do not have the figures for the last month, but what I am telling you is—

Ms CHAPMAN: No, but—I am sorry, but that is why I asked you what year we are talking about.

The Hon. J.M. RANKINE: The year 2011. As of 31 May 2011, 87 people have been assisted through the Young Person in Residential Aged Care program.

Ms CHAPMAN: Yes, and when did that program start? My understanding is that that program has been going for some years.

The Hon. J.M. RANKINE: Yes, it has been going for a number of years, and there is ongoing funding for that. We have joint funding with the commonwealth government, so on an annual basis there is $5.74 million allocated to that program.

Ms CHAPMAN: So, when did it start? What year?

The Hon. J.M. RANKINE: 2006.

Ms CHAPMAN: Yes, okay. I will now refer to page 157. In the Thinkers in Residence program—and I think you referred to this—Dr Alexandre Kalache has a focus on ageing. Is the department providing any assistance to Dr Kalache, similar to when the Housing Trust provided financial assistance to Thinkers in Residence?

The Hon. J.M. RANKINE: Yes, we are.

Ms CHAPMAN: How much?

The Hon. J.M. RANKINE: I am advised the amount is $100,000 over a two-year period.

Ms CHAPMAN: And when is that expected to be paid in full?

The Hon. J.M. RANKINE: I am advised: $10,000 this financial year, and $90,000 in the next financial year.

Ms CHAPMAN: Could you identify what his terms of reference of inquiry are to be?

The Hon. J.M. RANKINE: I do not actually have them here in front of me, so I can get them for you. He is basically looking at how we ensure the engagement of older people, ensure that we have aged-friendly communities, and I think he has used the line that if you design a community that is aged-friendly, it will be friendly for everyone.

So, it is about engaging older people, keeping them active, making sure there are people who do not fall through the cracks. There is a wide brief that he is involved in, and I would encourage to go along to any of his presentations. He is very interesting to listen to, and he is very excited about the work that is being undertaken here in South Australia, and how he can help us progress that.

Ms CHAPMAN: Does he receive any other funding, i.e. from the Department for Families and Communities, or the Social Inclusion Unit?

The Hon. J.M. RANKINE: That is all he is receiving from the Department for Families and Communities; that $100,000.

Ms CHAPMAN: Do you know whether he is receiving anything from any other part of government?

The Hon. J.M. RANKINE: No, I do not.

Ms CHAPMAN: What is your understanding of the $100,000 for him from your department? Did he do a consultation, do some lectures, report to you? What is the deal?

The Hon. J.M. RANKINE: All of those things. I have already had the opportunity to meet with him and to attend a breakfast that he was the guest speaker at. He is working very closely with the department, looking at our policies.

Ms CHAPMAN: I have a question in relation to page 162. This relates generally to targeted programs and policy initiatives. Has the minister done any work, or her department undertaken any work, or does it propose to do any work in the next financial year in relation to the regulation or registration of mobility scooters?

The Hon. J.M. RANKINE: No.

Ms CHAPMAN: Has the department received any request to do so?

The Hon. J.M. RANKINE: My understanding is that we have not received any specific instruction or request for that to be done. I think it is an issue that has been discussed at the Ministerial Advisory Board but, from my recollection, I do not think any recommendations or requests have come to me from the board in relation to that, but I am happy to check that.

Ms CHAPMAN: Thank you. An issue that has remained on the agenda for some time is the review and development of legislation for advance directives, which covers powers of attorney, medical directives and so on. This is not directly in your department but has been out for review. Has your department put in any submission in respect of that?

The Hon. J.M. RANKINE: I am told no.

Ms CHAPMAN: Do you have any policy position in respect of any reform in that area?

The Hon. J.M. RANKINE: I am told that we provide services and support. Obviously, if legislation is coming before the house, there would be consultation with our department in relation to the proposed legislation.

Ms CHAPMAN: Has the person—I think it was Mr Evans who conducted the inquiry—consulted with your department on this matter?

The Hon. J.M. RANKINE: My recollection is that he spoke with me some considerable time ago about this particular proposal.

Ms CHAPMAN: Yes. He spoke to me about four years ago. I am just wondering whether there has been any development since then.

The Hon. J.M. RANKINE: I do not think I have had any approaches. The meeting I had with him was some considerable time ago and, I understand, it now sits with the Attorney-General.

Ms CHAPMAN: On the Retirement Villages Act, which you have responsibility for, as on page 162, I would just like to raise one other aspect because you have indicated that you are going to be conducting a review of the regulations, and your department is responsible for the act. I have received a copy of correspondence about the utilisation of a particular retirement village. I will just give you the detail of it, including a copy of correspondence to your department.

This is the Falcon Lodge Retirement Village. It is registered under your department as a supported residential facility. It describes itself as a retirement village because it deals with aged occupants.

The Hon. J.M. RANKINE: Is it an SRF or is it a retirement village?

Ms CHAPMAN: It is registered as an SRF but it describes itself as a retirement village because the profiles of its clients are all aged; that is, in the over 65 group.

The Hon. J.M. RANKINE: Where is Falcon Lodge located?

Ms CHAPMAN: At Paradise. They tell me that they had written to your department—I will just generally paraphrase—on the basis that they have got an occupancy licence. I should explain that, although they have contracts through your department of ageing for those who purchase licences to occupy units at the facility, they are not a retirement village as such, as the member of an association, but they use your department's contracts to provide a licence to occupy their units.

There are a number of these units around Adelaide, and I am sure you are familiar with them, where they provide a unit, depending on its size, for a right to occupy, from usually about $80,000 to $150,000, they provide all the domiciliary and meal services to the residents and they receive a payment, a percentage of the pension of the resident, together with a supplement, usually from the federal sphere.

You might recall that there was an issue about the government charging people stamp duty on these acquisitions of the right to occupy, which were refunded by then treasurer Foley last year. So, they are not buying a retirement unit, they are buying a right to occupy, and if the person who occupies the property dies or vacates the property the entitlement then is for that person to receive the proceeds of sale of that right to occupy. That is one where there is a forfeiture of a certain percentage, limited by law, as to how much the owner of the property can recover; there is a limit after five years of occupancy as to how much they can recover.

So, that is the model that operates, and they deal with your department primarily through the department of ageing because of the use of the contracts on the right to occupy. They tell me that they are in the category, as a number of their other similar establishments, and that they are also registered as supported residential facilities and thereby comply with the local council obligations, which still have responsibility for them—those aspects as to whether they are providing hygienic meals, etc.

My question is this: my understanding is that—with this one in particular, and this is the one that I am familiar with although I was involved in getting a refund of stamp duty for another one last year—they had written to your department offering the department to either purchase these units—because they cannot just rent them out, the person who has vacated them, or has died, is entitled to a capital sum, obviously—or, alternatively, to offer them to the people who are serviced by your department, whether it is through Housing Trust lists, community lists or someone who needs accommodation, for them to have an indication that the department would utilise these facilities, and then they could go to the bank and borrow the money to buy out the current occupiers, or the people who are entitled to the capital fund (either way).

This would do two things: one, it would enable them to have full occupancy of their facility, and, I would suggest more importantly to you, the opportunity to have some of the many people who are on your waiting lists for either public or community housing, especially those, given the age profile of this particular one, who are currently resident in Housing Trust stock or other public housing owned by the government where the facility is (usually) surplus to requirements for a single aged person, who may have had the occupancy of it when they had a family or a partner.

That would be an opportunity also to provide accommodation for those who are living in your public housing services where the profile of that area has changed and there are neighbourhood disputes and so on. I mean, these are all common difficulties. They have written to your department, minister, having spoken to the Office for the Ageing, with words of encouragement that, 'That sounds like a good idea and, if we can have a mutual benefit, send in those details and we will look at it.'

I am told—and I have been sent from the manager—that they wrote to your department on 5 May 2010, which is now over a year ago, outlining what they can offer and they have not had a response. I thought it was particularly unusual, given that there is such pressure in other areas of your department, particularly accommodation, but in this area particularly where ageing services are limited—that is not a reflection on your department; that is a reflection on the fact that that is the existing profile—that they had not even had a response. I want to know whether there is some policy reason why there could not be utilisation of these facilities, or is there some other explanation?

The Hon. J.M. RANKINE: I do not know the detail of Falcon Lodge. I think, from what you are telling me, it is not a supported residential facility. A supported residential facility takes a percentage of people's pension, I think.

Ms CHAPMAN: That is what they do.

The Hon. J.M. RANKINE: Yes, I understand that, but it is less than what happens in an aged-care facility. I cannot imagine that people would be paying to occupy and paying out of their pension.

Ms CHAPMAN: They do. They pay for services, just like a retirement village, just like an aged-care home. I am sorry, minister, I will clarify it for you. They pay the lump sum as a right to occupy.

The Hon. J.M. RANKINE: How much is that?

Ms CHAPMAN: Between $80,000 and $150,000 or so, depending on whether it is a two-bedroom unit or whatever. They then pay, as I understand it in this facility, but it may be slightly different in others, 85 per cent of their pension, and there is income from the commonwealth as a supplement to income, which is then used by the agency to pay for their meals, do all their domestic cleaning, etc.

The Hon. J.M. RANKINE: It sounds to me like they are operating as an aged-care facility, not as a—

Ms CHAPMAN: No, they are registered as a SRF.

The Hon. J.M. RANKINE: SRFs cannot charge 85 per cent of the pension.

Ms Chapman interjecting:

The Hon. J.M. RANKINE: I am happy for the department to have a look at it, but generally the people that are on our Housing Trust waiting list, if they are aged and, as you are saying, move into something like this—most of them are on the Housing Trust waiting list because they do not have access to those sorts of resources. I am not sure whether they did write to us or whether they wrote to the commonwealth department of housing and ageing, but we will certainly check our records. People on the waiting list generally do not have the capacity to borrow that sort of money. People of that age group generally would be most hesitant, I would think, to borrow large sums of money to move into a facility like this. How many people does it house?

Ms CHAPMAN: From memory, 45. Minister, I think you misunderstand what is being proposed. I am happy to provide a copy of the letter and the pamphlet they have given me. What we are talking about here is not that they have a capital up front, because clearly they would not be on your waiting list for Housing Trust accommodation, or occupying.

The Hon. J.M. RANKINE: No, but they would not want to borrow either.

Ms CHAPMAN: Exactly. There is no suggestion that the actual party would do that. Either your department buys it for them as Housing Trust stock or, alternatively, you provide the clients to live in it as Housing Trust clients, and they would go and borrow the funds to buy out these people on the basis of a secure rental income stream. So, there is no question; clearly the people waiting on your list do not have any other option. We understand that. I am really just wondering is there some philosophical change or view that this should not be accommodated or considered as a model or not?

The Hon. J.M. RANKINE: I know that Housing SA has on occasion owned units in retirement villages. This is from personal experience. I think at the Masonic Village at Ridgehaven we had some Housing Trust units in that facility, and sometimes when there has been a joint development, when we have provided land for the development of a not-for-profit organisation, we have generally been dealing with those with state money so that it is a not-for-profit organisation. I really cannot answer your question in relation to Falcon Lodge without getting more detail, so if you provide copies of the letters I am happy to have the department have a look at it and provide us with some advice.

Ms CHAPMAN: I am happy to do that. I thank you, minister, if that could be followed up. Because at this stage, from what I am told, there are 22 empty units sitting there and nobody is using them. It seems to me a rather unfortunate situation where we have a huge shortage—I think everyone agrees with that—

The Hon. J.M. RANKINE: Do they have any idea why people are not keen to buy their licences to occupy?

Ms CHAPMAN: My understanding is that obviously there has to be a market. In this instance they have to be able to pay for it. Secondly, the increased commitment to packages from 2,000 to 20,000 or so for Home and Community Care packages which has now developed (I am aware of that because I used to chair the board) has had a substantial impact—at least it will for perhaps a generation, or 10 years or so—on those who are assisted now to stay at home as distinct from moving.

The Hon. J.M. RANKINE: Are choosing to do so.

Ms CHAPMAN: And now have that choice to do so. There may be some period of time—it may only be a decade or so—that there might be a catch-up on that, but for the moment it has absorbed a large number who have very limited options, but, given the opportunity to stay in their home with some extra packages, are doing so. It is a part of the market and it is also one which, given the profile of some of the people in your current public housing stock who are in inappropriate accommodation which we hear about all the time, to be given that opportunity—

The Hon. J.M. RANKINE: No, their accommodation is not inappropriate. Sometimes people have brought up their families in a home and they choose to stay there, so we do not force them to move.

Ms CHAPMAN: Can I rephrase that because I am not critical of you or them for that—I understand that—but the opportunity for them to have accommodation which may be more suitable to their needs now, given frailty of age, is not open to them because they are clearly not in a position to buy into interests and that is why it is being offered. I thank you for agreeing to undertake that and I will arrange for them to be delivered to your office.

The Hon. J.M. RANKINE: I think a similar issue is going to face some of our supported residential facilities. From memory, they are able to charge something like 79 per cent of a person's pension. With the reforms that have occurred in the homelessness sector, and the construction of facilities like The Terrace on South Terrace, Common Ground, Melrose Park and a range of those places, people are choosing other housing options that do not eat away the vast majority of their pension. I think we are going to see some supported residential facilities in the same position.

Ms CHAPMAN: Program 6 is a division of your portfolio which relates to support for all of the portfolios and obviously identifies the overarching provision of services to your department and workplace planning, management, delivery of corporate services, provision of infrastructure, etc. This broadly covers all of those. On page 171, $32 million-odd in this section is spent on employee expenses. How many employees in full-time equivalents is that of your total workforce in the Department for Families and Communities?

The Hon. J.M. RANKINE: We will take that on notice and get the information for you.

Ms CHAPMAN: On the same page there is reference to other expenses which go from $2.49 million in the current budget year and the expected expenditure of $4.537 million. Do you see that at about point 5? Is there some explanation as to why there was such a substantial increase and why there appears to be an ongoing increase cost, as a similar amount has been budgeted for this year?

The Hon. J.M. RANKINE: I will take that on notice.

Ms CHAPMAN: As one of this division's highlights for this year, at page 176, it tells us that the department participated in an Australia-wide trial looking at the viability of electric cars and

leased electric-powered Mitsubishi vehicles. I am not sure what that is about, but perhaps you can explain how much your department spent on that, either in dollars or personnel to participate in the project.

The Hon. J.M. RANKINE: The brief I have does not actually outline the number of staff or the cost, but there are a number of initiatives that the department has undertaken to improve its energy efficiency. In fact, I understand that, in 2009-10, the department reduced energy usage by 23 per cent from the baseline established in 2000-01. It was anticipated that, during 2010-11, the energy-efficiency outcome would be reduced by 25 per cent, so another improvement there.

The waste management system which was pioneered in the Riverside tenancies rolled out to other DFC sites. DFC Building Management is reducing energy consumption at departmental sites that have been identified as consuming more than 160 megawatts of energy per annum.

We took part in a three-year trial Australia wide looking at the viability of the cars, and I understand that the vehicle was initially based at the Riverside Centre. We have other environmentally-friendly cars in the DFC fleet, including small and medium hybrids and sedans and wagons that run on LPG. The electric car does not have a petrol engine but, instead, uses a lithium ion battery system and a compact output electric motor. It recharges in less than eight hours from a 15 amp power point, and has a range of approximately 110 kilometres in urban traffic. I am told that it was not a big staff effort, just that we leased the vehicle to monitor cost effectiveness of the electric cars. We are not sure of the lease costs, but we will take that on notice and get that for you.

Ms CHAPMAN: Do I assume, then, that, of the current fleet that the department has, none of them are electric cars yet?

The Hon. J.M. RANKINE: That is right; just this one trial car.

Ms CHAPMAN: Is there anything in this year's budget to purchase any?

The Hon. J.M. RANKINE: We have leased the car and—

Ms CHAPMAN: It is a three-year trial, I thought I heard you say.

The Hon. J.M. RANKINE: We will undertake the trial first, I am assuming.

Ms CHAPMAN: I have one other question on page 177, which is the statement of comprehensive income, so it covers all your portfolios again, including ageing. Sales of goods and services is $118.6 million, do you see that?

The Hon. J.M. RANKINE: Yes.

Ms CHAPMAN: Does that include the sale of properties owned by the Housing Trust now?

The Hon. J.M. RANKINE: No, it does not.

Ms CHAPMAN: What was the total amount, then, for the Housing Trust?

The Hon. J.M. RANKINE: For the 2010-11 year?

Ms CHAPMAN: Yes.

The Hon. J.M. RANKINE: Again, I do not have this now. We are finished with housing, but I will get that information for you. I am sure that it will be in the annual report as well.

Ms CHAPMAN: If I could have it for the 2010-11 budget year, thank you. No further questions, Madam Chair.

The CHAIR: There being no other questions, I declare consideration of the proposed payment for the portfolio of families and communities completed.

At 18:27 the committee adjourned until Friday 1 July 2011 at 10:00.